Are Gypsy Roma Traveller communities indigenous and would identification as such better address their public health needs?

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Abstract

Introduction: Across Europe large numbers of Gypsy Roma Traveller communities, experience significant health inequities such as higher morbidity, mortality and infant mortality. This health inequity is perpetuated by wider determinants such as lower social status, lower educational attainment and sub-standard accommodation. This is not dissimilar to other indigenous peoples, even though many Gypsy Roma Traveller communities are not identified as indigenous.

Methods: This paper presents contemporary literature and research alongside the internationally agreed principles of indigenous peoples; examining similarities between Gypsy Roma Traveller communities and other indigenous peoples.

Results: We argue that Gypsy Roma Traveller communities could be recognised as indigenous in terms of the internationally agreed principles of indigeneity as well as shared experiences of health inequity, colonisation and cultural genocide. Doing so would enable a more robust public health strategy and development of public health guidelines that take into account their cultural views and practices.

Conclusion: Recognising Gypsy Roma Traveller communities in this way is important, especially concerning public health, as formal recognition of indigeneity provides certain rights and protection that can be used to develop appropriate public health strategies. Included within this are more nuanced approaches to promoting health, which focus on strengths and assets rather than deficit constructs that can perpetuate problematizing of these communities.

Key words

Introduction and context

Human Rights and Indigeneity

The Human Rights movement [1] has supported legal and political recognition of the rights of indigenous peoples. Muncan describes human rights as the "inherent, equal, and irrevocable freedoms of the individual and includes access to the basic necessities of life, freedom of expression, right to justice, and state of peace" [2]. In accepting this, the synergies between the Indigenous and human rights movements are clear. However, there are also risks associated with linking rights of indigenous peoples too closely on the international human rights framework. Humanitarian thinkers and legal practitioners founded international law, upon which the human rights movement was cemented during the 18th and 19th centuries [3]. Consequently, human rights are not universal but contextual and reflective the views of the dominant majority which do not necessarily reflect the worldviews of the indigenous peoples' themselves. Mende argues the need for indigenous human rights on the basis that indigenous rights challenge the universal and individual scope of human rights [1].

Before we can explore whether Gypsy Roma Travellers could be identified as indigenous, there is a need to explore what indigenous means. This is however, problematic, largely because there are no agreed definitions of indigeneity from the international [4] or academic community. Thornberry [5] identified four key aspects of indigeneity that include association with a particular place, prior inhabitation, original or first inhabitants, and distinctive societies, thus placing emphasis on time, location and being first inhabitants. However, the notion of indigenous peoples being the first people in a territory fails to recognize the importance of placing emphasis on shared cultural uniqueness that differs from dominant cultural groups [1]. Whilst the rights of indigenous people exists within legislation, Wang [6] argues this provides little clarity as such laws failed to define identification of how and who are indigenous peoples. Ultimately, when exploring indigenous human rights, Mende [1] argues there are a number of uncertainties, obscurities, and contradictions relating to the notion of indigeneity itself, and whilst a full exploration of this is beyond the scope of this paper, what it does highlight are the challenges of being identified and recognised as indigenous.

In order to explore whether Gypsy Roma Travellers could be identified as indigenous, we have used the United Nations (UN) principles of indigenous peoples. Rather than providing a clear definition of

indigenous, the United Nations [7] identified a number of principles to help identify indigenous peoples (Table 1).

Table 1 Principles of Indigenous People [7]

1. Self-identification as indigenous peoples at the individual level and accepted by their community as a member
2. Historical continuity with pre-colonial and/or pre-settler societies
3. Strong links to territories and surrounding natural resources
4. Distinct social, economic or political systems
5. Distinct language, culture and beliefs
6. Form non-dominant groups of society
7. Resolve to maintain and reproduce their ancestral environments and systems as distinctive peoples and communities.

Within their principles the United Nations consider two types of people – indigenous and tribal peoples. Tribal peoples, however, are not indigenous in the literal sense within the countries they live, although they live in similar circumstances to indigenous communities [7]. In doing this, the United Nations captures both indigenous groups under the priority criteria (that is, the first people) as well as groups with cultural distinctiveness and difference.

When applying these principles to Gypsy Roma Traveller communities, it can be argued that these communities meet many of the principles of indigenous peoples. However before we consider this, we first define Gypsy Roma Travellers. Within the literature there are many terms used to identify Gypsies and Travellers such as Gypsy, Roma, Traveller, Romany, Roma, and Romani. Whilst it has become common practice to collate these under the umbrella of 'Roma', this is problematic for Travellers, of who many do not perceive themselves as Gypsies or Roma [8]. Therefore, we have chosen to utilise the term Gypsy Roma Traveller when collectively referring to these communities although, when referring to a specific community we will utilise the specific group term. This paper shall now continue to explore the UN principles of indigeneity with respect to Gypsy Roma Traveller communities.

Identification of Gypsy Roma Traveller indigeneity using priority criteria
The first three of the UN principles for indigenous peoples link to the identification of indigeneity under priority criteria with self-identification of indigeneity, historical continuity and notions of place

(Table 1), which could be considered regarding Gypsy Roma Traveller Communities. There are currently about 10-12 million Gypsy Roma Travellers across Europe [9]. Within the United Kingdom (UK) Gypsy Roma Traveller communities consist of individuals born within the UK (English, Irish, Scottish and Welsh Gypsies and Travellers) as well as those who have migrated to the UK (Eastern European Roma) for economic or asylum reasons. As identified Gypsy Roma Travelers are not a homogenous group although some of the communities (Roma and Romani) share common ancestry. Exploring genome-wide data from 13 Romani communities across Europe suggest that Romani communities originate from a single founder population originating in north/north western India around 1.5 thousand years ago [10]. When considering historical continuity, the first written traces of Roma in Europe date back to the 14th century although they may have been around as early as the 12th century [11]. In contrast, whilst it was historically believed that Irish Travellers were a subset of the original Romani founder population recent genome-wide research on Irish Travellers has clearly identified a distinctive Irish origin [12]. By exploring historical continuity and notions of place, it can be argued that the non-recognition of Roma as indigenous peoples because they cannot claim these priority criteria, unlike Irish Travellers who are able to make such claims.

Core to the identification of indigeneity is the self-identification as indigenous and herein Gypsy Roma Travellers can make a claim [6]. Whilst Scottish [13] and Irish Travellers self-identify as indigenous [14], Irish Travellers' formal recognition in the law of their indigenous ethnic minority status did not occur until 2017 [15]. In contrast, Scottish, English Gypsies and other Eastern European Roma have no formal recognition as indigenous peoples, instead they are classified as ethnic minority groups [16, 17]. There have been calls from the International Romani Union for Roma to be given a non-territorial nation status; a form of positive freedom enabling Roma to self-govern, to determine their own future in negotiation with others [18] recognising their distinctiveness. However, noting that the 'Roma' are not a singular community but consist of multiple communities, not all are calling for this non-territorial nation status [18]. Herein lies the challenge, unlike other indigenous peoples who largely consist of one particular community group, Gypsy Roma Travellers whilst collectively are categorised together can have very different cultural values and norms and do not necessarily collectively align with each other.

Identification of Gypsy Roma Traveller indigeneity using cultural distinctiveness and difference criteria

The last four of the UN principles for indigenous peoples [7] link to the identification of indigeneity under the criteria of cultural distinctiveness and difference. Using these two criteria it can be argued

that Gypsy Roma Travelling communities could be identified as indigenous. In order to really understand this there is a need to understand the wider implications of the imperial and colonial dominant political systems on Gypsy Roma Traveller cultures both historically and currently. Holloway [19;703] reviewing the racialisation of English Gypsy-Travellers during 1869-1934, noted they were:

> '…constructed as people driven by base instincts rather than governed by a higher moral code which the reformists believed could only be developed through the civilising influences of sedentary society'

This dominance of the 'sedentary society' led to Gypsy Roma Traveller communities being marginalised and excluded from mainstream society, in which they were identified as 'the other' [20] as well experiencing pressure to conform to living in a way at odds with their cultural identity [8]. Experiences of marginalisation and being forced to live realities that lacked authenticity because of wider colonising societal pressures to conform to the dominant culture is a common experience of many other indigenous groups including Aboriginal and Torres Strait Islanders in Australia [21], First Nations, Inuit and Metis in Canada [22], Adivasis in Bangladesh [23] and Kuy in Cambodia [24].

Colonisation of Gypsy Roma Traveller communities

The work of Mathews [25], Cunningham and Stanley [26] visually presents a representation of the impact of colonisation on Aboriginal health. Adapting this for Gypsy Roma Traveller communities (Figure 1) can help illuminate how Gypsy Roma Traveller communities have been colonised, and therefore, their identification as indigenous peoples using the cultural distinctiveness and difference criteria.
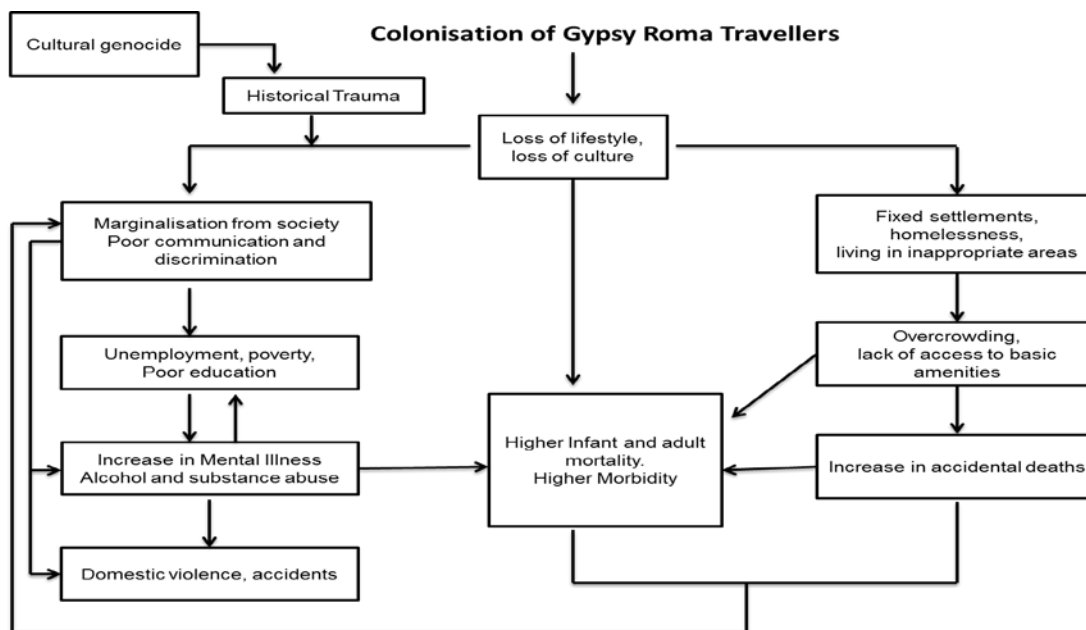
Figure 1 Colonisation of Gypsy Roma Travellers adapted from Cunningham and Stanley 2003 [15]

In Table 1, the UN principles for indigenous peoples numbers 5 and 6 focus upon distinct social systems, language, culture and beliefs links to the loss of lifestyle and loss of culture identified in Figure 1. Gypsy Roma Traveller communities have separate social systems based upon their distinct culture, beliefs and language connected to their historical, nomadic existence [27]. Yet this nomadic existence is under threat in contemporary times. Legislative changes in the UK, such as the Caravan Sites Act of 1960 and 1968 reduced opportunities to maintain a traditional nomadic lifestyle [28] resulting in about 50-75% of individuals in these communities now living in conventional brick housing [29]. Those wishing to remain nomadic often live in poorer conditions [30], forced, for example, to pitch on public land (such as parks and car parks) not equipped for human habitation [13]. Individuals that live on permanent Gypsy Roma Traveller sites often find themselves located in unsuitable areas inappropriate for family life, such as near busy roads or near commercial landfill sites.

Educational legislation has also challenged Gypsy Roma Travelling Communities opportunities to retain a nomadic lifestyle. The Department for Education and Skills require Gypsy/Traveller children over six years of age to attend at least two hundred half day sessions [31]. This requirement reflects the wider societal value on academic achievement yet research identified this contrasted with cultural views. Many participants wanted more appreciative and flexible education to accommodate their traditional cultural ways [8].

In addition, cultural values of Scottish Gypsies, similar to other Gypsy Roma Traveller communities', are 'enshrined in family traditions and their longevity is bound with memories and teachings of ancestors' [13;107]. Yet many individuals in these communities feel that their cultural heritage is under threat. Research by Heaslip [8] identified that many individuals from Gypsy Roma Traveller cultures feel that their culture is being forcibly eradicated by dominant societal culture and practices; a process they perceived as having disturbing outcomes such as communal activities, isolation, being 'Gorgified' (assimilated), and the sense that they are being ethnically cleansed. This forcible eradication of culture decimates people's political, socio-cultural, economic security that results in the loss of language, connections with land, and vital cultural practices [32], which is a form of cultural genocide.

Lemkin [32] identified that genocide consisted of:

> 'several dimensions which included political, social, cultural, economic, religious, moral as well as biological and physical which could occur over a period of time and sought to forcibly disintegrate 'political and social institution…the culture of people, their language, national feeling and their religion…it may be accomplished by wiping out all basis of personal security, liberty health and dignity' .

However, Morsink [33] argues that due to a limitation of the 1948 Genocide Convention that does not recognise cultural genocide alongside physical genocide, has resulted in making cultural genocide invisible. Part of cultural genocide is historical trauma, defined as 'the cumulative and emotional and psychological wounding experienced by individuals or entire communities and people as a result of the traumatic experience of event' [34:11]. Historical trauma in indigenous communities arising from the dispossession of land, forcible removal of children and urbanisation is evident in Gypsy Roma Traveller communities [35, 36] along with the eradication of their nomadic lifestyle as highlighted above.

Gypsy Roma Traveller communities are one of the most vilified ethnic minority groups, who experience high levels of discrimination across Europe, similar to other indigenous communities [13, 16. 37 and 38]. This discrimination occurs at all levels, including schools impacting on the educational achievement [30] of young Gypsy Roma Travellers, many of whom leave formal education at a younger age than their settled counterparts [16]; within healthcare practices [39] perpetuating health inequities; and in their day to day lives [8, 20, 27,37]. Clearly, it can be argued that Gypsy Roma Traveller communities could be identified as indigenous peoples under the

distinctiveness and cultural difference criteria, however, what are the benefits of them being identified as such?

Public Health Issues and benefits of identification as Indigenous

There are multiple public health consequences of colonisation (Figure 1). Gypsy Roma Traveller communities have higher mortality rates for both men and women; recent data from the European Commission [40] identifies that 12 of the 31 countries collected data on life expectancy of Roma population and identified they have between 7 to 20 fewer years of life compared to their non Roma counterparts. Higher mortality rates and accidental deaths [14] are compounded by poor accommodation that negatively impacting physical health [30]. Abdalla et al. [14] found 27% of Irish Traveller deaths over a one year were due to injury compared to 8% of the general population. Infant mortality rates within Roma populations are also higher [40], and in the UK individuals from Gypsy Roma Traveller communities are 20 times more likely to have a child die [41]. In addition to higher mortality, morbidity rates are also higher than the general population for both physical and mental health [42]. Factors contributing to higher levels of mental health include enforced cultural change, marginalisation and discrimination within these communities [43], which in turn can lead to increased alcohol and substance abuse. Despite higher levels of morbidity and mortality, evidence also exists that these communities experience difficulties accessing health care [44] despite access to quality healthcare being a human right [2].

The challenge to promoting the health of Gypsy Roma communities is the lack of a systematic identification of their healthcare needs. A study by Sándor et al [45] in Hungary identified that Roma specific health statistics are not available, a situation that exists for the UK and other European countries. This lack of data makes it difficult to specifically identify and develop health strategies that can address the public health issues for these communities. Yet formal recognition of indigenous status could address this by ensuring that the identification of these communities' needs at strategic policy levels. At a service level, it would ensure that services are designed which accommodates cultural differences, including listening and working collaboratively with the communities in the development of such services, the monitoring of improvements in inequities and outcomes. It would also raise their public health issues higher on the agenda for action. Until this occurs then there will never be justice or equitable outcomes for Gypsy, Roma and Traveller communities.

Public Health approaches with Gypsy Roma Travellers; the need to move towards an indigenous approach

Within the past 20 years both community empowerment and capacity building have been key public health strategies aimed at addressing health inequalities [46], however a systematic review by McFadden et al. [47] identified a lack of evidence regarding public health interventions specifically focussed upon improving access to and engagement with health services for Gypsy, Roma Traveller communities. Axelsson, Kukutai, and Kippen [34] argue public health responses for Indigenous people's health has been variable, with evidence often being devoid of the role colonisation and colonialism contributes to health inequities. Such strategies and practices can perpetuate health inequities experienced by indigenous communities, further marginalise ethnic minority groups as the practice and values are not reflective of differing cultural realities. Instead, they reflect the views of the dominant health approaches. For instance, while evidence based guidelines mostly inform public health strategies [48]; these generally do not consider the resilience, strengths and assets that exist within communities, such as Gypsy Roma Traveller communities. Yet the strengths and assets of these communities are foundations upon which to build relevant and effective public health strategies. Recognising Gypsy Roma Traveller communities as indigenous peoples would promote the development of public health guidelines, which take into account their cultural world views and practices rather than just the biomedical or individualised lifestyle interventions. Such guidelines should be cognizant of and address structural barriers and discrimination that perpetuate inequity, such as access to and quality of health care services. Further, an Indigenous inspired public health approach would also focus upon the cultural values of family and community ways of living that incorporate their holistic cultural identities. As well as an asset based approach that focuses upon the strengths of the communities, such as the community acts of resistance and resilience, community identity, and a sense of pride can help to avoid further stigmatizing an already marginalized community. Importantly, the identification of Gypsy Roma Traveller communities as indigenous peoples within health demographics to track achievement of equitable health outcomes can only occur with robust processes for data collection of health experiences. From this, a systematic examination of health and patterns of disease can occur enabling a clear public health strategy to address health inequalities experienced by these communities [49].

Nurses – bridging public health practice to Gypsy Roma Traveller Communities?

Recognition of Gypsy Roma Traveller communities as indigenous would not only impact practice at strategic levels it can also enhance practice at local levels. Nurses are the largest professional health workforce in the UK [50], and have a key role in ensuring health access and promoting health. They are often the first, and indeed maybe the only, health professional that some people see. This places nurses in the unique position to be potentially part of local communities, recognising and

understanding their culture, strengths and vulnerabilities, all of which enables them to a role in shaping effective interventions [50]. However, nurses like other health professional groups, need to understand the local communities with which they work and the unique challenges and opportunities this brings. Due to the extensive discrimination and marginalisation Gypsy Roma Travellers continue to face, the need to develop a therapeutic relationship is vital, although this may take time. Kelleher et al. [30] identified in a national survey on Irish Traveller health that only 24.7% of Travellers generally trusted people compared to 68.8% of the rest of the population. Thus, the development of working relationships is vital for nurses to be effective when working with individuals in these communities. Integral to this, is the consideration and valuing of their individual cultural beliefs rather than imposing westernised health ideologies onto them, and would be enhanced by their formal recognition as indigenous peoples. Once this relationship and trust is established then the nurses can seek to work with members of the communities to address some of the wider determinates of health that influence and compound on their health inequity.

Conclusion

Gypsy Roma Traveller communities are socially marginalised and experience high levels of health burden evident in their health inequities. While Gypsy Roma Travellers are diverse groupings of people, we argue they have similar experiences as other Indigenous peoples globally who have been subjected to enforced changes in their lifestyles that have contributed to negative impacts on their health and wellbeing. Using the cultural distinctiveness and difference criteria set by the United Nations [7] we argue that Gypsy Roma Traveller communities could, therefore, be identified as indigenous. Doing so, would enable a more strategic public health strategy to be constructed and implemented. At a local level, public health professionals need to recognise Gypsy Roma Travellers' histories, their status as Indigenous peoples, the enforced social changes, and the discrimination and racism that have brought about barriers to their access to health services. Unless this occurs, then the health inequity and inequality experienced by these individuals will continue.

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