

chronic diseases. Many families are forced to make the difficult choice between buying food or paying for medicines. Because of poor nutrition, the condition of many ailing people is worsening in spite of the treatment they have been given.

The lack of proper sanitary conditions in Roma homes is also a broad and complex issue. According to data collected by I. Tomova, 52% of Roma families live in dwellings without tap water neither in the house, nor in the surrounding yard, 74% have no toilet facilities whatsoever and only 14% have access to running hot water. 34% of Roma live on less than 5 sq.m. per family member, while for 35% this figure is between 5 and 9 sq.m. Garbage in Roma ghettos is thrown out on huge decaying heaps along the narrow streets and is being sifted through and dragged around by stray dogs, pigs and children. The area behind the houses is used indiscriminately as an "open air latrine". At many places, under mountains of trash, broken pipes issue water, which shabby toddlers drink. Many Roma neighborhoods in small towns and in many villages still have no access to electricity.

Such horrible sanitary conditions may be seen in quite a few Roma neighborhoods across the country: Nadezhda District in Sliven, Shesti District in Nova Zagora, Raina Kniaginia District in Yambol, Humata District in Lom, etc.

The lack of basic sanitary conditions is one of the main reason for the higher incidence of infectious diseases among Roma, compared to the rest of the population.

The access of Roma to healthcare services is further limited by the unprecedented bureaucratization of medical treatment, brought about as a result of the reforms in healthcare, as well as by the serfdom-like allocation of patients to specific health establishments, which often binds Roma to low-quality medical care. It is a common practice in the Roma neighborhoods treatment to be prescribed without conducting the necessary diagnostic procedures or consulting a specialist. Often the road from the primary healthcare unit in the village to the regional hospital in the small town, the district hospital in the bigger town and the university hospital in the city, where treatment has to be conducted, turns out to be too long for Roma and is an insurmountable obstacle to receiving specialized medical care.

The relations between the medical staff and the Roma community often present a problem, too. Some general practitioners who work in Roma neighborhoods are not familiar with and do not take into account the cultural differences and traditions of their patients. Others behave arrogantly or rudely, yet others are openly hostile and demonstratively discriminatory. The studies of I. Tomova (1993) and I. Zoon (2001) list a number of cases involving direct or indirect discrimination. Our research also indicated that there is prejudice and bias towards Roma patients.

The lack of adequate health information and knowledge among Roma is one of the main reasons for the discriminatory attitude of unscrupulous general practitioners and hospital staff.

The cultural differences and traditions, which are observed piously in some Roma communities, also affect the health condition of Roma. Our research showed that 60% of marriages among the Kalajdzii group, 45% among the Kardarashi, and 27.8% among the Kopanari are endogamous. To a great extent they reflect the desire to preserve Roma traditions and rites. Endogamy and inbreeding, which are most common among the subgroups of the Wallachian group (Kalajdzii, Kardarashi, Kopanari, etc.), lead to the accumulation of genetic diseases. Among the Kardarashi and the Kopanari families there is a high incidence of different types of neuropathy, hereditary angioedema, and galactokinetic deficit, while epilepsy is wide spread among the members of the Kalajdzii group. On the other hand, the way of life also has an impact on the health condition of Roma. The Kalajdzii, for example, who are the most mobile Roma group in Bulgaria, travel from early spring to late fall and change their place of residence all the time, which limits their access to health services. Another culture-determined factor