

SOURCES OF CONFUSION AND MISLEADING INFORMATION

KMEG are very concerned about a number of misleading statements by the International Community that serve **to minimise the urgency of the medical crisis in the camps**. Below are various instances.

1. **"IDP families were offered alternatives, but refused"**

"In November 2004, UNMIK in Mitrovicë/Mitrovica started the first rumours that the IDPs in the camps were offered an alternative place to move to but had refused. One of these concerned the old smelter site in South Mitrovicë/Mitrovica. In fact, the Roma themselves were never offered this site. That was a suggestion by UNMIK at our meetings in Nov 2004. I opposed that suggestion and it was never mentioned again. But later UNMIK/UNHCR said the Roma were offered relocation but turned it down. The Roma were never offered anything and when UNMIK/UNHCR were asked what site the Roma were offered, no one could name or identify a place. Since then, UNMIK has promoted this fiction that the Roma were offered a resettlement plan but refused" – Paul Polansky (2009)

The IDPs living in Çesmin Llug/Çesmin Lug and Osterode camp have never been offered a comprehensive medical solution to save their children, nor a suitable site for resettlement where they would not be threatened by violence or face continuing heavy metals poisoning.

KMEG recently spoke to two of the camp leaders who both stated they had never been offered relocation/resettlement to anywhere except the South Mitrovicë/Mitrovica quarter (mahalla) and that was only after 2006, which they turned down, and continue to turn down as the conditions are still not suitable for return there.

2. **"The South Mitrovicë/Mitrovica quarter (mahalla) will provide a suitable relocation site".**

The option to shift all the families to their old settlement in South Mitrovicë/Mitrovica has proven untenable due to the lack of critical health care infrastructure, and on-going socio-economic insecurity in the south that Romani, Ashkali and "Egyptian" IDPs face. KMEG has confirmed this situation in recent discussions with medical specialists including employees of the international agencies concerned (in Feb. 2009) who are familiar with healthcare access on the ground in South Mitrovicë/Mitrovica for IDPs. Moreover, these vulnerable IDP families do not have the financial means or resources to move to safer housing elsewhere in the Balkans (Kosovo/Serbia, etc.) or seek a better life in the West on their own, as they are one of the most impoverished communities in Kosovo. Those Romani IDPs that did manage to gain enough resources to go abroad and seek asylum are threatened with the likely possibility of forcible deportation as they are not perceived to be 'genuine war refugees' by many Western European governments (eg. Switzerland and Germany).

3. **"Failure to move families to lead safe environments was due to lack of engagement"**

The executive summary of the 2008 Mercy Corps project – which is sponsored by USAID (the United States' government's international aid agency) - claims the international community's efforts to rectify the families' situation have not achieved lasting change primarily due to a failure to fully engage the IDP communities in solutions or to address the myriad associated concerns in an orchestrated manner. This same line is repeated in the recent Helsinki Commission report (Jan 2009) which correctly states that this stems from a "warranted lack of trust" (on the part of the IDPs living in the camps).

While it is correct that neglect, bureaucratic inertia, and an unwillingness (particularly on the part of UNHCR and UNMIK) to engage with Romani IDPs themselves to reach solutions **taking into full account the medical needs of the displaced community**, the key reason for failure was due to a decision to ignore the initial 45-day assurances made by Bernard Kouchner in 1999, ignore the subsequent WHO or ICRC recommendations regarding an emergency evacuation - in 2000, 2004, 2006, and most recently in 2009 - and to conceal the results of the tests (see attached) from the public, thereby ensuring that the health of these families was not seen as a critical priority. KMEG, on the other hand, have involved IDP leaders, who have provided KMEG with a public statement setting out their wishes. (See Dossier - [Item 3](#)).

4. **"They poison themselves through the smelting of car batteries"**

This is mentioned in the latest UN report by the Secretary General as well as the January 2009 OSCE/Helsinki Commission's report on Kosovo. Both reports fail to mention that these activities are linked to a permit provided by UN officials for this purpose, or that the withdrawal of UN food aid has increased the difficulties of survival in the camps. By suggesting that unofficial battery smelting contributes to the high lead levels, the report implies blame and therefore reduces the impetus to close the camps. Allegations by local WHO staff that the activity is continuing are unproven. Not only is this denied by camp leaders and residents, but local WHO staff, who appear to unofficially condone the activity as a means of supplementing very low or non-existent incomes, have themselves failed to provide any evidence, in spite of repeated requests to do so by KMEG. It is only the existence of a UN permit that prevents this being considered as a criminal activity. In the opinion of KMEG, such activities should never have been licensed or tolerated because of the very serious threat to health that they present. Furthermore, neither report refers to the toxic effects of the many other heavy metals, not found in car batteries, as was demonstrated by the 2005 hair test results, and appear to have been ignored.

5. **"The Lead levels are Decreasing"**

The 2009 WHO press release claims that lead levels in Osterode camp and Çesmin Llug/Çesmin Lug are decreasing (except for a few individuals). It is unclear as to whether this claim is based on an analysis of the community as a whole including the returnees to the South mahalla, where environmental contamination levels are lower. KMEG has called for the analysis and the test results from WHO (suitably

anonymised), to be made open to public scrutiny, and we hope that WHO will comply.

6. "Osterode Camp is lead safer" (from CDC report, and repeated again in WHO press release, 2009).

This is splitting hairs – Osterode Camp is still dangerously high in terms of lead poisoning. There are new refugee families who have returned from Serbia and Montenegro (and even Germany) in the past year and are now living in Çesmin Llug/Çesmin Lug, Osterode Camp and the South quarter (mahalla). Some of these families have been tested and have been assessed along with results of those who have lived in the camps for ten years. The results of the new arrivals may have reduced the "average" blood lead level figures. However, what is not shown is that even so these relatively new arrivals too have lead levels high enough to cause organ and brain damage.

The figures that KMEG is in possession of for Osterode Camp are clear, and represent a fairly accurate sample of those living in the camps from 2004 to the present day; they suggest that levels are still too high for human habitation, particularly vulnerable children and pregnant mothers.

7. "There are simply not enough resources available to help these lead-poisoned families"

Kosovan Ministers from both the Albanian and Serbian side, as well as implementing NGOs on the ground such as Mercy Corps, claim that adequate funds are not available for assisting these IDP families. However, at the same time, the international community has donated millions of euros to Kosovo and the Kosovan government, including €5.7 million on a Saatchi & Saatchi public relations campaign to heighten its image abroad - WHY therefore, cannot action be taken to save the lives of IDP families, particularly as the Kosovo government has massive US and EU funding provided to it?

Download Saatchi & Saatchi news article [HERE](#)

KMEG would like to know from where the Kosovan government got the money for this public relations campaign? Was it from the US government who are funding the USAID resettlement plan, selecting just 50 of the families for re-housing while leaving 91 on these toxic sites, or was it from the EU who are supposedly funding Roma integration? In either case, while such image-enhancing activities are being pursued, KMEG will leave no stone unturned in our campaign to save the lives of those children poisoned by the actions of those who could act to save them, but fail to do so.

8. "Medical evacuation and resettlement to a Western country is unrealistic"

UN and other agencies manage to find the resources for other displaced communities. The most recent example being the resettlement of Burmese refugees in Ireland, under a United Nations scheme. What is missing is political will to take action for this uniquely vulnerable community who are both displaced and whose children have damaged organs. Download news article [HERE](#)

9. "Since 2005 a comprehensive package of interventions has been delivered to the Roma, Ashkali and "Egyptian" (RAE) residents of temporary camps for internally displaced persons (IDPs)".

WHO's press release 2009 states that stakeholders have been working to reduce the risks since 2005, but it fails to mention that there has just been a 74% reduction in camp funding, with the exclusion of Çesmin Llug/Česmin Lug from that funding, the withdrawal of food aid and the cessation of treatment for lead poisoning. Thus, this 'comprehensive aid package' mentioned in WHO's press release has been effectively discontinued.