



Article

Hygienic Boundaries: Roma Communities and the Racialisation of Public Health Discourses during the COVID-19 Pandemic

Andreea Cârstocea

European Centre for Minority Issues, Schiffbrücke 12, 24939 Flensburg, Germany; carstocea@ecmi.de

Abstract: Public health measures instituted during the COVID-19 pandemic included both social distancing measures (including lockdowns), as well as personal hygiene measures (i.e., washing hands, wearing masks), with the purpose of preventing the spread of the virus. Using primary data obtained from stakeholder interviews, surveys, and desktop research from seven non-EU countries in Eastern Europe, this article shows how a new discursive fault line with hygiene as its core emerged across these countries in the wake of the COVID-19 pandemic, symbolically (and sometimes physically) separating the Roma from the non-Roma. Lockdowns reduced the ability of the Roma people to earn a living, due to the often-informal nature of their employment; as a result, many faced difficulties in covering basic living costs. These difficulties were compounded by poor living conditions, which limited the extent to which Roma people were able to follow social distancing rules and the measures regulating personal hygiene. All these factors were used to depict Roma communities as both lacking in personal hygiene and as wilfully non-compliant with public health rules. Public discourses emphasised the gap between the (self-perceived) clean and rule-observing non-Roma, and Roma communities, constructed as lacking in discipline and personal hygiene. These discourses, centred on hygiene, reinforced social boundaries and justified abuse and exclusion.

Keywords: hygiene; public health; Roma; pandemic; inequality; housing; poverty



Citation: Cârstocea, Andreea. 2023. Hygienic Boundaries: Roma Communities and the Racialisation of Public Health Discourses during the COVID-19 Pandemic. *Social Sciences* 12: 188. <https://doi.org/10.3390/socsci12030188>

Academic Editors: Manuela Mendes and Stefánia Toma

Received: 12 February 2023

Revised: 15 March 2023

Accepted: 17 March 2023

Published: 20 March 2023



Copyright: © 2023 by the author. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

1. Introduction

Public health measures instituted during the COVID-19 pandemic included both social distancing measures (including lockdowns), as well as personal hygiene measures (i.e., washing hands frequently, using disinfectant, wearing a mask, etc.), with the purpose of preventing the spread of the virus. While ostensibly equally applicable to all members of society and affecting them equally, in practice the measures were applied differently to Roma communities across Eastern Europe, and had a disproportionate effect on these communities who were already in a vulnerable socio-economic position at the start of the pandemic.

This article will argue that the COVID-19 pandemic and ensuing public health measures adopted across the region reinforced longstanding stereotypes concerning the Roma as being unclean and unruly, creating in effect a new boundary between the Roma and non-Roma—discursive, but occasionally also physical—based on the majority’s racialised perception of non-compliance with COVID-19 public health measures.

Public health measures frequently caused a fall in income, as lockdowns and social distancing measures hampered peoples’ ability to work; they also entailed certain costs (e.g., for masks, disinfectants). For many people of Roma background, who often work in informal employment, these measures meant that they faced difficulties in affording food and covering utility bills; paying for masks and disinfectant was an additional cost some could not afford. On the other hand, existing spatial deprivation, poor housing and inadequate access to infrastructure limited the extent to which Roma people were able to obey hygiene rules, including social isolation, social distancing, or lockdowns. In other

words, there were objective reasons why the ability of many Roma to follow public health measures for preventing the spread of the COVID-19 pandemic was reduced.

At the same time, public health regulations and the necessity of following them closely featured very prominently in the mass media, across social media, and in the statements of politicians and public officials. Measures such as the obligation to wear a mask in public spaces, the recommendation to frequently wash and disinfect hands, and in some cases to wear single-use gloves, were heavily publicised across mass media and generally across public spaces, along with the (constantly changing) social-distancing and lockdown rules. Especially in the first months of the pandemic (when there was a limited understanding of the impact of the virus on health, no effective cure, and no vaccine yet in sight), there was a quasi-consensus within the general population concerning the appropriateness and necessity of these measures for preventing the spread of the virus. The frequent use of police (and occasionally the army) in monitoring and enforcing compliance with these measures made transgressive behaviour—whether intentional or not—very visible and marked it as deviant from generally accepted social norms.

In this context, the longstanding and prevailing stereotypes and prejudices against the Roma community, who were perceived as ‘dirty’, ‘uncivilized’, ‘not to be trusted’, ‘immoral’, and ‘thieves’ (Kligman 2001), paved the way for the creation of yet another fault line between the Roma and non-Roma; this time, the boundary marked the contrast between the (perceived) cleanliness and rule-abiding behaviour of non-Roma and the (perceived) unhygienic habits and unruly nature of the Roma. The objective social and economic difficulties faced by many Roma in maintaining adequate hygiene and following public health measures were recast in the public discourse as undesirable cultural traits characteristic of all Roma. As such, with the advent of the pandemic, public hygiene became yet another layer in the discursive (and, as shown later in the article, sometimes physical) fault line separating the Roma from majorities across Eastern Europe.

2. Materials and Methods

This article is based on primary data obtained in the course of the project ‘Marginality on the Margins of Europe—The Impact of COVID-19 on Roma Communities in Non-EU Countries in Eastern Europe’, assessing the overall impact of the first wave of the COVID-19 pandemic on Roma communities in Albania, Bosnia and Herzegovina, Moldova, Montenegro, North Macedonia, Serbia, and Ukraine, covering the period March–July 2020. Given the multiple vulnerabilities of Roma communities on account of their poverty and social exclusion, and the pervasive racism targeting them, the project was driven by two main research questions. The first question sought to clarify the impact of the pandemic and related measures intended to contain its spread on the ability of Roma communities to access healthcare services, participate in education, and maintain their employment status and housing conditions. The second question focused on the emergence of acts of discrimination, racist incidents, and hate speech targeting Roma communities in the context of the pandemic, and the responses of the local and national authorities to such incidents. The data collection was carried out with the help of seven research assistants hired locally in each of the countries covered, and included a desktop research component, a survey, and stakeholder interviews. The desktop research covered the developments regarding the pandemic from the beginning of the outbreak until 31 July 2020 at the national, regional, and local levels, and sought to collect the main legislation and policies instituted to prevent the spread of the virus, as well as media reports that referred to the Roma community. A second component of the mixed-methods approach in our methodology involved the researchers interviewing both Roma and non-Roma local stakeholders, including leaders of Roma communities, representatives of relevant NGOs active in the field of minority or human rights, as well as public officials. The interviews covered topics such as the impact of the pandemic on the employment, access to healthcare, education, and housing conditions of Roma communities; a further set of questions enquired about instances of hate speech and discrimination as potentially experienced by the interviewees. These stakeholders were

identified by the research assistants, who then conducted the semi-structured interviews via phone or email, so as to obey the social distancing and/or lockdown rules in place at the time; they transcribed and then translated the interviews into English. Between 5 and 10 interviews were carried out per country, depending on availability, resulting in a total of 53 interviews were carried out across the seven states during the data collection period. The third component of the research design was an online survey comprising 32 questions structured along the main themes of the project (education, healthcare, employment, housing, and discrimination), translated into each of the local state languages. The survey was distributed by the local research assistants to a minimum of 50 persons identifying as Roma in each of the seven states through the snowballing method, resulting in a total number of 440 valid responses; 60.1% of respondents were female and 39.9% male. As in the case of the stakeholder interviews, participation in the survey took place remotely, in keeping with existing social distancing and/or lockdown rules. While most of the respondents used the online version of the survey, in several situations, due to limited access to the internet or a lack of IT skills, the research assistants conducted the survey by phone. This article is based on data obtained through all three components of the data collection exercise (survey, stakeholder interviews, and desktop research). The survey data were used to outline the impact of the pandemic on the ability of respondents to earn an income, as well as the extent to which existing housing conditions impeded their ability to abide by public health regulations. Stakeholder interviews were then used to nuance and contextualize the data elicited from the survey, while media reports and politicians' statements obtained through desktop research were used to outline the public discourses depicting Roma communities as both unruly and disregarding public health regulations.

3. Background

An emerging body of literature has examined the impact of the pandemic on Roma communities since 2020. A significant part of this scholarly work explores the relentless spread and intensification of discourses blaming the Roma for the spread of the COVID-19 virus across much of Eastern and Central Europe (Berta 2020; Matache and Bhabha 2020; Plainer 2020).

Another strand of research relevant to the present enquiry focuses on the socio-economic impact of the pandemic on Roma communities. Based on the same data set used in this article, a widespread loss of income across Roma communities was revealed in the seven countries mentioned above (Willis 2022). Similar negative impacts were demonstrated in a study carried out in Spain, where income loss, worsening health status, and difficulties in attending remote education were reported across large parts of the Roma households surveyed (Arza Porrás et al. 2020). Finally, EU-wide reports point towards a significant reduction in income, loss of employment, difficulties in paying utility and food bills, lower health status and disparities in accessing education for Roma communities during the pandemic (Mihalache 2020; Korunovska and Jovanovic 2020). More nuanced approaches take into account class and poverty as factors equally important to ethnicity in determining the fate of groups that are simultaneously disproportionately vulnerable to and blamed for outbreaks of epidemics and pandemics (R. Cârstocea 2022).

Closer to the subject of this article, the implementation of public health measures relating to COVID-19 in Romania has been articulated along the positive–neutral–negative axis, problematizing processes of social sorting that are activated during crisis situations, such as epidemics (Berescu et al. 2021). In this interpretation, neutral quarantine refers to the rational adaptation of most citizens to the lockdown restrictions, whereas negative quarantine describes the additional layer of surveillance in segregated Roma ghettos, being understood as path dependent and applying to communities or individuals that have been stigmatized and marginalized before in long-established practices of racialization. Finally, positive quarantine is described as a cultural construct of the middle class as embarked on a civilizing mission, fighting for the salvation of various public goods and values (Berescu et al. 2021).

The present article will attempt to bring together these two strands of literature by outlining how on the one hand the socio-economic impact of the pandemic on Roma communities objectively affected their ability to follow the measures intended to limit the spread of the pandemic, while at the same time showing how the discourses around public health compliance ignored these challenges faced by the Roma and instead reinforced old stereotypes of dirtiness and unruliness. This process, I argue, created a new boundary demarcating the separation of Roma and non-Roma, centred discursively on the racialisation of perceived compliance with rules of hygiene.

3.1. Public Health Measures and Combatting Pandemics

Historically speaking, minority groups have long been scapegoated for the spread of diseases, which sometimes led to devastating violence against these groups. The spread of syphilis in Europe and Asia in the 1500s was blamed by each affected country either on its neighbouring countries or on its enemies (Ng 2020), while during the Black Death Jews were blamed for the spread of the disease, leading to mass burnings (Nelkin and Gilman 1988). Closer to our times, the Chinese community was blamed for the foot-and-mouth outbreak in the United Kingdom in 2001 (Ng 2020). Scholars seeking to understand such behaviours believe they stem from the need to reassert some sense of agency when confronted with uncontrollable disasters, whereby blame serves as a ‘means to make mysterious and devastating diseases comprehensible and therefore possibly controllable’ (Nelkin and Gilman 1988); rumours and disinformation fuel these behaviours (Ng 2020).

Measures designed by authorities to combat epidemics can be traced back at least to the end of the Middle Ages when the use of quarantine, cordon sanitaire, and social distancing practices found their incipient manifestation. At the time, the most widely used mechanisms were modelled on the containment of leprosy and the plague. In order to contain the spread of leprosy, a mechanism of expulsion was set up, whereby the sick were removed to ‘a gloomy, ambiguous place where his illness would blend with that of others’; Foucault compares this to a religious type of exclusion meant to ‘purify’ the urban environment (Foucault 2000). The second type of quarantine was designed to prevent the spread of the plague; instead of displacing the sick to a designated remote place, it consisted of isolating the sick in their homes, constantly monitoring their health and checking to see if they were alive. This type of quarantine depended on the military meticulously inspecting and recording society, and the previous religious model was therefore replaced by the military model (Foucault 2000).

While these measures were largely locally enforced, the spread of epidemic diseases developed into an international problem following the ‘discovery’ and conquest of the ‘New World’ by the Spanish in the late 15th century. As European powers expanded their colonies, they spread smallpox to the Americas and Africa, but at the same time they encountered new diseases capable of harming Europeans, such as syphilis (White 2020). Importantly, and most relevant to this article, the history of how epidemics were managed from this point on has largely been shaped by European colonialism, by focusing foremost on epidemic threats arising from colonial (and now post-colonial) sites that threatened to spread disease into Europe and impact its trade (White 2020). With this focus came intensified scrutiny and bias against non-Europeans, who were believed to spread various infectious diseases, and led to violent racist and xenophobic attacks carried out in the name of health controls. In 1901 in Cape Town, South Africa, an outbreak of bubonic plague led to the quarantine and forced removal of most of the city’s black African population into a racially segregated quarantine camp (White 2020). Around the same time, an outbreak of plague in Honolulu led public authorities to impose a full quarantine on the city’s Chinatown, allowing no one to leave and causing significant hardship for the Chinese population by limiting employment, movement, and access to supplies. The area of quarantine encompassed Chinese and non-US properties near the harbour, but avoided buildings and businesses that were owned by white Americans and immediately connected to sites of quarantine (White 2020).

Where used in conjunction with border controls, quarantine measures facilitated a certain ‘sorting’ of a country’s desirable population and helped create a self-image based on whiteness as ‘purity’, while rendering racialised ‘others’ as foreign and dangerous. Writing about how the Australian population was shaped in the early 20th century, Alison Bashford argues that the imagining of Australia as an island nation—in which ‘island’ stood for ‘purity’, constantly threatened by infectious disease—was made possible through (maritime) quarantine measures, closely linked to immigration rules (Bashford 2004). The language of biomedicine (epidemic, contagion, immunity, hygiene) became tied up with the language of defence of the nation (resistance, protection, invasion, immigration), justifying the restriction of entry into Australia of certain people on grounds of race. Many ‘coloured’ people were therefore excluded through racial pathologisation and on public health grounds (Bashford 2004). The result was the creation of what Bashford calls ‘white Australia’; here ‘white’ came to symbolise purity, hygiene, and cleanliness, and therefore it became the responsibility of public health and immigration authorities to seek and implement whiteness as national purity (Bashford 2004).

Finally, one further boundary that emerged from the interplay of health discourses and population ‘sorting’ is the boundary between ‘governable’ and ‘non-governable’ populations, where the governable embrace hygienic citizenship and sanitary borders, whereas those deemed potentially ungovernable need to be trained into hygienic conduct and responsibility to others or forcibly compelled into the practice of hygiene (Aradau and Tazzioli 2021). This harks back to measures combatting the spread of tuberculosis, where new powers were created for the regulation of those persistently represented as ‘dangerous’ and ungovernable; however, the separation of the two categories relied on a complicated play of race, space, and power (Aradau and Tazzioli 2021).

It follows therefore that the regulation of epidemics has been closely intertwined historically with measures taken to control and discipline the population, very often along ethnic and racial divides. In the following I will consider how public health measures were discursively racialised during the first wave of the COVID-19 pandemic, rendering Roma populations across Eastern Europe as both unhygienic and as refusing to comply with state-mandated measures for combatting the spread of the pandemic.

3.2. Public Health Measures during the Outbreak of the COVID-19 Pandemic

In the wake of the outbreak of the COVID-19 pandemic, governments across Eastern Europe reacted by introducing a set of measures intended to contain the spread of the virus across borders and domestically. Many countries in the region declared a state of emergency, and all closed their borders to the movement of people while allowing the flow of goods and medical equipment. With few exceptions, air traffic was heavily restricted; Albania and Montenegro also suspended their maritime passenger transport services (OECD 2020).

The very first public health measures regulating individual behaviours promoted self-isolation, without however instituting full lockdowns. In the next weeks, as the pandemic spread rapidly and as it emerged that there was insufficient discipline regarding self-isolation measures, governments introduced curfews and ever-stricter lockdowns, restricted the movement of vulnerable populations, suspended cultural and sports activities, and closed parks, cafes, restaurants, and non-essential shops. Kindergartens, schools, universities, and other educational facilities were soon also closed (OECD 2020).

Social distancing was mandated across the region, with strict limits as to the number of people that could be present simultaneously in any of the public spaces still open. Importantly, social distancing measures were mandated not only in regard to public spaces, but also in the private sphere. There were limits as to the number of visitors a household could receive, as well as to the purpose (or even timing) of leaving one’s home. Persons found to be in violation of these regulations could face fines and/or even prison sentences. All these measures and restrictions to freedom of movement were instituted and justified based on hygienic-sanitary grounds.

In addition to these measures, populations were instructed to wash and disinfect their hands frequently, wear masks and even single-use gloves in public spaces, and disinfect surfaces that might have been in contact with infected persons (e.g., food wrappings). The relentlessness and the ubiquity of the campaigns advertising these hygiene measures prompted some scholars to argue that public health claims were conflated with and superseded by hygienic-sanitary norms consisting of a series of gestures: wash your hands, wear masks, maintain ‘social’ distance from each other—which also arguably led Boris Johnson to quip that ‘for the first time, politicians taught citizens how and how often they should wash their hands’ (Aradau and Tazzioli 2021). Combatting the spread of the pandemic meant that many governmental activities were structured around a new hygienic-sanitary rationale. State borders were mostly shut down, or at the very least closely monitored; symbolic (hygienic) borders were also instituted among individuals, through public health measures, which on the one hand entailed keeping a distance between individuals, and on the other introduced or intensified exclusionary processes by opposing those who complied with the rules against those who did not (Aradau and Tazzioli 2021).

3.3. Pre-Existing Stereotypes and Prejudices against Roma

In the case of Roma populations, hygiene became a bordering mechanism very early on in the pandemic. This added yet another layer of prejudice and exclusion to the centuries-old stereotyping and discrimination against this group, which was variously described as ‘uncivilizable’ or ‘ungovernable’ by ethnographers and policymakers in the Austro-Hungarian Empire (Zahra 2017), and as anti-social and unworthy of life in Nazi Germany, labels that were used to justify the Porajmos during World War II (Tavani 2012). During the communist period, negative stereotyping and prejudice continued across Central and Eastern Europe, with the same tropes used to describe these communities as dirty, ungovernable, lazy, thieving, or outright criminal.

The perception of Roma as unhygienic—and by implication dangerous—is perhaps best summarised by a 1961 document of the Politburo of the Hungarian Socialist Workers’ Party, which described Roma settlements as ‘hotbeds of infectious diseases’. The spread and intensity of the perception of Roma communities as unhygienic is exemplified by an incident that took place a few years later in 1977, when the Roma in a Hungarian village were subjected to forced bathing, under police and military supervision (Bakó 2014).

Closer to the present day, hygiene has been used across Europe as a reason for exclusion and differential treatment. This was the case when the Social Affairs Department in Wrocław rejected the Romani residents’ application to remain in their informal settlement on the grounds that the unsanitary living conditions were an actual epidemiological hazard, or the refusal of Italian authorities to give the nomadic Sinti permission to settle on private or public land on hygienic grounds, due to the perception that Roma camps were ‘itinerant dumps’ (Dunajeva and Kostka 2022). In Romania, evictions of Roma settlements are often justified through the bad hygienic conditions of Romani families’ housing (Picker 2017), while in Slovakia authorities targeted Romani communities for forced evictions under the pretext of environmental legislation (Dunajeva and Kostka 2022).

All these examples show the longstanding and widespread perception of Roma as ungovernable, dirty, and unclean. Implicitly, this is indicative of a perceived contrast between non-Roma, who perceive themselves as strictly following the rule of law and the rules of basic hygiene, and the Roma, who are perceived as doing the opposite.

Interestingly—and very relevant to the case in question—anthropology has long demonstrated that ‘dirt’ is relative, in the sense that there is no agreement across cultures as to what constitutes absolute dirt; instead, dirt is ‘matter out of place’ (Douglas 2005). Douglas (2005) finds that dirt is always defined differently in different cultures, and therefore what is dirty, contaminated, or polluted varies considerably with context. Dirt is usually associated with behaviours that fall outside of, and thereby threaten, categories of social classification, such as races, classes, genders, and sexualities. This indicates that a concern for hygiene does not always, as purported, truly serve physical health, and that

'dirtiness' has not only physical but also moral implications (Berthold 2010). In our case, non-Roma appear to perceive themselves as clean and law-abiding citizens, 'pure', both bodily (by following hygienic rules) and morally (by adhering to social norms).

With the start of the pandemic, the discursive dichotomy between the Roma and non-Roma increasingly concentrated on the Roma's perceived disregard for hygienic regulations. In the following section, using data obtained through the project summarised above, I will outline the main socio-economic challenges Roma communities encountered due to the public health measures instituted at the time which negatively interacted with their historically vulnerable position. These socio-economic difficulties the Roma faced meant that there were limits to the extent to which they could follow the public health measures mandated across the seven countries covered by the project. As I will show in a later part of this article, public discourses focusing on non-compliance largely ignored these socio-economic realities and instead framed it in cultural terms, relying on and reinforcing existing tropes depicting Roma as dirty and unruly. This was picked up and amplified by the mainstream media, on social media, and in politicians' discourses, thus creating a 'hygienic boundary' contrasting the Roma as wilfully non-compliant to non-Roma as rule-following (and by implication morally upright).

4. Analysis and Results

4.1. *The Socio-Economic Impact on Roma Communities and Limitations to Their Abiding by Public Health Regulations*

The arrival of the COVID-19 pandemic disrupted the 'normal' functioning of societies across the globe, impacting peoples' ability to socialise, work, receive an education, access healthcare, and maintain an income. These effects were more accentuated for certain groups due to their pre-existing precarity, poverty, and lack of social capital. The Roma communities in the seven countries covered by the project certainly represent such a group, living in generally poor (and often segregated) housing conditions and gaining a (typically very low) income from informal employment.

The surveys carried out as part of the project data collection indicated that the lockdown severely limited the respondents' ability to work. Across the seven countries covered by the survey, the following percentages of respondents agreed and strongly agreed that the lockdown limited their ability to work: 88.8% in Moldova; 84% in Ukraine; 77.5% in Serbia; 77.2% in Bosnia and Herzegovina; 60.3% in North Macedonia; 58% in Albania; and 51.3% in Montenegro. A further question asked respondents whether their income had been reduced during the first months of the pandemic. The following percentages agreed and strongly agreed that indeed that was the case: 89.2% in Moldova; 84% in Ukraine; 80.6% in Bosnia and Herzegovina; 79.6% in Serbia; 76% in Albania; 59.4% in Montenegro; and 53.9% in North Macedonia.

Finally, a question concerning the respondents' ability to cover costs for food and utility bills revealed that large parts of Roma communities faced difficulties in this respect. According to the survey results, 48% of respondents in Albania, 44.9% in Ukraine, 43% in Bosnia and Herzegovina, 41.3% in Moldova, 26.5% in Serbia, 20% in Montenegro, and 7.7% in North Macedonia were unable to pay for food and utilities.

The survey results were confirmed by the vast majority of the 53 Roma stakeholders interviewed, who emphasised the devastating impact of public health measures on their incomes, with many Roma families being left unable to cover basic expenses such as food and utility bills. Indeed, the blanket application of these measures, with little (if any) support from the state towards its most vulnerable citizens meant that Roma families found themselves in a particularly precarious situation. In the words of one of the Roma stakeholders in Serbia:

'In my opinion, during the adoption of all those measures (. . .) the state did not take into account at all how it could affect a specific citizen, and especially the inhabitants of Roma settlements. I don't think any analysis was done at all or anything about how that could affect them and whether people could eat at

all during that period. There was a kind of emphasis on reducing the infection ... and whether people might die of hunger or some disease (...), I don't think anyone talked about it.' (Serbia, Roma activist, male, Interview 1)

Poor housing conditions were, in addition to loss of income, crucial to the degree to which members of Roma communities were able to abide by public health rules. One of the basic hygiene recommendations during the pandemic was that people should wash their hands as often as possible. While this was a self-evident and unproblematic measure for most people, the very poor housing conditions in which many Roma families lived limited their ability to maintain an adequate level of hygiene. The surveys indicated that 39.3% of respondents in Bosnia and Herzegovina could not maintain adequate hygiene standards during the first months of the pandemic. Percentages in the other countries were much lower, but still significant: 14% in Albania; 12.5% in Serbia; 10.9% in Moldova; 9.6% in North Macedonia; 8.4% in Montenegro; and 8.3% in Ukraine.

The difficulties in maintaining adequate standards of hygiene were also emphasised by the 53 Roma stakeholders interviewed. In this respect, one of the reasons for these difficulties that emerged very frequently was the lack of access to clean water, either because clean water was only available for short periods of time, or because some Roma communities depended on water tanks being brought to those settlements where houses were not connected to the water system:

'[Here] the water system works only one hour per day. If families have only one-hour running water, how can they keep hygiene? The minimum requirement in this pandemic is to have plenty of water to wash hands, I am not counting in having a shower every day. With just only one hour, it is difficult to do the laundry, to have a shower for yourself and children. This part was really difficult.' (Albania, Head of Roma organisation, female, Interview 4)

'Not all buildings have running water. There is also an issue of water quality, and this is a problematic one.(...) I would say that most families did not comply with all the quarantine requirements. Because both the mask regime and the sanitary regime are difficult to observe when there is no water in the houses, when it is not possible to wash your hands.' (Ukraine, director of Roma NGO, female, Interview 8)

'I think the tank with water was provided to them only once during the pandemic. Thus, maintaining hygiene and increased hand washing as a preventive measure was practically impossible.' (Serbia, director of human rights NGO, female, Interview 4)

In Ukraine, the difficulties in accessing clean water and adequate sewage were even more accentuated in camps for displaced Roma, where shared water facilities and shared toilets made compliance with hygiene regulations even more problematic:

'How could the lockdown be observed if, first of all, hygiene was lacking due to the lack of water, due to the lack of regular toilets (a toilet is outside) because the toilet may be visited by 100 people or even more, if we are talking about camps.' (Ukraine, Roma activist, male, Interview 4)

In addition to limited access to clean water, interviewees remarked on the impact of the poor infrastructure, including electricity and sewage, on their ability to follow health regulations. In some cases access to electricity was cut due to unpaid bills:

'In the area of Selita, I have been in contact with people whose electricity has been cut, due to the debts. So in this case, I do not pretend that this family could practice the regulation that was set from the government for the COVID-19 situation. It is hard to keep the regulation when you are in darkness (due to lack of electricity), as well as if you have limited access to water, therefore some people could not keep the same level of hygiene if they did not have the minimum infrastructure conditions.' (Albania, Roma activist, female, Interview 6)

‘So, life in a Roma settlement carries constant risks of some infection and some disease, precisely because you do not have asphalt in the settlement, you do not have a water supply network, some people use water from one tap. In 46 percent of the settlements, you do not have any sewerage network at all. And in some cases when it exist, it is just some outlines of a sewer. So, Roma settlements have a very poor infrastructure and simply the risk of getting sick if you live in one such settlement is constantly high, even when there is a regular situation. So this state of emergency further aggravates the whole thing.’ (Serbia, Roma activist, male, Interview 2)

Overcrowding in Roma households was also mentioned frequently as a reason why some public health measures could not be properly followed. All seven countries instituted rules concerning the social isolation of those infected, suspected of being infected, or who had been in contact with an infected person; these measures were, however, predicated on the availability of adequate and sufficient space in households. Many Roma are however forced to live in overcrowded homes where social isolation is impossible; making matters worse, some houses share a single water source or toilet, so that members from different households necessarily come in contact with each other throughout the day:

‘Roma housing is very bad, in the sense that we have households in which several family members live, over 8 even up to 10, with one bathroom. I am aware that it was very difficult to respect isolation measures when there are a large number of family members.’ (Bosnia and Herzegovina, Roma activist, female, Interview 1)

‘The distance could not be kept. We are aware that this is not possible in Roma communities. It is rare for families to have two or three rooms so that children can have their own room and parents theirs. (. . .) I know a family where 14 members live in one room. I know a family where 14 members live in one room of 40 square meters. Imagine someone in that family getting sick.’ (Bosnia and Herzegovina, Roma mediator, female, Interview 7)

‘As a rule, 3–4 people live in a single room. There is no such a thing as a separate kitchen because there is always someone living in the kitchen. (. . .) The situation, in my opinion, is difficult. (. . .) Roma settlements are located close, house to house. 3–4 houses can have a common yard, if there is a common water supply. So, up to 20–30–50 people can drink from it. These are no simple things.’ (Ukraine, Roma activist, male, Interview 3)

Basic hygiene rules such as washing hands and isolating the sick were accompanied by requirements to wear masks in public spaces, and in certain private contexts. In the first months of the pandemic, masks were often in short supply, and their cost made them inaccessible to people on low incomes. As a large part of the Roma worked in informal employment and therefore had no social security in the case of loss of employment, this was a major problem. As many worked as day labourers, their sources of income dried up, leaving many unable to cover basic needs, such as food and utility bills—much less masks and disinfectants.

‘Their low economical condition did not allow them to buy protection materials such as masks or gloves, so they used handmade basic hygienic tools.’ (Albania, project manager Roma NGO, female, Interview 1)

‘It was difficult for the Roma to comply with the quarantine rules due to lack of finances, in some localities the Roma reported a lack of disinfectants and a lack of water supply.’ (Moldova, local politician, female, Interview 2)

‘There are families to which the electricity is turned off, they take electricity from neighbors. (. . .) So, today if someone works, he/she earns 10–20 EUR, and needs to refuel, the rest is spent to buy food for children.’ (Montenegro, Roma mediator, male, Interview 1)

The precarity of employment and the lack of social insurance meant that some Roma continued to work even during lockdowns in order to secure a living for their families. As many worked as collectors of recyclable materials, they were highly visible to the public, and so the media picked up on their transgressions of lockdown rules straight away—and depicted these transgressions as proof of the unruliness of the Roma, as will be seen in the following section. Indeed, the mainstream media and politicians paid little to no attention to the hardships faced by members of this ethnic group, and circulated instead a narrative describing the Roma as inherently unclean and unwilling to comply with public health regulations—and by implication, with social norms. This paradox was very well captured in an interview with a Roma stakeholder from North Macedonia, who summarised the framing of socio-economic inequalities as cultural stereotyping in the following way:

‘(. . .) for those that live separated from the society, and without any monthly income, it is very difficult for them (. . .) and then we return to the stereotype that Roma do not maintain hygiene, and in fact all this is because they have no way to maintain those hygienic conditions.’ (North Macedonia, Roma activist, female, Interview 1)

4.2. *The Racialisation of Hygiene Discourses during the First Wave of the COVID-19 Pandemic*

The mainstream and social media, as well as some politicians, often singled out the Roma community as responsible for spreading the virus (see [Chiruță 2021](#); [A. Cârstocea 2022](#)). Indeed, the intensity and wide circulation of these rumours could be labelled as a moral panic that spread around Central and Eastern Europe ([A. Cârstocea 2022](#)). In blaming these communities for spreading the virus, the media focused on their lack of compliance with rules and regulations, as well as their poor living conditions. Rather than acknowledging the struggle these communities faced in maintaining an income during pandemic restrictions and the difficulties they faced in following hygiene regulations, the media and politicians instead framed these issues as a matter of choice, giving them a cultural dimension whereby Roma people appear as inherently dirty and disinclined to obey authority. Indeed, a Serbian leading epidemiologist who was a member of the Serbian Crisis Centre (in charge of managing the pandemic in Serbia) blamed the Roma’s cultural traits for their poor hygiene: ‘[I have] worked with Roma for years. Certain hygienic conditions and certain habits change very slowly there. That certainly won’t change in these few weeks’ ([Insajder 2020](#)).

The framing of the discourses around the supposed culturally-determined ‘unruliness’ and ‘dirtiness’ of Roma built on already existing discourses, justifying individual hostility, social exclusion, and police intervention—all in the name of hygiene and the rule of law. As one of the Roma interviewees in Albania noted, the pandemic caused an increased ‘distancing between Roma and non-Roma. Now people are split into two groups, “the dirty ones” and “the cleaned ones”. (. . .) the pandemic time, and the way of living for Roma during this time, started exacerbating these stereotypes’ (Albania, public official, male, Interview 3). Jokes about the alleged lack of hygiene of Roma people started to circulate on social media, whereby the Roma were described as protected from the virus due to being long immunized to disease through lack of washing hands and bathing (Bosnia and Herzegovina, Roma mediator, male, Interview 6). As for the alleged unwillingness of Roma people to follow rules, the following excerpt from an article published online—uncritically quoting interviews with non-Roma in Moldova—is illustrative of discourses circulating at the time across much of Eastern and Central Europe:

‘They are a hotbed for the spread of COVID-19. They don’t follow any rules. Ordinary people are fined, but [the Roma are not], are they outside the law? No action is taken against them. They can urinate in the park. I am outraged, there are people who tell me that they are afraid to walk on the street. Nor children, nor adults over 40, they do not wear protective masks. I try to stay away from crowded places and not communicate with them.’ ([NordNews 2020](#))

At the level of everyday social interactions, the boundary between the non-Roma, who self-described as following public health rules and regimes of hygiene, and the Roma, who were perceived as transgressing them, manifested in instances of exclusion and occasionally in violence. Examples of shopkeepers denying access to people of Roma background due to 'their appearance and the look of their hygiene (sic)' were reported in North Macedonia (public official, male, Interview 5), while one of the interviewees in Ukraine described an incident where Roma sellers at the market were driven away by potential buyers who 'did not react very well, saying: "You are Roma! It's the quarantine, what are you doing? Have you come here to spread the infection? We don't know where these potatoes came from. Leave our village"' (Ukraine, Roma activist, male, Interview 4). Roma people who made a living by collecting recyclables were no longer welcome in some villages, with one interviewee commenting that they were perceived as a danger 'because the appearance of the Roma' (North Macedonia, public official, male, Interview 5).

In some cases, vigilante-type actions led to violence against Roma people accused of having transgressed against hygiene regulations. A Roma mediator from Bosnia and Herzegovina described an incident where a Roma man not wearing a face mask was attacked by non-Roma and 'told that he would infect them all because he is sick. No one asked him if he had the money to buy a face mask' (Bosnia and Herzegovina, Roma mediator, female, Interview 8).

Reminiscent of Foucault's second type of quarantine, modelled on the prevention of the spread of the plague, the measures to combat the spread of COVID-19 combined hygiene measures with social isolation, and relied on the police and sometimes the military for monitoring and enforcing compliance with these rules. However, the enforcement of the rules appears in many instances to have been as racialized as the public discourses circulating at the time, with interviewees reporting cases of abusive interventions by the police. In Moldova, a Roma stakeholder described how 'the police often stopped only the Roma on the streets of the village and asked them where they were going' (Moldova, local politician, female, Interview 2), while one incident in Serbia involved the police beating and arresting a Roma man chopping firewood in front of his home at 11 pm, ostensibly for violating the curfew rules. However, the curfew allowed people to stay in their own yard, meaning in this case the police overstepped their powers (Serbia, Interview 4). A further incident was related to lack of access to clean water in a Roma settlement near Belgrade, where people going to collect water in jugs from a source outside the settlement were stopped and fined some 50,000 dinars (ca. 425 euros) for breaking the lockdown rules (Serbia, director of human rights NGO, female, Interview 4).

Finally, the discursive boundary around hygiene also led to medical staff refusing to enter Roma settlements, for fear of being infected by the virus:

'Fear. The fear of the employees towards the Roma community, because of their appearance and because of their hygiene, [it] is the same as before and with the pandemic, so I think that both sides are connected (. . .). If you ask them, they will not tell you that it is the ethnic [background], but the appearance and place of residence [is the problem], the way of maintaining personal and collective hygiene in Roma neighborhoods. If you ask them, they will say no, it's for protection, personal to the medical staff and the team in general.' (North Macedonia, public official, male, Interview 5)

Much of the discourse emphasizing the unwillingness of the Roma to follow the public health rules was centred on their continuing to collect recyclable materials from waste containers. While this activity was crucial to their survival, the media framed it as reckless behaviour, as in the news report on Radio Television of Serbia which showed a Roma person coming out of an underground waste container with the following comment: 'However, even scenes like these are possible. Some people know how to unlock the city's underground containers and don't care if they will infect themselves and the others' (RTS 2020). In Albania, a video circulated on social media in which a Roma man was attacked by the police while collecting recyclables from a public bin. A local NGO reported the incident

and organized a protest in front of the municipality, but the situation was not resolved (Albania, Roma activist, female, Interview 6).

All these incidents, whether social interactions among citizens or instances of the police overstepping their duties, took place in the context of a series of state-mandated measures to prevent the spread of COVID-19, and were spurred by the perceived unwillingness of the Roma people to abide by them. These measures, as coded in the relevant legislation, were formally mandatory for all citizens and were to be applied uniformly across societies. We saw earlier in this article that the blanket application of public health restrictions had a disproportionately negative effect on Roma communities already suffering from long-standing socio-economic inequalities and discrimination.

We will see in the following that the public health measures instituted by states created—through their practical implementation—an additional boundary between Roma communities and majorities. The symbolic fault lines outlined above were therefore complemented by physical barriers, as became evident in the cases where entire Roma settlements were subjected to enhanced policing and even forced lockdowns—which have also been labelled ‘negative’ lockdowns (Berescu et al. 2021).

As an example, increased police controls within Roma settlements near Skopje was confirmed by the then Minister of the Interior of North Macedonia, who justified this measure by categorizing these settlements as areas where measures to contain the spread of the coronavirus were least respected (MakPress 2020). In Montenegro, several buildings belonging to a Roma settlement in Konik were quarantined because of one infected person:

‘More than 20 buildings, around 20 buildings, and only one person has been infected. It was something that was so visible and discriminatory when this case emerged, and then what you can see in the comments about that case, that it is really astonishing.’ (Montenegro, Roma activist, male, Interview 4)

Similar incidents were reported in Ukraine, where in one instance an entire settlement was placed under strict quarantine after a few cases of COVID-19 were registered there:

‘For example, in Nerubaiske (. . .) police posts were set up at the entrance to three or four streets after there had been an increase in the epidemic, with nine people ill and forty suspected. Of course, these people had come in contact with all the [non-Roma] inhabitants of the village in shops and other public places. But the blocks were set up on those separate streets [delineating the settlement]. And the Roma were not able to leave the village for two weeks.’ (Ukraine, head of Roma NGO, female, Interview 2)

In Ukraine, the forced deportation of a group of Roma people, ordered by the mayor of the Ukrainian town of Ivano-Frankivsk on 21 April 2020, received very wide media coverage. The mayor, a member of the far-right Svoboda party, was filmed complaining that not enough Roma people had been deported, and demanding that ‘a second round’ needed to be organized (Rorke and Lee 2020). Following the uproar caused by the recording (including internationally) and the investigation started by the National Police, the mayor justified the deportations by reference to a series of alleged quarantine violations and public health concerns expressed by the public: ‘they lived in our public square, harassed people, and demanded funds, they did not keep their distance and did not have any masks. There have been a number of appeals to the police, to the hotline of the Executive Committee of the City Council.’ (Rorke and Lee 2020). Commenting on the incident, a Roma interviewee was convinced that it ‘definitely linked Roma-ness and Roma themselves to the threat of the spread of the virus’ (Ukraine, human rights activist, male, Interview 9).

Finally, border crossings represented another place where the fault lines between Roma and non-Roma were enacted. In North Macedonia, a group of some 300 people was stopped for checks at the Deve Bair border as they entered the country from Bulgaria. All signed self-isolation statements and were released home, except for a group of nine Roma musicians, who were held and quarantined institutionally despite not showing symptoms and having signed a declaration agreeing to compulsory self-isolation at home (Rorke and

Lee 2020). Following inquiries from Roma activists as to the reasons for this differentiated treatment, the North Macedonian Ministry of Health briefly stated that the decision to quarantine the group was taken based on their state of health, refusing however to explain what the state of health should be for someone to go into group quarantine (Macedonia Research Reporting Laboratory 2020).

5. Conclusions

This article has argued that a new discursive fault line with hygiene at its core emerged across much of Eastern Europe in the wake of the COVID-19 pandemic, symbolically (and sometimes physically) separating the Roma from the non-Roma.

The emergence of the COVID-19 pandemic brought wide-ranging public health measures to combat the spread of the virus. These measures were applied without much consideration of the impact they might bear on the most vulnerable groups in society. Support measures for such groups were largely absent, especially in the first months of the pandemic referred to in this article.

In these circumstances, Roma communities endured a severe loss of income which, together with the effects of poor living conditions, reduced their ability to comply with public health regulations. Limited access to clean water meant that hygiene could not be maintained at the levels required by these measures, while overcrowding and poor infrastructure hindered compliance with rules demanding social distancing and social isolation in case of illness. Their precarious and informal work meant that some Roma had to go to work (often to collect recyclables from waste bins and garbage dumps) despite strict lockdown rules.

The mass media picked up on instances of rule transgression of Roma very early, and contributed to the spread of a racialized discourse whereby all Roma were blamed for not maintaining adequate hygiene and ignoring public health regulations. Old tropes describing Roma as dirty and unruly became reinforced across the media and politicians' discourses, in some cases justifying vigilantism and often police abuse. The most manifest proof that the discourses around hygiene had become racialized lies in the quarantine imposed on whole Roma settlements, with police guarding their exit and entry points, despite the presence of just a handful of COVID-19 cases. It should be said here that such cases were reported in other countries not covered by this research (i.e., Romania, Bulgaria, Slovakia), indicating that the phenomenon examined in this article spread across much of Eastern and Central Europe.

The discursive boundaries constructed around hygiene were therefore accompanied by physical boundaries, whereby Roma settlements were isolated from the larger society in the name of hygiene. In addition to this, the example from the border crossing into North Macedonia shows how boundaries were also constructed between Roma and non-Roma bodies, through the institutional isolation of Roma travellers who were guilty of nothing except belonging to that ethnic group.

With the pandemic now subsiding, the intensity with which Roma are blamed for their perceived non-hygienic ways appears to be waning. The hygienic boundary is however still present, and its real-life effects on Roma populations will be felt long into the future. It remains to be seen who will take responsibility for removing it.

Funding: This research was funded by University of Leicester: QR Global Challenges Research Fund (Research England).

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and approved by the Ethics Committee of the School of History, Politics and International Relations, University of Leicester.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data presented in this study are available on request from the corresponding author. The data are not publicly available due to privacy restrictions.

Conflicts of Interest: The author declares no conflict of interest.

References

- Aradau, Claudia, and Martina Tazzioli. 2021. COVID-19 and Rebordering the World. *Radical Philosophy* 2: 3–10.
- Arza Porras, Javier, Diana Gil-González, Lluís Catalá Oltra, Francisco Francés García, María Eugenia González Angulo, María Félix Rodríguez Camacho, María José Sanchís Ramón, Belén Sanz-Barbero, Carmen Vives-Cases, and Daniel La Parra Casado. 2020. COVID-19 Crisis: Impact on Households of the Roma Community. *International Journal of Roma Studies* 2: 28. [CrossRef]
- Bakó, Boglárka. 2014. The Bathing of the “Dirty”: A Forgotten Forced Bathing in Hungary. *Acta Ethnographica Hungarica* 59: 191–210. [CrossRef]
- Bashford, Alison. 2004. *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health*. London: Palgrave Macmillan.
- Berescu, Cătălin, Filip Alexandrescu, and Ionuț Marian Anghel. 2021. Vulnerable Roma Communities in Times of the COVID-19 Negative Quarantine. *Moravian Geographical Reports* 29: 125–36. [CrossRef]
- Berta, Péter. 2020. Ethnicizing a Pandemic: COVID-19, Culture Blaming, and Romanian Roma. *Society for Romanian Studies Newsletter* 42: 1–7.
- Berthold, Dana. 2010. Tidy Whiteness: A Genealogy of Race, Purity, and Hygiene. *Ethics and the Environment* 15: 1. [CrossRef]
- Cârstocea, Andreea. 2022. Going Viral: The Moral Panic Constructing the Roma as a Threat to Public Health During the First Wave of the COVID-19 Pandemic. *Journal on Ethnopolitics and Minority Issues in Europe* 21: 57–80. [CrossRef]
- Cârstocea, Raul. 2022. War against the Poor: Social Violence Against Roma in Eastern Europe During COVID-19 at the Intersection of Class and Race. *Journal on Ethnopolitics and Minority Issues in Europe* 21: 81–109. [CrossRef]
- Chiruță, Ionuț. 2021. The representation of Roma in the Romanian media during COVID-19: Performing control through discursive-performative repertoires. *Frontiers in Political Science* 3: 1–20. [CrossRef]
- Douglas, Mary. 2005. *Purity and Danger: An Analysis of Concept of Pollution and Taboo*. Routledge Classics. London and New York: Routledge.
- Dunajeva, Jekatyerina, and Joanna Kostka. 2022. Racialized Politics of Garbage: Waste Management in Urban Roma Settlements in Eastern Europe. *Ethnic and Racial Studies* 45: 90–112. [CrossRef]
- Foucault, Michel. 2000. The Birth of Social Medicine. In *Power*. Edited by James D. Faubion. New York: New Press, vol. 3, pp. 134–56.
- Insajder. 2020. Ombudsman: Stanovnicima Romskog Naselja Na Čukarici Opština Obezbedila Cisternu Vode, Sec. Arhiva Vesti. Available online: <https://insajder.net/arhiva/vesti/ombudsman-stanovnicima-romskog-naselja-na-cukarici-opstina-obezbedila-cisternu-vode> (accessed on 27 April 2020).
- Kligman, Gail. 2001. On the Social Construction of “Otherness” Identifying “the Roma” in Post-Socialist Communities. *Review of Sociology* 7: 61–78. [CrossRef]
- Korunovska, Neda, and Zeljko Jovanovic. 2020. Roma in the COVID-19 Crisis. Open Society Foundations. Available online: <https://www.opensocietyfoundations.org/publications/roma-in-the-COVID-19-crisis> (accessed on 10 January 2023).
- Macedonia Research Reporting Laboratory. 2020. Од 300 Луѓе Кои Минале На Дење Баир, Само 9 Роми Се Однесени Во Групен Карантин. Available online: <https://irl.mk/od-300-lue-koi-minale-na-deve-bair-samo-9-romi-se-odneseni-vo-grupen-karantin/> (accessed on 20 March 2020).
- MakPress. 2020. Чулев: Полицискиот Час Најмалку Се Почитува Во Шуто Оризари и Струмица. Available online: <https://makpress.mk/Home/PostDetails?PostId=337583> (accessed on 7 March 2020).
- Matache, Margareta, and Jacqueline Bhabha. 2020. Anti-Roma Racism Is Spiraling during COVID-19 Pandemic. *Health and Human Rights* 22: 379–82. [PubMed]
- Mihalache, Isabela. 2020. *The Impact of COVID-19 on Roma Communities in the European Union and the Western Balkans*. Survey December 2020. Brussels: ERGO Network. Available online: <https://ergonetWORK.eu/wp-content/uploads/2021/04/Ergo-covidstudy-final-web-double-v2.pdf> (accessed on 12 January 2023).
- Nelkin, Dorothy, and Sander L. Gilman. 1988. Placing Blame for Devastating Disease. *Social Research* 55: 361–78. [CrossRef] [PubMed]
- Ng, Edmond. 2020. The Pandemic of Hate Is Giving COVID-19 a Helping Hand. *The American Journal of Tropical Medicine and Hygiene* 102: 1158–59. [CrossRef] [PubMed]
- NordNews. 2020. “Suntem țigani, avem imunitate”. Rromii din Edineț își justifică hoinăritul pe străzi pe vreme de COVID-19’ sec. Uncategorized@ro. Available online: <https://nordnews.md/video-suntem-tigani-avem-imunitate-romii-din-edinet-isi-justifica-hoinaritul-pe-strazi-pe-vreme-de-COVID-19/> (accessed on 24 April 2020).
- OECD. 2020. COVID-19 Crisis Response in South East European Economies. Tackling Coronavirus (COVID-19). Contributing to a Global Effort. Available online: <https://www.wb6cif.eu/wp-content/uploads/2020/05/Strategic-Response-to-COVID-19-in-SEE.pdf> (accessed on 12 January 2023).
- Picker, Giovanni. 2017. Post-Socialist Europe and Its “Constitutive Outside”: Ethnographic Resemblances for a Comparative Research Agenda. In *Diversity and Local Contexts*. Edited by Jerome Krase and Zdeněk Uherek. Cham: Springer International Publishing, pp. 39–53. [CrossRef]
- Plainer, Zsuzsa. 2020. “The Roma in Tândărei”: A Few Thoughts on Prejudices and Groupism in Media Representations of the Romanian Roma during the COVID-19 Pandemic. *Szociális Szemle* 13: 5–10. [CrossRef]
- Rorke, Bernard, and Jonathan Lee. 2020. Roma Rights in the Time of Covid. European Roma Rights Centre. Available online: http://www.errc.org/uploads/upload_en/file/5265_file1_roma-rights-in-the-time-of-covid..pdf (accessed on 12 January 2023).

- RTS. 2020. Dnevik2. RTS. Available online: <https://www.rts.rs/upload/storyBoxFileData/2020/03/17/38746458/dnevik-170320.mp4> (accessed on 11 January 2023).
- Tavani, Claudia. 2012. *Collective Rights and the Cultural Identity of the Roma: A Case Study of Italy*. Leiden: Martinus Nijhoff Publishers.
- White, Alexandre I. R. 2020. Historical Linkages: Epidemic Threat, Economic Risk, and Xenophobia. *Lancet* 395: 1250–51. [[CrossRef](#)] [[PubMed](#)]
- Willis, Craig. 2022. Roma and the First Wave of the COVID-19 Pandemic: Income Loss and Its Effects Across Roma Communities in Seven Non-EU Countries. *Journal on Ethnopolitics and Minority Issues in Europe* 21: 10–34. [[CrossRef](#)]
- Zahra, Tara. 2017. “Condemned to Rootlessness and Unable to Budge”: Roma, Migration Panics, and Internment in the Habsburg Empire. *The American Historical Review* 122: 702–26. [[CrossRef](#)]

Disclaimer/Publisher’s Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.