

INVISIBLE AND NEGLECTED

STATUS OF THE HUMAN RIGHTS OF PEOPLE WITH DISABILITIES IN CENTRAL EUROPE



**A REPORT BY DISABILITY RIGHTS ADVOCATES
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Layout and cover design by Jason Galek

Photographs by Patricia Kirkpatrick

STATUS OF THE HUMAN RIGHTS OF PEOPLE WITH DISABILITIES IN CENTRAL EUROPE¹

Widespread Violations Of Human Rights Of Disabled Persons In Central Europe.

The nations of Central Europe² are diverse in history, culture, religion and stages of economic and political development. Predictably, there are significant disparities in the way various governments treat people with disabilities.

In spite of great differences in the region, these countries do share similarities in the treatment of people with disabilities and produce results that lie along a continuum. For example, Slovenia has made substantial progress in its approach to its disability population, much of it visible in removal of architectural barriers. Hungary and the Czech Republic have also made recent advances, particularly in legislation and development of disability organizations. At the opposite end of the spectrum are Yugoslavia and the Ukraine where the disability population, for all practical purposes, is ignored. As the U.S. State Department noted in its understated 1999 Human Rights Report on the Ukraine, "the Government has done little to support programs targeted at increasing opportunities for the disabled." The remaining countries are somewhere in between.

Indeed, although many of the nations of Central Europe stand poised to assume their places as essential political and economic partners with Western Europe, many are like third world countries in their treatment of people with disabilities. Thus, throughout Central Europe, very few people with disabilities have the opportuni-

1. Although DRA utilized multiple sources and the best information available, data was often cursory. To develop a more complete picture of the human rights of people with disabilities in Central Europe additional research is needed. Reports for specific countries in the region are forthcoming.

This report is based upon various sources, including the United Nations, the U.S. State Department, and various national and international organizations. DRA utilized the UN report on implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, compiled by questionnaire in 1996. Noting frequent discrepancies between replies to these questionnaires received from governments and those of NGO's, the report noted "sometimes the reply of an NGO is a telling example of the distance between what has been decided and what has been achieved." Other sources include on-site visits, reports from disability organizations and other NGO's, and DRA's monitoring of the status of people with disabilities in the region. Country-specific reports were also utilized, such as those of Mental Disability Rights International, Human Rights Watch, the U.S. State Department, and the European Union.² The region is generally regarded as including at least Bulgaria, Croatia, the Czech Republic, Hungary, Poland, Romania, Slovakia, Slovenia, Ukraine and Yugoslavia (sometimes referred to as Serbia). Although Albania, Austria, Belarus, Latvia, Estonia, Germany, Lithuania, Moldova and Macedonia are also sometimes included, they are not covered by this report.

2. Different countries are often regarded as included or not included within Central Europe. Moreover, this report does not cover all of the countries in Central Europe. Countries covered are: Bulgaria, Croatia, the Czech Republic, Hungary, Poland, Romania, Slovakia, Slovenia, Ukraine and Yugoslavia (sometimes referred to as Serbia). Although Albania, Austria, Belarus, Latvia, Estonia, Germany, Lithuania, Moldova and Macedonia are each sometimes included in the definition of Central Europe, these countries are not covered by this report.

ty to lead a full and independent life. As a group, disabled people are segregated and immobilized by pervasive architectural barriers. They are also poor, without necessary assistance or assistive devices, discriminated against, and lack sufficient information or governmental support to improve their situation. They suffer from massive unemployment and social, political and economic exclusion. In addition, far too many disabled Central Europeans are isolated and institutionalized in hospital like settings or mini-ghettos in which they lack privacy, freedom or the chance to live out their human potential.

Because the population of people with disabilities across the region is quite large, Central Europe is likely to suffer serious economic and social costs if it fails to address these issues. Hungary reports that its population could be as high as one million people, while Poland's population is expected to reach six million by the year 2010, up from an estimated five million in 1996. Using U.N. estimates, the percentages in the remaining countries can safely be assumed to fall in the 10%-20% range.

Discrimination against and segregation of this segment of the population not only means that the government must continue to provide substantial financial and other support, but also that this large and versatile workforce will continue to be untapped. This results in loss of revenue and a tax base for the economy. Thus, exclusion will continue to create a drain on emerging national systems.

Throughout the region, treatment of people with disabilities is also still dominated by the medical model³ and outmoded concepts of charity, pity and non-productivity. As the U.S. State Department reports on Bulgaria, “[p]olicies and public attitudes prevalent during the Communist era, which separated mentally and physically disabled persons, including very young children, from the rest of society, have persisted.” Because of this situation, the treatment of men, women, and children with disabilities in Central Europe also fails to meet the relevant standards for equal and integrated treatment of disabled people which have been articulated by international groups such as the European Union in such documents as the new Article 13 of the Treaty Establishing the European Community, and the United Nations in its Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights.⁴ Thus, many Central European governments have been and are violating the human rights of people with disabilities, in disregard of international human rights norms and standards.

3. This is the model in which persons with disabilities are seen as “sick” and in need of being “cured,” cared for or told how to live by professionals.

4. The New Article 13 of the Treaty Establishing the European Community, as amended by the Treaty of Amsterdam, authorizes the EU to “take appropriate action to combat discrimination based on . . . disability. . . .” Legislation under this article to combat discrimination against people with disabilities in employment is now pending at the EU level.

Inability To Participate In Society—Disability Is Hidden.

Due to negative attitudes about disability and the prevalence of architectural barriers in Central Europe, people with disabilities are largely invisible. They are effectively excluded from full participation in schools, work and the life of their communities, and the invisibility of persons with disabilities reflects the failure to accommodate them in the ebb and flow of daily life. One can walk the streets of almost any Central European city for hours and not encounter more than a handful of people with disabilities. Because of their isolation, many people with disabilities are lonely and friendless. Disabled children particularly tend to lack regular contact with non-disabled children. The developmentally disabled or emotionally ill are particularly ignored.

Cultural factors contribute to this situation. In the past, disabled people were hidden by their family members and there is still considerable stigma attached to having a disabled child. There also is no attendant care system for people with disabilities and very few accessible day care centers for disabled children. Because of the poor financial situation of many households and the barriers in architecture and transportation, many families are unable or unwilling to support their disabled children or parents. One result is the frequent institutionalization of the severely physically disabled, as well as developmentally disabled children and adults. Such institutions are often characterized by a hospital-like atmosphere, domineering directors and rigid rules. Isolation from the community on the outskirts or away from urban centers is common in outmoded physical facilities.

In addition, many people are effectively institutionalized because of the inaccessible environment. Most major buildings, including universities, government buildings, professional schools and libraries, courts, theaters, playgrounds and cultural sites are inaccessible in Central Europe. Steps, ledges, and other architectural barriers block most restrooms and public places.⁵ Curb cuts are difficult to find. Even blind people do not venture forth routinely without the aid of friends and family.

This segregation complements the absence of information about people with disabilities in Central Europe. Statistics about severity and prevalence of disability, housing conditions, employment status, education and persons living in institutions are not sufficient for analysis or public policy decisions.

5. Several countries, such as the Czech Republic, Slovakia, Poland and Hungary, have building codes which mandate accessibility for the disabled, but there are very few underlying guidelines and no effective enforcement. For example Poland's law provides simply that public buildings "should be" accessible, while Slovakia's law lacks sanctions. Other countries, such as Romania, have no law mandating accessibility of public buildings.

Myths And Stereotypes About Disabilities Are Prevalent.

In general, the public in Central Europe remains largely unaware of the plight of disabled people, many of whom are virtual prisoners in their flats. There are very few models of active people with disabilities who are well known. Accordingly, neither government officials nor disabled people themselves have positive images of disabled men, women and children living full and productive lives.

Instead, the medical model for disabled people is still the dominant paradigm. The communist concept of the ideal citizen—a healthy manual worker—reinforced this negative image and labeled disabled people as misfits. Because some disabled people receive pensions, although such pensions are uniformly far too low to sustain a decent quality of life, some also mistakenly believe that people with disabilities are sufficiently cared for.



Vladimir Cuk, Serbian Student Leader, with assistant.

Four myths prevalent in the region underlie the approach toward disability:

The first myth is that a disabled person is not capable of leading a fully productive life which contributes to the society (myth of helplessness). Second, there is a belief that private philanthropy should handle the problem (charity myth). The third myth is that countries at a difficult stage of economic development cannot afford to deal with disability (the cost myth). The final myth, in several of the countries, is that there are not enough disabled persons to merit any priority.

These myths are based on an absence of information and erroneous policy judgments. For this reason, exchange programs (bringing disabled Central European leaders to other countries to witness what is possible) can be effective. An exchange of videotapes is a low cost way of beginning to familiarize Central European activists with a variety of possibilities. Better media to present positive images of disabled individuals is needed throughout the region. High-visibility businesses should be encouraged to provide employment for persons with disabilities and promote positive images. Finally, the private sector needs to become more involved in removal of architectural barriers, employment and altering of stereotypes.

Economics Are Mistakenly Used As An Excuse For Neglect; Many Substantial Improvements Can Be Made With Little Or No Expense.

Bureaucrats often claim that they “cannot afford” to deal with the plight of people with disabilities, particularly during Central Europe’s shift to a capitalist economy.

Of course, the economic climate imposes some limits on improvement. However, it does not justify refusal to take measures which do not require significant capital expenditures. Little thought has been given to the ability to create accommodations for people with disabilities without substantial cost. Thus, requiring accessibility in new and remodeled buildings, enacting anti discrimination legislation, employing workers with disabilities, conducting public education campaigns, encouraging development of disability organizations and creating some curb cuts and para-transit can all be undertaken even by the poorer countries of the region.

Moreover, neither the financial returns which result from training disabled people to live and work independently (such as the savings from fewer people on pensions), nor the monetary consequences of neglect (such as loss of conventions and tourism because of an inaccessible environment and lost taxes from disabled workers) have been considered.

Finally, a greater emphasis needs to be placed on shifting some responsibility to the business community, particularly as privatization continues. In the United States, for example, of the changes made by hundreds of businesses to create a more user-friendly environment for disabled people, it was found that well over half of the adjustments cost less than U.S. \$100 each.

In sum, the economic issues have become an unacceptable excuse for the refusal to do many things which would be cost effective or require minimal outlay of resources.

People With Disabilities And Medical Systems In The Region; A Painful Legacy Of The Communist Era.

To a varying degree, at least some characteristics of the medical system initiated during the era of Soviet domination can still be found in almost every country of Central Europe. According to one estimate, roughly 1.3 million people live in 7,400 institutions in Eastern Europe and the former Soviet Union, an unfortunate legacy.

In 1999, for example, Human Rights Watch distributed its report, “Abandoned to the State—Cruelty and Neglect in Russian Orphanages,” documenting pervasive mistreatment of disabled children. The report found that Russian disabled children are exposed to “shocking levels of cruelty and neglect [and] . . . bereft of stimulation and lacking in medical care.” (p. 2) The current system in Russian is to warehouse disabled children for

life, and to put them in a “total institution” where they are permanently denied opportunities to know and enjoy their lives and rights. As the report describes, “from the moment Russian children are left in state institutions, they become victims of long-held prejudices. . . .” (p. 3)

Many aspects of the Soviet system are also prevalent in Central Europe. Thus, doctors record factors in a child’s medical history, which would be considered merely as risk factors in the West, as labels of illness. In addition, children with a single physical malformation (a harelip or speech defect) are considered subnormal in the eyes of physicians. For example, this occurs in Bulgaria where children with orthopedic or senso-



Protest at inaccessible Hungarian store.

ry impairments that affect their mobility are often sent to remotely located special schools regardless of their ability to learn. Such actions become part of an early and often questionable diagnosis of the infant or young child. The disability label thus becomes a life-long stigma and results in restrictions on participation in society. There are virtually no channels through which to seek a reversal of this diagnosis.

Over-institutionalization and inadequate institutions also continue to be major problems throughout the region. A recent report, “Human Rights & Mental Health: Hungary” by Mental Disability Rights International, found that Hungarians with mental disabilities are placed in long-term institutions, often for a lifetime. This process begins with children, who are frequently placed in segregated schools and institutions, many times leading to a lifetime of institutionalization and to an unnecessary breakdown in ties with the community.

No country in Central Europe has major institutions for the disabled which can be regarded as fully acceptable under contemporary standards. In Hungary MDRI found that “people are vulnerable to the most serious human rights violations,” because they are “[c]losed from public view in institutions without human rights oversight or advocacy available to them.”

In addition, throughout Central Europe, many severely disabled babies are abandoned at the maternity wards, sometimes when medical personnel warn the recuperating mothers of the hardships if they keep a “defective” child. Diagnostic procedures for disability are also a source of concern. Because institutionalization itself causes deterioration, the label of mental retardation can become a self-fulfilling prophecy. The conditions in institutions varies greatly throughout the region. For example, the situation is improving in the Czech Republic and Slovenia, but Disability Rights Advocates’ representatives have visited institutions for the disabled in Bulgaria, Romania and the Ukraine that can only be described as horrific.

A key finding of the Human Rights Disability Watch Russian Report was: “At the heart of the systematic abuse and neglect . . . lies a deep tradition of ignorance and fear. Time and again people told us . . . how the Soviet ideology promoted the quest for the perfect Soviet man.” (p. 29) The treatment of people with disabilities and their institutionalization thus reflects a deep prejudice and fear of handicapped people in general, the vestiges of which remain throughout Central Europe. Indeed, some of the most vivid images of the fall of Communist Central Europe were pictures of Romania’s disabled orphans; roughly 100,000 children still live in residential facilities in Romania.

Public education at all levels is necessary to dispel the deeply rooted prejudice against children with disabilities. An independent advocate for disabled people in each country is also essential. Openness is critical, and there can be no excuse for not allowing the open inspection of homes for people with disabilities.

Human Rights Watch also has a number of constructive recommendations equally applicable to Central Europe, including development and implementation of nationwide plans for gradual de-institutionalization, reallocation of resources now used for institutional care to develop humane alternatives, appointment of independent observer groups, mechanisms to appeal diagnoses, development of foster care for children, and support for parents caring for children with disabilities in their homes.

Independent Living Centers Throughout The Region Are Needed.

The highest priority should be given to development of independent living centers in Central Europe. A very few outstanding programs sometimes create the illusion of an independent living movement, but such a movement has yet to develop in the region. References to “independent living centers” (ILCs) in Central Europe usually describe limited living arrangements where physically disabled persons can live outside of large institutions. The idea of true independent living centers (which serve as a central source of social support and an organizing and resource center for the entire community of disabled persons across disability lines) are rare in Central Europe. For example, The Center For Independent Living—Sofia (Bulgaria) engages in programs such as helping people with disabilities independently solve the problems they encounter in their daily lives, creating conditions for eliminating architectural barriers, promoting inclusive education, and assisting them in finding integrated work. However, none of the centers labeled ILCs in Romania, the Ukraine, Croatia or even Hungary, have programs of this scope.

An independent living center, in the form of a single physical facility which coordinates all services and activities for all disabilities, could be started in every Central European capital by having the city donate a building for that purpose and then forming a non-profit foundation to raise funds for operational costs. The center could provide housing, employment, transportation, and legal information, and coordinate advocacy on behalf of disabled persons across disability lines.

Unemployment And Underemployment Of Disabled Men And Women Is Pervasive.

Everywhere in Central Europe the situation concerning employment of people with disabilities is grim. Unemployment statistics for people with disabilities in Bulgaria are over 80% and in Hungary, over 70%. Inaccessible mass transportation, architectural barriers, low educational levels, generally high unemployment and minimal allocation of resources to assist disabled persons makes employment of disabled persons a marginal activity at best. In some countries, government programs actually act as a disincentive to disabled people to look for work. In Poland, a 1996 law allows people with disabilities to take up gainful employment without the risk of losing their disability benefits, but in Bulgaria, disabled people are forced to withdraw from work in order to become eligible for pensions or mobility devices.

Disabled people are generally employed, if at all, generally as unskilled or semi-skilled workers. Moreover, in every country in the region, there is an overemphasis on sheltered workshops. In Slovakia, for example, a 1994 law provides incentives to employers to create a sheltered workplace, but very few centers provide full employment rehabilitation such that disabled people can receive the necessary skills to participate in a well paying and competitive market. In a few countries, there are a number of small training and employment programs, but they are insufficient to have any notable impact on the general situation.



Croatian wallet maker in sheltered workshop

In addition, a major obstacle to progress is the absence of any widespread understanding of the employment capabilities of men and women with disabilities. A Catch-22 is that because so few disabled people are visible in the workforce, there are few models of productive adults with disabilities.

Even where government bodies have tried to take some action, they rarely can point to major overall achievements in employment of men and women with disabilities. For example, in a few countries, such as Ukraine, the Czech Republic, Slovakia, and Bulgaria, have a legal requirement on the books theoretically requir-

ing that larger employers must hire disabled persons. These usually take the form of mandatory quotas. However, penalties are so small that they are ineffective.

Even international corporations which employ disabled men and women in other countries do not do so in Central Europe. In the U.S., employment of disabled people by such corporations as McDonald's and Marriott has helped society to see the employment potential of people with disabilities. In Central Europe, however, McDonald's, Burger King and others have done little or nothing for people with disabilities. Similarly, IBM and other computer companies have done a great deal for disabled persons elsewhere, but not yet in Central Europe.

Transportation Systems Are Inaccessible.

Everywhere in the region, transportation systems are not accessible. Metro systems throughout Central Europe were built deeply underground (they often doubled as bomb shelters under Russian rule), and are blocked by steep, high-speed escalators. For example, nearly the entire metro systems of Budapest and Kiev remain inaccessible. Some lifts have been installed on one of the three lines, but there is no consistency. Should a disabled person be able to enter the line at one station, he or she will not be able to exit at the majority of other stations. In addition, all of the tram cars and the vast majority of buses in Budapest and Kiev remain inaccessible. In Prague less than half of the metro stations and only two bus lines are accessible. In Romania, Bulgaria, and Yugoslavia, many disabled people cannot use government-provided transportation discounts or arrangements because public transportation is not accessible.

The result is that vast public transportation networks remain completely inaccessible to people with disabilities. No effective city-wide para-transit systems have been developed and there are no accessible taxicab services. There is virtually no help for blind people in maneuvering through traffic. Moreover, no group with any authority is effectively working on making transportation fully accessible. The situation is worsened by the fact that few disabled people can afford reliable cars and that wheelchairs of good quality, both manual and power, are few and far between.

Taken as a whole, Central European countries have neglected the transportation needs of their disabled citizens, although in both Slovenia and Croatia there are a number of newer lowered buses which allow accessibility and Budapest, Sophia and Belgrade each have limited para-transit service. As a general pattern in the region, however, steps onto trains and buses are high, there are no usable public elevators to the subway system and insurmountable architectural barriers are everywhere. In addition, public toilets are virtually unusable in

almost all bus, train and metro terminals. Moreover, almost nothing is being done to improve the situation, or even to explore low-cost or minimal solutions.

Exploration of para-transit systems and increased ownership of private vehicles, perhaps on a shared basis among disabled persons, is essential given there are no short-term alternatives to a completely inaccessible public transportation system. An allowance now is available in a few countries such as Bulgaria and Hungary to people with disabilities to assist them in purchasing a modified automobile. However, the amount is only sufficient to allow disabled people to buy an older and often unreliable vehicle, even assuming that they can afford the high petrol costs. One economically feasible measure might be utilization of an accessible taxicab service, which has been successfully utilized in several United States cities.

In addition, low cost and low technology solutions should be considered. Lengthening the timing of traffic lights, providing a priority at crossings for pedestrians, planning paths of circulation which are barrier-free in the center of the cities and around public buildings, using movable platforms at train and bus stations, utilizing minibuses, building an accessible restroom outside a structure when it is prohibitive to modify the interior, building up sidewalks instead of ramping an interior vestibule, using portable ramps and making interim concessions from strict architectural standards are all low cost steps which should be studied.

Education Is Segregated; Higher Education Is Inaccessible.

In education for children and young adults with disabilities, Central Europe lags far behind most Western European countries. Not only are educational levels lower for people with disabilities but there is minimal, if any, educational integration. In Poland over 57% of the disabled population has no more than an elementary education. Only 3.5% have a college education. In Ukraine 70% of the disabled population has less than a secondary or basic education or basic vocational training. Multiple architectural barriers to people using wheelchairs are pervasive and substantial in schools, and integration of disabled students with other children is not accepted.

Virtually all of the universities and graduate schools, as well as research institutes, are not accessible to wheelchairs users or people with mobility limitations. In Bulgaria, Hungary, Romania and Croatia, for example, there are no disability-usable elevators in the major universities. In addition, in some countries the range of subjects that are available to people with disabilities are limited. For example, in Bulgaria blind students are often only permitted to choose from a few courses of study limited to social sciences or language.

Absence Of Wheelchairs And Assistive Devices.

There is a pressing need in Central Europe for more and better wheelchairs and other assistive devices. Wheelchairs are of poor quality, too heavy and in short supply. They are also non-standard, with widely varying measurements, weights, and parts. Several governments do provide some funds for equipment, but these are not adequate in any nation in the region. Designs tend to be outmoded, and efforts to privatize have encountered substantial difficulties. There are also a very limited number of power wheelchairs in Central Europe. In general, the cost of a power chair equals years of income to a disabled person. Even where an individual needs only to supplement the cost of a motorized wheelchair, few persons with disabilities can afford this. Sometimes, parts for the wheelchairs are not available at all. In Yugoslavia, for example, parts for motorized wheelchairs are virtually non-existent—users of these chairs must make do with chairs that are dangerously old or broken.

Import duties on wheelchairs (such as exists in Hungary) should be eliminated. Establishment of small wheelchair factories and repair shops staffed by persons with disabilities should be encouraged. Disabled engineers from the United States and other countries have had considerable experience in setting up such factories to produce low-cost and practical chairs.

Extreme Shortage Of Accessible Housing.

No effective action is being taken to remedy the severe shortage of accessible housing. Throughout Central Europe, many people with disabilities live in the relatively inexpensive apartment blocks built by pre-1989 governments to accommodate large numbers of people. Large multi-storied buildings often have numerous flights of stairs and small apartments. Elevators generally are not installed, are located on the first landing (after a flight of stairs), or are too small for a wheelchair. At universities, there is usually no accessible housing, forcing students with mobility impairments to require assistance to leave their dormitories.

Disability Organizations Are Under-Resourced And Require Greater Coordination, Funding, Institutional Development, And Sharing Of Resources And Ideas.

There are a large number of disability organizations throughout Central Europe. For example, there are approximately 120 disability NGO's in the Czech Republic, over 75 in Hungary and approximately 100 in Poland. However, the great majority of these are primarily organized along single disability lines, and many are quite small, having an active membership of 25 or less. The groups are generally fragmented, have minimal staffs, are under-resourced and communicate poorly with each other. To be effective, disability organizations need and should receive increased governmental and foundation support. Most major foundations, such as the

Ford Foundation, have ignored disability issues in Central Europe, even though they have a major opportunity to have a substantial impact with a relatively moderate expenditure of funds.

Disability groups in Central Europe also remain relatively isolated. The financial inability of disability leaders to attend international conferences, the absence of good coordination and a greater number of leaders have tended to insulate the Central European countries from the substantial work being done (and programs and ideas generated) by disabled people elsewhere.

A number of small, experimental attempts have been made to improve the status of disabled people, including efforts to develop integrated forms of education, training, and rehabilitation and training programs. However, poor cooperation and information flow between these groups and the lack of finances, equipment and long-term commitment limit their potential for impact.

The legacy of the Communist regime also hampers the present organizational situation. The ability to build a strong grass-roots disability movement is hindered because Central Europe has no tradition of self-help groups, organized advocacy, and well-established democratic institutions for developing consensus.



Hungarian Disability Conference Participants

Legal Resources And Legal Centers Are Necessary.

There is a need for effective legal representation and advocacy for disabled Central Europeans. Attorneys and other advocates can help groups organize, draft legislation, and assist disability groups in dealing with ministries, parliaments and the business community, as well as providing legal and other advice. Few such resources now exist. Under the Communist regime, lawyers did not have a major role to play in civil (i.e., non-criminal) issues, resulting in meager legal resources. That situation has altered somewhat in recent years and the profession is attracting more bright young people. However, there is no tradition of public interest law practice, civil pro bono work, or non-profit law firms. If legal resources are to be marshaled to help persons with disabilities, the impetus is most likely to come

from the law schools and existing human rights networks. Law schools in the major cities should become a focus of legal activity on behalf of persons with disabilities.

Disability also needs to be included on the agenda wherever either legal or human rights are discussed. A small (one or two lawyers) legal center, such as DRA-H in Hungary, should be established in each national capital to draft legislation, help organize, work with international human and disability rights organizations and monitor the human and political rights of people with disabilities in Central Europe.

Broad Scale Legislation Is Needed.

The Central European countries need legislation for people with disabilities. There is little real protection for people with disabled people in institutions, no effective representation of their interest in the political process and no protection against discrimination in all aspects of life.

The few laws that do exist protecting people with disabilities are often ineffective. For example, several countries and municipalities have enacted legal requirements governing the construction of accessibility features in new buildings, but there is no workable enforcement mechanism. As a result, even though access features add only a small percentage to the cost of new buildings, new construction continues to take place ignoring accessibility. Enforcement for disability legislation should be carefully considered, including the use of heavy penalties, class actions and both privately and publicly initiated damage suits.

More generally, there is a need for legislation at all levels to protect the status of disabled Central Europeans, and some models are beginning to emerge.

Governments at both the national and local levels might consider establishment of a disability ombudsman position and a central department of rehabilitation. The coordinator or ombudsman would develop and help implement an overall plan to improve the situation of disabled persons, including housing, transportation, curb cuts, education and employment, and could help monitor all government programs and activities such as employment, conferences, expositions and metro expansions, in order to ensure that such activities make provision for persons with disabilities. All levels of government also should work toward greatly increased involvement of disability groups.

A National Disability Affairs Council in each country should develop a national agenda for persons with disabilities, serve as a technical resource and a documentation center, and organize national conferences. Such a committee is now considered compulsory under the European Community (EC) standards.

Regional cooperation on issues relating to people with disabilities, should be encouraged. Establishing a network among Central European nations would be an important step. A regional conference focusing on the for-

mulation of a joint action program to improve the status of disabled persons and provide workshops for drafting proposed legislation should be given a high priority.

The Growing International Consensus.

A number of documents now deal with the rights of persons with disabilities on a world-wide basis, including the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights. Material gathered and published by the U.N. sub-commission on Human Rights is also important, including the 1991 Special Rapporteur's report on disability. This material presents an outline of issues and procedures that can serve as a check list for problems and represents a growing consensus in the international community of minimum disability standards applicable to any government's legal system. Finally, this consensus can help persuade lawyers, law professors and jurists that disability rights is an appropriate subject for their attention.

An effort should be made to bring disabled persons to Western Europe and the United States for training and information. These exchanges help to energize the disability community and disseminate ideas and strategies. Short visits by international disabled leaders to host countries in Central Europe can lend moral support. However, longer visits by foreign disabled leaders who have been thoroughly briefed would be even more effective. As increased contacts are made with the international network of disability organizations and as outside technicians begin to understand Central Europe, their ability to accelerate the pace of change will increase. Disabled Central Europeans need financial assistance to enable such contacts.

The U.N. and other organizations should immediately be informed of and kept updated on Central Europe's human rights record in treatment of disabled persons. Government officials and professionals, as well as disabled persons, should participate in more international disability conferences. This is a quick way to make contacts, obtain technical assistance and gather information. An international computerized network to assist individuals and groups with disabilities, called HANDYNET, has been established by the EC under the auspices of HELIOS. Central European countries should participate in this network.

A technical support package could be assembled which could be utilized for all Central European countries. It would, for example, consist of relevant international human rights documents. It would also contain statistical data developed by the World Health Organization and others showing the percentage of the population with disabilities and prevalence statistics for types of disabilities. It might also contain evidence showing that disabled people make reliable employees and a checklist for a model statutory package. It could also include proof of the

low cost of eliminating architectural barriers when a building is being designed, and material showing the economic costs for society of not providing for its disabled populations.

The Widespread Failure Of American Corporations To Respond To The Needs Of The Disability Community In Central Europe.

The Disability Rights Advocates—Hungary Year 2000 International Conference of People with Disabilities was held in the heart of Debrecen, one of the largest cities in Hungary. None of the men and women using wheelchairs at the conference could enter the nearby McDonald's, which is barred by two steps. This hostility to people with mobility disabilities is reflected in the steps to each of the McDonald's in the center of Budapest, in the heart of Ljubljana, Slovenia and in downtown Zagreb, Croatia, among many others. McDonald's could hardly have done worse if it had established a deliberate corporate policy that people with mobility disabilities should be excluded from all McDonald's. McDonald's is not the only American corporation hostile to people with disabilities. Pizza Hut, Burger King, Kentucky Fried Chicken and others have been equally insensitive to disabled men, women and children. In spite of repeated requests, Levi Strauss has refused to incorporate into its Code of Good Corporate Conduct even the most minimal requirements of access and employment for people with disabilities. As a result, Levi's stores in locations like downtown Sophia (Bulgaria) and Pecs (Hungary) remain barred to shoppers or employees with disabilities.



Croatian Sheltered Workshop Employees

PROFILES:

Vladimir Cuk



Vladimir Cuk, from Belgrade, who is president of the Yugoslav Muscular Dystrophy Association's Youth Group and the Association of Disabled Students, uses an electric wheelchair, but has had great difficulty maintaining his current chair or buying a new one. Parts for wheelchairs in Yugoslavia are non-existent or prohibitively expensive. Because his eight-year-old chair is his main form of transportation, frequent breakdowns are major obstacles to his independence.

Daniela Dimitrova



Daniela Dimitrova is a 23-year-old student from Sofia. She speaks perfect English, wants to be a translator, and has worked as a freelance translator for the U.S. Peace Corps. In the national university system in Bulgaria, blind students like Daniela are only permitted to study law, history or languages. They are precluded from such areas as math and psychology. Recently, the Association of Students undertook a media campaign and negotiations which, in theory, resulted in changing this rule. However, the "new" rule has yet to be implemented.

Ana Ianina



Ana Ianina is an amputee who works with the Center for Independent Living in Sofia. Sofia has only two mini-buses, one operated by the government and one by a non-profit. Disabled people in Bulgaria are given free use of the metro but are unable to use it because it is inaccessible. This, in combination with the fact that the city itself is generally inaccessible, makes getting around very difficult. To assist people with disabilities, the Center for Independent Living has produced a fold out map, "Accessible Sofia," that indicates accessible paths of travel, shops and restaurants.

The Holocaust and People with Disabilities: *Forgotten Crimes**

In spite of heightened interest in the Holocaust in recent years, silence has surrounded the mass atrocities inflicted on men, women and children with disabilities during the Nazi regime. The vicious and systemic persecution of people with disabilities during the Nazi era has been overlooked and greatly underestimated in historical research and the collective remembrance of the Holocaust. In fact, people with disabilities were persecuted both within Germany and in the territories conquered by the Nazis, including Central Europe. Disabled men and women became victims of mass sterilization and murder, often at the hands of their own doctors. They were herded into killing centers and concentration camps. On forced labor crews, they were worked to death by German companies. They were made subjects of horrific medical experiments, both before and after their deaths. The Nazi persecution of people with disabilities can most accurately be termed genocide: the systematic annihilation of a biologically-defined group of victims.

Hitler's strategy progressed in stages. Compulsory sterilization for people with disabilities became law in 1933, resulting in more than 400,000 people with disabilities being sterilized, often by painful and dangerous methods. A formal killing operation targeted directly at people with disabilities, known as Aktion T-4, quickly followed. More than 275,000 people with disabilities were murdered in the T-4 program, not counting those killed in concentration camps, in institutions after the formal T-4 program ended, and in occupied countries. Switzerland and other countries made matters worse by turning back refugees with disabilities at their borders.

This Nazi nightmare encompassed people with every kind of disability. Instead of accepting disability as an aspect of life, German ideology considered disability to be a sign of degeneracy and as "life not worthy of life." People with disabilities were labeled as "useless eaters" by the Nazi regime; their elimination was a central component of the Nazis' plan to "purify" the Aryan race.

The horrific programs implemented by the Nazis, the propaganda they used to dehumanize people with disabilities, and the attitudes of the German medical profession are all part of a pervasive and lasting historical legacy of discrimination towards people with disabilities in Central Europe.

*The full text of *Forgotten Crimes* is available on DRA's website at <http://www.drlegal.org/publications/>