

STUDY OF HEALTHCARE ACCESS OF ROMA ETHNICITY IN EUROPEAN COUNTRIES DURING THE COVID-19 PANDEMIC

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Abstrak

Artikel ini akan membahas mengenai upaya negara anggota Uni Eropa dalam merespons bencana COVID 19, yang akan merinci kepada kebijakan terhadap minoritas (etnis Roma). Penelitian ini bertujuan untuk memahami bagaimana pandangan Uni Eropa dan negara anggotanya terhadap etnis Roma dalam prioritas mitigasi darurat. Analisis dalam penelitian ini akan menggunakan dua teori: Intergovernmentalisme untuk memahami negara anggota Uni Eropa dan Kosmopolitanisme untuk memahami etnis Roma. Dan penelitian ini menggunakan Metode Penelitian Kualitatif dengan mengumpulkan data dari situs resmi setiap negara untuk melihat seberapa jauh pendekatan negara anggota kepada etnis Roma. Temuan dalam penelitian ini adalah kehadiran etnis Roma telah dianggap oleh Uni Eropa, namun terdapat beberapa kebijakan yang perlu dievaluasi. Oleh karena itu, masalah dari perbedaan tindakan antara apa yang harus dilakukan, dan apa yang telah diimplikasikan terjadi akibat ketiadaan asuransi bagi minoritas, disinformasi, kemiskinan, dan diskriminasi.

Kata kunci: Akses kesehatan; COVID-19, Etnis Roma, Intergovernmentalisme, Kosmopolitanisme

Abstract

This paper will discuss the European Union member states attempts in response to the COVID-19 outbreak, which will specify the policy into minorities (Roma ethnicity). This research aims to understand how the European Union and its member states view the Roma ethnic regarding emergency mitigation priorities. The analysis will use two theories: Intergovernmentalism to understand the member states of the European Union and Cosmopolitanism to understand Roma ethnicity. And it will be using qualitative research method by gathering data from official websites of each country to see how far their approach to the Roma ethnicity is. It concludes that the presence of Roma minorities throughout Europe is already recognized by the European Union, but there are still some policies that have to be evaluated. Hence, the problem of the differences in actions between what has to do and what has been applied are caused by the absence of insurance, disinformation, poverty, and discrimination.

How to cite:	Harutogu, S. A., Rima Saleha, Lita Sari Barus (2022) Study Of Healthcare Access Of Roma Ethnicity In European Countries During The Covid-19 Pandemic, (7) 10,
E-ISSN:	2548-1398
Published by:	Ridwan Institute

Keywords: *Cosmopolitanism; COVID-19; Healthcare; Intergovernmentalism; Roma ethnic*

Introduction

In 2020, the world was facing a pandemic that impacted not only third-world countries, also first-world countries, like European Union member states. With the advancement in healthcare access in European Union, the citizens of European Union member states do not need to worry if they encounter the COVID-19 virus., They can access vaccination programs quickly, and there is no 'discrimination on vaccine distribution in the member states.

Nevertheless, European Union is not only inhabited by a 'European' citizen itself. Roma ethnicity is often seen as a group that does not have a contribution to European civilization history. While actually, Roma's story is an 'undisclosed' journey that forms speculation and perception. There is now widely accepted that Roma ethnicity originated from India, especially Northern India (Kenrick & Puxon, 1973).

Despite all the 'civilization' that we might see across Europe, there are a lot of ethnicities that are 'untouched'; in terms of economic terms, whether the welfare and prosperity are evenly distributed throughout the continent. This is one of the contradictory factors that are highlighted in this paper. Roma suffered economically from the E.U.'s indifference and struggled to get an even healthcare treatment. Many E.U. state members that are far more developed as a country gained sovereignty are less concerned with the situation in Rome. However, this is a big issue of marginalization that cannot be terminated just because of indifference. One of the solutions that might come up for this particular matter is by doing more profound research. It would not be impossible that E.U. can do to at least see the different points of view (re: Roma's point of view) to gain a different perspective.

To complete the structural component of this paper, 2 literatures will be included as a Literature Review in this section. This, furthermore, will enhance and differentiate the nature of the original writing of the paper itself and others that might come across mutual understanding with the issue that has been written here.

There are 2 literatures. The first one, namely "Roma in the Covid-19 Crisis: An Early Warning from Six E.U. Member States", was published by Open Society Foundations (Hendl, Chung, & Wild, 2020). The second one is called "True Grassroots Cosmopolitanism: The Case of the Roma and Sinti people within the European Union" (Botermans, 2010), a master thesis of Sep Bottermans.

The first literature highlights issues of the global pandemic that has been happening since 2019. Roma as a community is very fragile, needs to be taken care of. Roma communities in Europe face a much higher risk of death from COVID-19, as their situation, already marked by extreme racism and poverty, has been worsening in the last decade. Living in the wealthiest continent on Earth, 80 percent of Roma surveyed live below their country's threshold for being at risk of poverty; about 30

percent live in housing without tap water, and every third Roma child lives in a household with a lack of nutrition needs.

They wrote and highlighted that as COVID-19 crisis is worsening toward more catastrophic figures. It is challenging to get a quantitative grasp of the situation, both generally, without systems for ethnic data collection in place, specifically, with the current state of lockdown and fast-changing government responses and levels of virus spread. This briefing, therefore, presents an early warning based on information collected through the Open Society Roma Initiatives Office's network of advocates on the ground in Bulgaria, Hungary, Italy, Romania, Slovakia, and Spain. The aim is to direct the attention of E.U. policymakers to responses by E.U. member states that currently are speeding up a looming disaster for millions of Roma. They pinpointed E.U. Member States' Responses toward the global issue that hits hard on Rome. There are health measures, security measures, emergency, humanitarian measures, social measures, education measures, economic measures, and lastly, disinformation measures. This paper is written as a report that uses secondary data.

In the second literature, Bottermans capture the historic part of the Roma and Sinti people way from their root origins. He also includes that their lifestyle itself is why he is conducting the master research. He used cosmopolitanism as the guidance theory for expanding his idea through his research. He wrote a hypothetical statement that goes: 'The cosmopolitan aspects of Roma and Sinti lifestyle are not likely to concur well with the cosmopolitan reality of the European Union. Top-down cosmopolitanism of the E.U. does not agree with the grassroots cosmopolitanism of the Roma and Sinti population. (Neo) nationalism and (re)bordering processes within the E.U.'s member-states are expected to lie at the heart of this 'cosmopolitan clash'. Bottermans thinks that cosmopolitanism is a great debate and an aspect that Roma and Sinti People use as a reality to live inside the E.U.

The research project that preceded this report was divided into two parts. The first part was filled by a literature study. This literature study was focused on books and articles dealing with cosmopolitanism, the Roma lifestyle and the cosmopolitan characteristics of the E.U., in line with this reports' three key-concepts mentioned in paragraph above. When combined, the results of these three sub-studies should make it possible to formulate an answer to the research question. The second, empirical part of the research project was filled by conducting in-depth interviews with Roma in the Netherlands. This part of the research project was much more about gaining a better understanding of the Roma lifestyle, as well as their perspective on cosmopolitanism and related topics, such as nationalism and multiculturalism.

As 2 literatures have been reviewed, those 2 literatures will be a guideline that makes this paper is uniquely built with solid factual data. First, I will highlight how the first paper is openly discussing how Rome suffered from a condition after Covid-19. With the sovereignty of Rome as a semi-stateless territorial area, this will put Rome be an area where E.U. will be less concerned primarily about the widespread of vaccines throughout the pandemic. The European Union (E.U.) member states covered by this

briefing (Bulgaria, Hungary, Italy, Romania, Slovakia, and Spain) have not responded with proportionate attention to the much higher risk of death from COVID-19 in Roma communities. With the first literature as a reference, there is a similarity with a topic written in the paper, which is the concern of Roma with the pandemic. The second literature refers to Roma and Sinti as communities and captures them in a cosmopolitan frame on the issue, especially on lifestyle. With that being said, the second literature will inspire this paper to take cosmopolitanism as one of the theories that will be viewed to ensure that the issue will be elaborated as expected.

Research Methods

Intergovernmentalism is one such theory. European integration was seen as a clear case of international relations (I.R.) in the early days. This is one of the theories that studies state behavior in questions of war or cooperation. Theories of neoclassical realism take the state as the unit of analysis (Pfaltzgraff Jr, 1997).

One of the theories that are chosen to explain further the condition of Rome as an actor will be Cosmopolitanism. Let us take a closer look at the word 'cosmopolitan', The word coming from the ancient Greek word 'kosmopolitês', which can be literally translated to 'citizen of the world' (Botermans, 2010). –Botermans thinks that the word cosmopolitan is used to describe various ideas within moral, social, and political philosophy. People have been thinking about the use of the cosmopolitan concept for hundreds of years. The traditional definition and core of the cosmopolitan concept are that all human beings, regardless of their political affiliation, do (or at least can) belong to a single community. As one might expect, there are numerous versions of cosmopolitanism in use.

Kleingeld and Brown have their take on explaining cosmopolitanism aspect. They are described as focusing on different aspects of society, for example, political institutions, moral relationships, shared markets, or how cosmopolitanism is part of a particular cultural expression. In short, cosmopolitanism was introduced as a challenge to commonly recognized attachments to both a specific local state and the related cultural identity (Kleingeld, 2011). As we will slowly progress to understanding contemporary cosmopolitanism, there are two broad, classical accounts of cosmopolitanism to bear in mind; Stoic cosmopolitanism and Kantian cosmopolitanism (McGrew & Held, 2002). As we will slowly progress to understanding contemporary cosmopolitanism, there are two broad, classical accounts of cosmopolitanism to bear in mind; Stoic cosmopolitanism and Kantian cosmopolitanism (McGrew & Held, 2002). The Stoics were the first to put meaning to the cosmopolitan concept. Their main goal was to replace the central role of the 'polis' in ancient political thought with that of the 'cosmos', in which humankind could live in harmony.

The Stoics saw themselves as cosmopolitans and stated that each human being lives in a local community on a day-to-day basis, but also within a much wider community of human ideals, aspirations, and argument. In line with this, they strongly emphasize the equal worth of reason and humanity for all human beings. When it comes

to problem-solving of any nature, the Stoics stated that the focus should be on what is familiar to all people, all citizens of the world, so that collective problems can be dealt with better. This was a critique of the common sectional approach to problem-solving that only focused on a local community bordered by its own political system. With this statement, the Stoics are the founders of cosmopolitanism as we know it today.

On the other hand, Kant was the most significant contributor to cosmopolitan thought during the Enlightenment period. Just like the Stoic cosmopolitanism, the concept of the *weltbürger* also emphasizes the idea that all human beings are part of a global community; a cosmopolitan society. One of Kant's main ideas was that human beings can step out of their positions within the social and political arena of their local communities (Botermans, 2010).

During the 19th and 20th centuries cosmopolitanism continued to be a source of debate and inspiration. The attempts to create (world) peace at that time, mainly after the First and Second World Wars, were inspired by Kant's peace proposal as he described in his book *Perpetual Peace*. Kant's ideas on cosmopolitanism, in this case, his conception of cosmopolitan law, also influenced the debate on international law. Even the social core of classic cosmopolitanism, the idea that all human beings are part of a universal community of human ideals, proved worth concretization. 19th and 20th-century moral philosophers insisted that everybody has a duty to aid fellow human beings in need, regardless of citizenship status (Botermans, 2010). For the time being, in our personal perspective now, cosmopolitanism has grown out of its role as an intellectual ethos. The more it is becoming institutionally attached with global politics. Cosmopolitan stands a lot of focus on human well-being. That is why Cosmopolitanism is one theory that will be used further to discuss this particular topic considered a brilliant idea.

This research will be qualitative, relying on a literature study using secondary data: The research project that preceded this report was divided into two parts. The first part was filled with a literature study. This literature study was focused on books and articles dealing with cosmopolitanism, the Roma lifestyle, and the cosmopolitan characteristics of the E.U., in line with this reports' three key concepts mentioned in the paragraph above. When combined, the results of these three sub-studies should make it possible to formulate an answer to the research question.

Results and Discussion

There is no absolute certainty about where the Roma people originate from. Yet, the dominant idea is that they originate from northern India. As a nomadic group of people, they first set foot on European territory in the 14th century. The Roma had been all over Europe by the 15th century. Here, an important note is that they have been a minority ever since, in every European country as we know it today (Nieuwenhuizen, 2004). Roma ethnicity had already faced difficulties in healthcare access, even before the COVID-19 pandemic. It happens to be a challenge for Roma in a lot of cities. The residency status of Roma will determine their rights over healthcare. Besides that,

Roma ethnicity is more vulnerable to certain health issues such as obesity, heart disease, and lung disease (Saitovic & Szilvasi, 2021). While there is a small chance to attain the benefit from the healthcare system due to the "access problem." The access problem is not limited to the residency problem one might face, but also the language problem, discrimination, and disinformation or trust issues.

If we can see from the point of view of state and sovereignty, Rome has an issue to fulfill those ideas into a reality. As we know, Rome can be classified as a semi-stateless country. Soon after COVID-19 reached Europe, it was clear the response to tackling the pandemic would heighten rather than lessen existing divides caused by existing socio-economic status, race, and ethnicity (race and ethnicity were not reported as risk factors during the initial outbreak in China). The increasing scientific evidence demonstrates that the virus exerted a disproportionate burden on racialized and ethnic minorities living under detrimental social, economic, political, and environmental conditions in Europe and the United States. They share a higher burden of the infection, are younger, and are dying in more significant numbers. As COVID-19 has exploited existing discrimination structures embedded in our public institutions, one form of ethnic discrimination has hardly been mentioned, even by those arguing for special attention for racial and ethnic minorities. Anti-gypsyism remains the most apologetic and blatant form of racial and ethnic discrimination in Europe (meaning that people with minimal prejudices against migrants and other ethnic minorities remain prejudicial towards Roma). The European Roma Rights Centre has documented how Roma has been severely impacted both by the virus itself and repressive responses from governments. Roma is the largest ethnic minority group in Europe. Their substandard housing conditions (even in comparison with other excluded ethnic minorities) in segregated neighborhoods make it impossible to follow essential protective public health measures on hygiene and physical distance. These are crucial COVID-19 vulnerability factors, according to science. Yet, there is hardly any data on the number of Roma infections, hospitalizations, ICU admissions, and mortality. They are also not mentioned in national vaccination roll-out plans, and only a few advocates make a case for their priority for vaccination. We argue that this is a contra-factual development due to conventional antigypsyism and concerns over sparking and spiraling new waves of anti-Roma racism across Europe.

When it comes to the specific health status of Roma, they are collectively worse off due to the negative impact of the social and environmental determinants of health. For large numbers of Roma, living in substandard and overcrowded housing in segregated neighborhoods, following public health recommendations in times of pandemic outbreaks is an arduous effort. Clean water supplies, sanitation, energy, disinfectants, and space for self-isolation are essential for mitigating COVID-19 but are frequently unavailable in Roma neighborhoods. Even in Spain, the country is often given as a good practice example of Roma inclusion, "60 percent of Gitanos live in multifamily households—with two or more related nuclear families living together." Often relegated to reside on contaminated land, near to landfills, in river flooding zones,

or former industrial and mining zones, many Roma households use makeshift stoves and solid fuels for heating and cooking, which further pollutes their air and contributes to the excessive prevalence of respiratory and cardiovascular diseases.

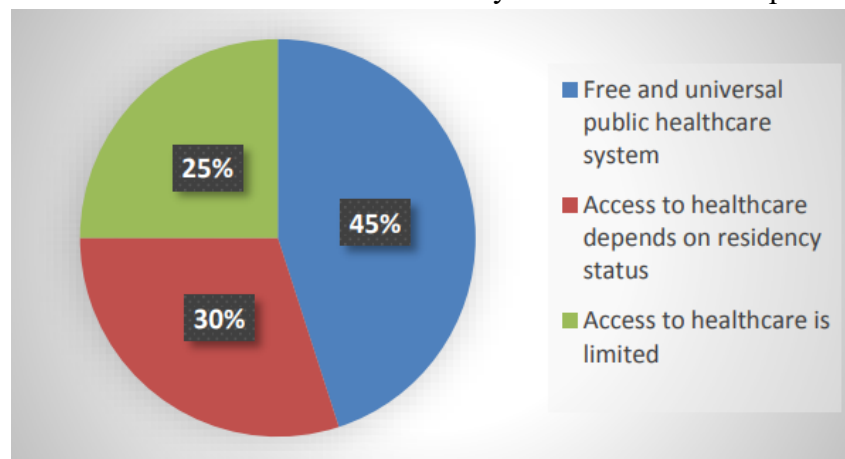
From the first moment of the COVID-19 outbreak in Europe in March 2020, Roma civil society organizations warned that Roma communities were going to be largely affected. We know that during the first COVID-19 wave, Roma was among the first affected in France, Spain, Greece, and Romania. In Czechia, the very first hospitalized COVID-19 patient who received an experimental treatment of Remdesivir was a Roma man who recovered (Saitovic & Szilvasi, 2021).

The current situation of Roma ethnicity access to healthcare in cities on member states are as follows :

- 45% of cities already have universal healthcare that Roma could access that have equal rights as native residence such as a visit to the local doctor, hospital, etc.
- 30% of cities still apply their healthcare based on their residency, which will grant the right to health insurance. Only those who already attain citizenship or live in that place for a certain amount of time able to access the Healthcare.
- 25% of cities do not have such a policy, and Roma ethnicity is struggling to access healthcare due to limitations, also the improper quality of the healthcare itself (Key, 2017).

Figure 1

Access to healthcare for the Roma ethnicity in cities of the European Union

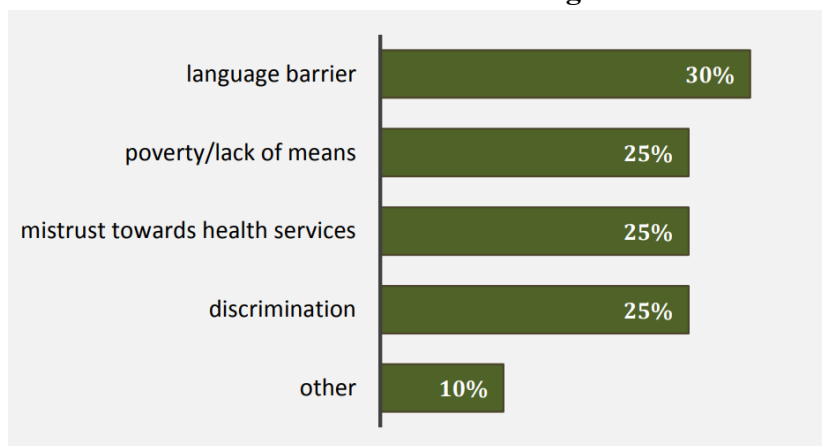


Source: (Key, 2017)

Based on the figure, the healthcare access relies heavily on the health insurance status in one place, which depends on the residency of the Roma (so that it is might hard for some people). Thus, the Roma ethnicity that hasn't attained access will receive treatment worse than other Roma that have already attained access. Despite its universal public system, which concludes Roma ethnicity's access to their free healthcare, it does not mean they are actually willing to afford it. This happens because Roma appears to

have more challenges in order to access their healthcare due to the range of their residence to the nearest health center.

Figure 2
Main constraints of Roma ethnic on accessing the healthcare service



Source: (Key, 2017)

Roma's main constraints in accessing healthcare are the language barrier, discrimination, trust issues with health services, and poverty. As shown in the figure above, those happen in a lot of countries they living in. Other factors that also contribute to this situation are the difference of the culture, their residency status, the bureaucracy (such as complexity on prepare a visit, receive the medicine, etc.).

Even access to healthcare has already been universal in whole member states. In reality, some groups cannot access it compared to other majority groups. Most of the member states aimed to improve the health care of Roma through the approach or other measures. Other member states also try to improve the equality of the healthcare access between the major ethnic and minor ethnic or, in this context, Gypsy and non-Gypsy that involve some prevention measures that done better than European Union standards. Nevertheless, only a few member states made the comprehensive approach to improve Gypsy health quality.

Some member states had already implemented or still considered the European Commission's program to involve Roma to act as a mediator to improve access to healthcare. However, this good initiative needs to be provided with other acts to significantly eradicate the health privilege gap between Roma and others. The need for a systematical and integrated approach to healthcare is identified as the main challenge. They need to build coordination between the health sector and other sectors, especially in education, housing, employment, and anti-discrimination (Sanchís-Ramón, Parra-Casado, Gil-González, Estévez-García, & Vives-Cases, 2022).

European member states with Roma ethnic populations also consider increasing their focus on women and minor health issues. Some member states argue that the importance of train the professional health worker to co-operate with a person with a

social and cultural background that is stranger to the primary culture in the country to adapt to the cultural differences. The example of this act is to empower the inclusivity of Roma ethnic on the health access in Hungary that aimed to train more than 2000 Roma women with European Social Funds. This act has improved the practical experience on the social service, minor welfare, and minor protection. It also happened to support the social worker in the family, community improvement, facilitator in the employment sector, and mediator in the health facility.

On the other hand, the problem that the Roma ethnic faces in most of their residents are the lack of access to sanitation. Proper sanitation is a vital part, especially during the COVID-19 pandemic. Most of them cannot access tap water, basic sanitary, and are often inhabited in a slum lacking basic infrastructure. Hence, the general prevention act on the pandemic, such as washing hands, is irrelevant to them. Diversification of social and exclusion also contributes to the inequality of primary healthcare access (EU-MIDIS, 2017).

COVID-19 pandemic has broadened the exclusion, poverty, and discrimination that happened for a long time in certain groups that harmed because of lack of rights that the European Union had provided, such as Gypsies rights. The presence of National Roma Contact Points (NRCP) is an effort to build a public authority or a civil organization that attempts to raise the particular vulnerability that Roma ethnic faced in the effect of this pandemic. Some of them already set moves to prevent the spread of the virus accordingly. NRCP is expected to protect the population, which are the vulnerable communities. The act, however, still denies the fact that most of the Roma population in European Union member states could not afford to wash hands with proper tap water, with about 30% of them living under standards. In some member states, more than 80% of Roma ethnic residing in a compact community. Thus, they are not able to implement physical distancing (Matache & Bhabha, 2020).

The risk on the social-economic measure harmed by the pandemic is the worse impact that hit this community, leading to even more inequality. For example, distance learning is implemented as a mandatory mechanism to prevent the spread of COVID-19. This policy, despite its effectiveness, failed to understand the Roma condition that some of them are not able to access electronic devices or even electricity. Besides the constrain in the education sector, Roma ethnic is also encountered difficulties accessing public transportation. This leads to healthcare access because most Roma relies on public transportation as their primary transportation to visit a health center or drugstore. Open Society Foundation, a Non-Governmental Organization, reported that discriminative treatment was also found in Slovakia. Roma is mandatory to do the COVID-19 test, whilst other groups are not required (Hendl et al., 2020).

All of the events of discriminative acts might lead to even unequal treatment in the health sector. Many Roma who lives in segregated residence see themselves as a stranger that lost their source of income and other economic activity, which made them unemployed and left uncared. Member states need to reassure that their vulnerable communities do not bear the suffering of being discriminated against even more because

of the pandemic. Hence, protection of the spread of the virus needs additional emergency intervention (Matache & Bhabha, 2020).

While there are many necessities for this crisis, some of them are in the urge measure. These are some recommendations addressed to the European Union Institutions and national or local authorities. The health act needed to mitigate Roma ethnic in the prevention of COVID-19 in the health sector is divided into two measures based on its necessity. The urge measure is to implement the mass test of COVID-19 to those who live without access to tap water and those who are not having health insurance. This act should be implemented according to the health condition and risk rate faced by the Roma community. The second is to create a non-discriminative quarantine policy and implement it in the whole residence. The third is to provide a quarantine facility for those living in a compact environment, whereas self-isolation is impossible, especially for the elder.

The long-term measure recommended to improve the health quality in the community is to broaden the scope of primary health necessity by involving the groups that do not have health insurance. Also besides that authorities need to plan the mass vaccination program for the Roma community, not only to prevent COVID-19, also other diseases. And the last one is to co-operate with mediators to build an internal control to observe the quality of health service and aid the Roma community (Hendl et al., 2020).

As the European Union (E.U.) has moved beyond market integration and increasingly resembles domestic political systems with competencies that traditionally define the essence of the state (Genschel & Jachtenfuchs, 2016), it also has entered the arena of mass politics (De Wilde & Zürn, 2012). The public has reasserted itself as an important factor in European politics, and it is widely accepted that the 'permissive consensus' of the European public has given way to a 'constraining dissensus' (Hooghe & Marks, 2005). Rather than following a purely utilitarian logic, this dissensus is strongly influenced by a conflict over collective identities. To be sure, European policymakers still manage to push European integration further under highly politicized circumstances (Börzel & Risse, 2018), even if some opt-out either wholly or partially.

Conclusion

Though European Union and its member states had already made approaches to the Roma community, there are more problems how the policy implemented by local governments cannot prevent the spread of the virus due to the inability of the community to make ends meet. For example, the travel ban is hard to implement for Roma; some live a nomadic lifestyle. Meanwhile, those who stay in one place do not have the proper facility. More than a quarter of the Roma community does not have access to tap water is not a considerable aspect for the government that bases their policy on the majority measure (assume that the tap water is available to the whole population).

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The local government also sees the presence of the Roma community in European Union states as a group with no significant contribution. Hence the government does not consider their condition in making the policy in response to the pandemic. Society's perception of the Roma community also impacted this discriminative situation on healthcare access, and they saw Roma as one of the actors that spread the virus. However, many Non-Governmental organizations still attempt to help the community on accessing healthcare. Hence it shows the hope of the Roma community to be equal in healthcare.

Trying to relate the Roma and Sinti people to cosmopolitan theory demands an in-depth study of both the existing ideas on cosmopolitanism and the cultural characteristics of the Roma and Sinti people

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First publication right:

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