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ESTONIAN ETHNIC MINORITIES: THE RIGHT TO HEALTH AND THE DANGERS OF SOCIAL EXCLUSION

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ECMI WORKING PAPER #91
April 2016

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ECMI Working Paper # 91

European Centre for Minority Issues (ECMI)

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Estonian Ethnic Minorities: The Right to Health and the Dangers of Social Exclusion

The Russian-speaking population of Estonia experienced serious problems on the labour market and in education in the years following the post-Soviet transition. The perception of inequality is typical among minority groups. Nowadays there are no significant disparities in terms of health conditions or access to the health care system for majority and minority groups; however, there are accumulated negative factors for the minority population, especially when we look closer at socially marginalised groups. In addition to their generally weaker socio-economic status, many Russophones face the problem of social exclusion, proven by higher rates of extreme poverty, incarceration, and homelessness, trafficking victimisation, drug abuse and HIV/AIDS. All these factors may have an adverse effect on the enjoyment by ethnic minorities of the right to health. Considering the demographic make-up of Estonia, a reduced use of the Russian language in the provision of health services has emerged as a new challenge to the national health care system.

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I. INTRODUCTION

Since the commencement of political and economic reforms in post-communist Estonia, certain negative trends have been experienced in the average socio-economic situation of ethnic minorities. Considering noticeable discrepancies in life expectancy rates of ethnic majority and minorities, especially males (in 2014: 73.16 and 70.84, respectively[1]), it is justified to ask questions regarding health issues in the minority population.

Health is a recognised fundamental human right. The International Covenant on Economic, Social and Cultural Rights provides for “the right to the highest attainable standard of health” (Article 12 (1)). The UN Committee on Economic, Social and Cultural Rights has explained that this right contains certain interrelated and essential elements, including availability (functioning public health and health-care facilities, goods and services, and related programmes), accessibility (health facilities, goods and services have to be accessible to everyone without discrimination,

both physical accessibility and economic accessibility (affordability), acceptability (respect for medical ethics and culture), and quality[2].

Estonian minorities are over-represented among vulnerable and socially marginalised groups and this has particular implications for their enjoyment of the right to health[3]. Indeed, the realisation of the right to health may be compromised by social exclusion of at least some minority representatives; therefore this issue shall be addressed in more detail. For the purposes of this paper we use the definition of "social inclusion" offered by the European Commission[4]:

Social exclusion is a process whereby certain individuals are pushed to the edge of society and prevented from participating fully by virtue of their poverty, or lack of basic competencies and lifelong learning opportunities, or as a result of discrimination. This distances them from job, income and education opportunities as well as social and community networks and activities. They have little access to power and decision-making bodies and thus often feeling powerless and unable to take control over the decisions that affect their day to day lives.

In **Part II** of the paper we provide an overview of general situation of Estonian ethnic minorities with special emphasis on the historical background, their situation on the labour market, in education and their representativeness among the poor and socially marginalised groups. In **Part III** we analyse the available data on the state of health of ethnic minorities and the accessibility of the Estonian health care system. Conclusions follow in **Part IV.**

II. ESTONIAN ETHNIC MINORITIES

Historical background

The territory of what is now modern-day Estonia became a part of the Russian Empire in the early 1700s. According to the 1897 census, ethnic Estonians made up 90.6% of the population of the region; the largest ethnic minorities were Russians (4.0%), and (Baltic) Germans (3.7%)[5]. The percentage of Russians was disproportionately high among white-collar workers but dropped to several percentage points after 1918[6].

Soon after the collapse of the Russian Empire, Estonia became an independent country and established markedly liberal ethnic policies, which can be regarded as a post-traumatic reaction to previous policies pursued by the official St Petersburg administration. Thus, the right to education in the native language was guaranteed by Article 12 of the Estonian Constitution of 1920. In the interwar period, the network of publicly funded Russian schools was wide and adequate with most of them situated in the countryside along the frontier of Estonia and the USSR. In addition in 1923 there were a dozen Russian upper secondary schools, four of which were funded by the Estonian state[7]. Under the conditions of the authoritarian regime of the 1930s, Estonian ethnic policies became tougher[8]. According to the 1934 census, ethnic minorities comprised 11.9% of the Estonian population, of which the largest group remained ethnic Russians (8.2%)[9]. Most of them resided in the border regions, which today belong to the Russian Federation. Other significant minority groups were the Germans and Swedes. Most members of both latter groups emigrated from

Estonia during World War II[10].

During the course of World War II, in 1940, Estonia was made part of the Soviet Union. Between 1941 and 1944, Estonia was occupied by Nazi Germany. In 1944, the Soviet regime was restored and Estonia remained a part of the Soviet Union until 1991. In the 20th century, the Estonian population suffered significant losses through war and emigration. The demographic situation was also negatively influenced by Stalin's repression. After World War II there were rapid changes in the pattern of the country's demography which became a constant source of tension within society. The Soviet authorities started several ambitious industrialisation projects in Estonia, but lacked the necessary labour force, hence workers were relocated to Estonia from other areas of the USSR. As a result in 1959 ethnic non-Estonians made up 25.5% of the population, whereas in 1989 this had increased to 38.5%; the largest minority group has always been Russians (their number increased to 30.3% by 1989)[11].

According to official policy, Estonian statehood is based on the principle of state continuity. In other words, the contemporary Republic of Estonia is the same state that was proclaimed in 1918, depriving the Soviet period of legitimacy. Therefore the people who settled in the country after World War II (mostly Russophone Eastern Slavs) were not recognized as Estonian citizens when independence was regained in 1991 and formed the bulk of the "persons with undetermined citizenship". This group of de facto stateless individuals made up 1/3 of the entire Estonian population in 1992. They were permitted to apply for Estonian citizenship (to naturalise) provided they had proficiency in Estonian.[12] Inflexible ethnic policies of the early 1990s in the fields of education, migration and the public use of languages were pursued *inter alia* to promote the "repatriation" of Russians (and other Slavs) to their "historical motherlands". The idea of repatriation was supported by the major political forces of that time[13]. Thanks to the purposeful activities of responsible Estonian academia and the influence of the EU in the pre-accession period, Estonian ethnic policies were liberalised by the late 1990s with the introduction of official integration programs. However, the political influence of the Russian-speaking population remained very modest, especially at the national level. In 1989 Russophones made up about 40% of the population but failed to elect a single Russophone representative to the first post-independence parliament (1992-1995). This parliament took several important (and still valid) decisions on ethnopolitics, including minority school reform (see below).

In April 2016 non-citizens (persons without Estonian citizenship) made up about 15.8% of the total population, including 6.1% of de facto stateless former Soviet citizens and 9.7% of others who were mostly citizens of the Russian Federation.[14] In other words, about half of all ethnic non-Estonians still do not have citizenship of the country of residence and their participation in the political and civic life of the country is limited. In recent years people of minority origin constituted only 1/10 of all Estonian MPs.[15]

The group of ethnic non-Estonians is ethnically and linguistically heterogeneous. However, ethnic Russians and native speakers of Russian comprise an overwhelming majority of national minorities. For this reason, minority members are often referred to as Russian-

speakers and/or Estonian Russians. In this paper we will use the terms "Russian-speakers", "Russophones", "ethnic non-Estonians", "people of minority origin" and "ethnic minorities" as synonyms. According to the 2011 census ethnic minorities make up 30% of the total population, including 25% of ethnic Russians[16]. About 30% of the entire population speak Russian as a first language and more than half of them do not speak Estonian[17], which is the only official language of the country.

Unsurprisingly, in recent years most public discussions on ethnicity and migration have concerned Russian-speakers. Most of the "historical Russians" (i.e. those who settled in Estonia before 1940) obtained Estonian citizenship by birth and in official discourse they are often characterised as a loyal and well-integrated part of Estonian society. Those Russians and other Russian-speaking minorities who settled in Estonia in the Soviet era are often referred to in public debates as "immigrants" in spite of protests by many members of this constituency. As the dominant group in the USSR, "immigrant" Russians are often (negatively) contrasted with ethnic Estonians – that is the native population, the ethnic majority group, citizens of the restored Republic of Estonia. In the context of equality and non-discrimination, the complaints of Russians-speakers are repeatedly interpreted as the psychological discomfort of the formerly dominant group experiencing difficulties in adapting to new political and economic realities. Nevertheless, at a grassroots level both ethnic majority and minority members hardly differentiate between the "historical" and "immigrant" Russians.

The authors of the first comprehensive Estonian sociological study on discrimination[18] concluded:

Respondents appear to interpret some of their experiences as unequal treatment, even though they are not recognised as such by the current Estonian legislation and political decisions. The interpretation is also clearly affected by the intense ethnicity related politicisation in the Estonian society. Nevertheless, the above interpretation is an established fact. It is not only non-citizens who say that discrimination based on ethnicity is a reality; paradoxically the view is most widely held among Russian-speakers who are Estonian citizens.

The perception of social inequality is widely held among the ethnic minorities. For instance, in a 2005 study conducted in Tallinn,[19] minority respondents alleged that ethnic Estonians have advantages in forging a political career, being successful in business, attaining a good education, achieving economic welfare and securing pensions and benefits (as compared to ethnic minorities with equal skills, including the command of the official language and Estonian citizenship). In turn, ethnic Estonians believed that minorities have equal opportunities in the above mentioned social and economic spheres, but not in politics[20].

The perception of inequality and discrimination is also widespread among the younger generation of Russian-speakers. The analysis of Lauristin and Vihalemm[21] shows that:

political participation and support among [Russian-speaking] young people is also relatively low, and they perceive discrimination

more often than minority youth in other European countries. Therefore it is probable that a "third-generation problem" may also develop in Estonia where the young people feel disappointed and alienated and a protest identity starts to develop based thereon.

The widespread perception of social inequality has also been observed among the ethnic minorities in a 2016 nationwide study[22].

Ethnic minorities in employment

When Estonia regained independence in 1991, there were no major differences between ethnic Estonians and non-Estonians (Russian-speakers) in terms of main labour market indicators (e.g. unemployment). Importantly, the level of educational attainment of these groups was very similar.[23] In the 1990s the labour market in Estonia shrunk dramatically as a result of domestic economic reforms. At the same time the population was diminishing as well: estimates project that one fourth of those who had arrived after World War II and their descendants, mostly Russian-speakers, left the country in the early 1990s[24]. By 2010, the proportion of elderly people (those aged 65+) of foreign origin considerably exceeded that of children under 15 years, which can be explained by selective return migration and the systematically lower fertility among the population of foreign origin[25].

In the course of political and economic reforms there were considerable changes in the social and economic status of Russian-speakers, many of whom experienced a collective downward mobility and shrinking labour market opportunities. In addition to standard explanations (poor language competence, lack of social capital and the sharp decline of labour force demand in those branches of the economy where minority group members were traditionally over-represented) more recent analysis shows the growing importance of the ethnic dimension in the labour market.

Russian-speaking minorities have always been more vulnerable to unemployment trends. In recent years, the unemployment rate among them has been 1.5 - 2 times higher than that among ethnic Estonians. For instance, in 2015 the respective figures were 5.4% for the ethnic majority group and 8.0% for minorities (in 2010: 13.3% vs. 23.4%).[26] Language (in)competence seems to be a particularly important reason underpinning this phenomenon. After the restoration of independence, the significance of proficiency in Estonian increased in the labour market, attributable both to objective reasons and because of administrative measures and legislative prohibitions. Many (although, arguably, not all) official language requirements are objectively justified.[27] Nevertheless they render Russian-speaking workers vulnerable in the labour market, including the private domain.

Discrimination (including structural discrimination) may be another major factor behind this inequality in the labour market. There is discouraging evidence that linguistic competence does not always guarantee labour market equality for Russian-speaking youths compared with their Estonian peers. Helemäe analysed both individual and structural factors of ethnic inequality in access to the post of a manager/leading specialist with due consideration of educational attainment and other factors. On the basis of the Estonian Labour Force Studies (2000-2010) she concluded that it is far less likely for ethnic non-

Estonians to work in the upper levels of the professions when compared to Estonians, even with the same human capital. Belonging to a "wrong" ethnic group is an obstacle in accessing the best jobs and, in other words, members of this constituency may be confronted with the "ceiling phenomenon". [28]

Ethnic minorities in education

General overview

The clear importance of education in the process of socialisation and society integration and inclusion policies is self-evident.

During the Soviet era considerable changes were made to the Estonian school education system, which developed as an inalienable part of the all-Union schooling system. The number of Russian schools soared following the massive influx of newcomers from other regions of the USSR. At the beginning of *perestroika* and the Singing Revolution, all Estonian schools followed the same curriculum and conformed to other rules applicable to all schools across the Soviet Union. Estonian schools provided the same secondary education either in Estonian or in Russian, albeit with some minor differences (e.g. relating to the studies of Russian language and literature). The first important changes in the work of Russian and Estonian schools were observed even before independence, when the latter adopted new educational plans and curricula more rapidly. By the late 1990s all Estonian schools had completed this transition.

In 1993 the Estonian parliament adopted several important laws, including the Basic Schools and Upper Secondary Schools Act[29], which envisaged a transition to Estonian-language training in Russian upper secondary schools (the final three school classes) from 2000. However, this transition was postponed several times and was ultimately finalised in 2011; furthermore, it was permitted to organize 40% of educational work in "other" languages (de facto, Russian). In the 2013/2014 academic year every fifth student still studied in Russian in ordinary basic schools.[30] Considering the poor proficiency in Estonian of many ethnic minority communities, the main articulated goal of Russian school reform was to improve the competitiveness of minority youth on the labour market, their access to higher education and their integration into Estonian society. Another important argument of the reform's proponents was the fight against ethnic segregation in education. However, the school reform was not aimed at the creation of shared education facilities for Estonians and Russians.

In terms of language, the minority education reform started upside down. Russian-language secondary education "was at a deadlock" after the transition of almost all publicly funded higher education into Estonian in 1990s-early 2000s. According to a study of second-generation Russian immigrants in three Estonian cities (Tallinn, Jõhvi and Kohtla-Järve),[31] the educational gap between second-generation ethnic Russians and young Estonians has grown compared to their parents' generation (i.e. first generation Russian immigrants and older generation ethnic Estonians). As summarised by Vetik and Helemäe[32]:

the poor quality of Estonian language instruction at secondary schools, coupled with the strict (and frequently changed) language requirements stated by the Language Law, created an opportunity structure for second-

generation Russians in their fluency in Estonian (a kind of country-specific human capital) largely depends on parental (cultural, social and financial) resources.

In spite of recent negative trends, ethnic minorities are still well educated. Thus, 32% of both ethnic majority and ethnic minorities aged 20-39 have attained tertiary education (academic or professional higher education or doctoral level), as proved by the census 2011 results. Indeed, for ethnic minorities (aged 10+) tertiary education is even more typical (34%) than for Estonians (28%). In Tallinn in the age group 20-39 noticeably more young Estonians (20-39) have undertaken academic higher education as compared with ethnic non-Estonians.[33]

Risks related to the minority school reform

Leaders of minority communities voiced concerns regarding the school reforms, especially in relation to the protection of minority identity, inadequate preparation and the lack of proper educational objectives for reform. The transition is still very unpopular among minority members as a whole. According to a nation-wide poll conducted by Saar Poll in 2013, 80% of ethnic Estonians and only 24% of ethnic minority representatives believed the reform was helpful for minority youths. Both communities share the opinion that the reform was inadequately prepared (50% Estonians and 83% ethnic minorities). Most minority respondents believed that the reform should be discontinued.[34] Therefore opposition to the reforms is high at the grassroots level. However, a majority of Estonian social scientists viewed the reform positively. A study commissioned by the Ministry of Education and Research gave a rather optimistic overview of the first reform results while also formulating some recommendations to enhance teaching[35].

It is worth mentioning that the reform was criticized by other experts for its negative potential to increase the drop-out rates in Russian schools and therefore to perpetuate the marginalization of Russian-speaking youths. For instance, Downes has recommended that the Estonian authorities adopt a plan in the interests of less educated students that would: [36]

give them a role in Estonian (...) society even if they cannot cope with learning a second language. It would be an important protective factor against continuation of the cycle of social marginalisation, heroin use, early school leaving and HIV.

The risk of social marginalization is high for those with low educational attainment. In Estonia, the basic tool to deal with less educated students is an individual curriculum. According to the Basic Schools and Upper Secondary Schools Act of 2010 (BSUSSA, Article 18), individual curricula will be drawn up for all students with moderate, severe and profound learning difficulties. According to a recent poll of school teachers and principals, 73% of respondents mentioned such curricula as a tool provided to them by the Estonian education system to deal with students with special educational needs[37]. The practical effects of individual curricula in the context of minority school reform have not been surveyed to date.

Significantly, a student subject to the duty to attend school (i.e. until the age of 17 or until he or she has acquired basic education) will not be excluded from school even if he or she is

absent from lessons or has failed academically (BSUSSA, Articles 9 and 28). Against such a background the needs and interests of students with special needs have to be taken into account by schools. In 2013 the rate of students leaving training or education at an early stage was 9.7%, i.e. it was relatively high but less than the EU average of 12.0%[38]. In compulsory basic education, however, drop-out rates fell from 1.6% in the 2006/2007 academic year to 0.6% in 2009-2010[39]. It is perhaps too early to draw firm conclusions, since the process was finalised in September 2011, but the reform may have had some impact on these figures.

Risk of poverty and social marginalisation

There are good reasons to believe that ethnic non-Estonians face major risks of poverty and social marginalisation as compared to majority members.

According to Statistics Estonia, disparities in the annual incomes of ethnic Estonians and non-Estonians have persisted over the past several years. In 2014, the average annual disposable income among ethnic Estonians was 10,010 EUR and among non-Estonians 8,249 EUR. Disparities between the two groups could also be discerned from a gender perspective.[40] According to the same source, ethnic non-Estonians were considerably underrepresented in the highest income quintiles (13% as compared with 23% among ethnic Estonians). Their share in the lowest quintile was noticeably higher: 24% as compared with 18% among ethnic Estonians.[41] Furthermore, in 2014 the at-risk-of-poverty rate (before social transfers excluding pensions) of ethnic minorities was noticeably higher (32.8%) than that of the ethnic majority (25.8%).[42] The absolute poverty threshold (before social transfers excluding pensions) of ethnic non-Estonians was 12.8%, compared with 10.9% of ethnic Estonians.[43]

Statistics Estonia also measures a material deprivation rate, i.e. they calculate the proportion of those unable to afford at least three items of the nine following economic outcomes: 1) to pay rent or utility bills, 2) keep the home adequately warm, 3) face unexpected expenses, 4) eat meat, fish or a protein equivalent every second day, 5) a week long holiday away from home, 6) a car, 7) a washing machine, 8) a colour television or 9) a telephone. In 2014 this rate was 8.1 for ethnic Estonians and 24.0 for ethnic minorities (in 2012: 16.4 and 33.2).[44]

Ethnic non-Estonians also seem to be over-represented among homeless people. Thus, a study of the homeless in the city of Tallinn conducted in September-December 2011, involving 926 interviewees, revealed that 66.4% of them were Russian-speakers, while the same year ethnic Estonians made up 52% of all capital inhabitants[45].

Representatives of minority groups make up the majority in the Estonian prison population. A “typical” prisoner is middle-aged and of Russian ethnicity. According to a 2013 report by the Ministry of Justice, in the past ten years Russian-speakers made up slightly less than 60% of all prisoners. Furthermore, they dominated the statistics for the 24-44 age group. However, there were more Estonian-speakers than Russian-speakers in the younger age groups. In the age group 45+ speakers of Estonian and Russian were represented equally[46]. To put this in context, as mentioned earlier, native-speakers of Russian constitute

about 30% of the Estonian population.

In the Crime and Security Survey, conducted by Statistics Estonia at the end of 2008 and the beginning of 2009 and involving all permanent residents of Estonia between the ages of 15 and 74, some 25% of ethnic Estonians and 29% of ethnic non-Estonians had been victims of crimes (except consumer fraud) within the previous twelve months. Noticeable differences between the majority and ethnic minorities were also observed regarding crimes against property (respectively 21 and 25%) and consumer fraud (16 and 22%).[47]

Russian-speakers seem to be more vulnerable to be the attentions of human traffickers. Many of them reside in the economically depressed north-eastern part of the country. According to the expert opinion of Ivanchenko[48]:

there is a tendency of internal human trafficking within Estonia from the north-eastern part of the country to the capital city. Also the majority of victims of international trafficking are thought to come from this part of Estonia. The high risk of Russian-speakers to become victims of human trafficking for the purpose of sexual exploitation is also seen from 2006 research conducted by the Estonian Open Society Institute. The research shows that Russian women have to suffer two times bigger pressure from recruiters than Estonian women.

While the clandestine nature of this activity precludes definitive statistics, it is highly probable that ethnic minority women are overrepresented among victims of trafficking. Indeed, according to various experts, 70-85% of Estonian prostitutes are of Russian or other minority origin[49].

III. ETHNIC MINORITIES AND THE RIGHT TO HEALTH

There is little data to highlight the various aspects of health and social care issues affecting ethnic minorities in Estonia. However, on the basis of available statistical and sociological data one may conclude that there are differences between ethnic Estonians and non-Estonians regarding self-perception of the state of health and access to the health care system.

Ethnic minorities and their health status

Life expectancy and vital events

According to the 2011 Population Census, life expectancy at birth in Estonia was 76.35 years (71.09 for males and 81.15 for females). However, there were noticeable discrepancies between different ethnic groups. Thus for ethnic Estonian males, life expectancy was 72.35, while for minorities the figure was as low as 68.46. Differences between females were less pronounced (respectively 81.82 and 79.79). Interestingly, there was almost no distinction in the disability-free life expectancy rate for both ethnic groups (the average number of years that a person is expected to live free of disability). Thus, it was 52.22 for ethnic Estonians and 52.15 for non-Estonians; however, it was wider for females.[50] In recent years discrepancies in life expectancy rates of ethnic Estonian and non-Estonian males remain noticeable (in 2014: 73.16 and 70.84, respectively[51]).

The death rate for ethnic Estonians (especially males) has normally been below the percentage in the full population. However, these differences were not huge: in 2014 66.3% of all deaths were among ethnic Estonians[52], while the percentage in the full population was about 69%.[53] Similarly, 71.7% of all babies were born to ethnic Estonian mothers, i.e. they were not overrepresented.[54] In Estonia in 2014 there were 50.9 abortions per 100 live births and this indicator for ethnic Estonians was only slightly lower at 49.2.[55]

Self-estimation of health condition

In the 2006 large-scale Estonian Health Interview Survey,[56] a very good/good self-assessed state of health was reported more often by ethnic Estonians as compared to minorities (51.1% vs. 44.0%).[57] Similar discrepancies were observed in 2014 in the study Health Behavior among Estonian Adult Population[58] (hereinafter *Health Behaviour Study*), when 59.5% of ethnic Estonian women and only 35.7% of minority women estimated their health to be good or reasonably good (for males the respective figures were 55.6% and 36.9%)[59].

Furthermore, in the 2006 survey, ethnic non-Estonian women were more likely to report (57.6%) the existence of long-term illness or health problem as compared with majority females (51.4%); for males the respective figures were 44.2% and 42.9%[60]. Somehow more ethnic Estonians (66.1%) than minority members (60.3%) considered themselves to have no limitations in their daily activities due to health issues[61]. These figures may be compared with the results of the 2011 Population Census, where 72% of ethnic Estonians and 68% of ethnic Russians were "not at all restricted" in their daily activities.[62]

In the 2014 Health Behaviour Study, the percentage of those describing them as "often/almost always overtired" was higher for ethnic non-Estonians (54.1%) as compared with majority representatives (44.1%); somehow more ethnic Estonians were feeling stressed more than usual/unbearably in the past thirty days (20.9%) as compared with minorities (17.9%).[63] Furthermore, more majority members (6.0% vs. 4.5% among minorities) thought about suicide in the past twelve months and the discrepancies were noticeable in the age group 16-24 where 12.7% of majority males and 8.5% of majority females reported thoughts of suicide within the previous year (for minorities the respective figures were 4.2% and 7.9%).[64]

According to the same source, 9.6% of ethnic Estonians and 22.1% of minorities received a disability pension.[65]

Dietary habits, obesity and physical activity

According to the 2014 Health Behaviour Study, some aspects of dietary habits of the two surveyed ethnic groups were very similar. Thus, 20.5% of ethnic Estonians and 20.3% of ethnic non-Estonians never or seldom eat breakfast, respectively, 10.2% and 10.4% never have fresh vegetables during the week, and 8.8% and 10.9% did not eat fresh fruits or berries during the week. Furthermore, 72.7% of ethnic majority and 65.3% of ethnic non-Estonians had less than 300 g of vegetables per day while respectively 45.6% and 45.9% consumed less than 200 g of fruits/berries per day.[66]

In 2006 in the large-scale Estonian Health Interview Survey, 31.3% of ethnic Estonians considered themselves to be overweight and 18.2% as obese. For minorities

the respective figures were 32.8% and 17.7%. From a gender perspective, there were slightly more overweight and obese persons among ethnic Estonian males and minority women[67]. In 2014 Health Behaviour Study the percentage of overweight respondents was 31.1 for ethnic Estonians and 35.8 for minorities; obese respondents made up respectively 18.9% and 21.0%. Very low physical activity was reported by 39.7% of the ethnic majority and 34.4% of non-Estonians[68].

Dental problems

In Estonia, adult dental services are not generally covered by compulsory medical insurance (although there are some rare exceptions). Private treatment is accordingly expensive, and dental problems may be influenced by the socio-economic status of an individual in addition to their general condition of health.

According to the 2014 Health Behaviour Study 36.0% of ethnic non-Estonians and 22.3% of Estonians had six or more teeth missing. The difference was wider if females are compared separately: the problem was reported by 22.6% of ethnic Estonian women and 35.5% of non-Estonians.[69]

Alcohol and smoking

Sociological studies provide evidence of noticeable differences in the habits of ethnic Estonians and non-Estonians. According to the 2006 Estonian Health Interview Survey, 44.7% of ethnic non-Estonians aged 16+ (33.9% of males and 53.7% of females) never consumed alcohol. The percentage of abstainers among the majority was fewer (38.4%, including 28.2% of males and 46.8% of females). As for the different age groups, the biggest differences were observed among the 16-24 age category. The percentage of abstainers among young majority males was 24.4%, while for minority males it was much higher (42.7%); for females it was respectively 35.7% and 50.0%[70].

These discrepancies between the ethnic communities were also observed during the 2014 Health Behaviour Study. One in five Estonians and only one in ten minority respondents reported experiencing a hangover in the previous 30 days (for males aged 16-24 the respective figures were 41.7% and 8.3%). The distribution of respondents who consumed more than 160 g (males) or 80 g (females) of pure alcohol a week was 14.5% for ethnic Estonians (22.4% of males and 8.7% of females) and 6.9% for non-Estonians (10.7% and 4.7%)[71].

Ethnic non-Estonians were more active daily smokers (25.6% as compared to 20.6% of ethnic Estonians).[72]

Drug addiction

According to the 2012 Health Behaviour Study, about 23% of both ethnic Estonian and non-Estonian males have tried/used drugs. The respective percentage for women was much lower − 11.3% and 9.9%.[73] However, the problem of drug addiction is very pertinent in the minority community as reinforced by recent statistics. According to the Drug-related Treatment Database of the National Institute of Health Development in 2012 there were 973 entries pertaining to the start or completion of treatment; a third of those who sought treatment were first-time patients; the majority of them were ethnic Russians (79%) and most patients were aged 25 or older[74]. According to the register of the causes of death, in 1999-2012

1,118 persons died in Estonia as a result of drug overdoses. In 2012, 170 persons died due to drug poisoning (predominantly due to an overdose of synthetic drugs). They were mostly ethnic Russians (72%). Most victims were aged 25-34 and resided in either Harju (59%) or Ida-Viru (30%) counties[75], i.e. in the regions in which minorities are present in large numbers. Similar statistics were collected in previous years. For instance, in 2005 57 direct drug-related deaths were registered in Estonia of which 79% of the deceased were ethnic Russians, while only 7% were ethnic Estonians. Drug-related mortality in Estonia was proportionally higher among males, in the 20-29 age group, among urban residents, residents of Tallinn and Ida-Viru county, and ethnic Russians[76].

According to the National Programme for HIV/AIDS prevention for 2002–2006[77], 98% of injecting drug users are Russophones, 86% of them are men and 14% are women (mostly partners of injecting drug users). 56% of them started injecting being 14-20 years old. 62% of "experienced" injecting drug users (2-3 years of experience) were aged under 25. Most of injecting drug users originates from families of drug addicts, they are unemployed or earn by crime. These influence negatively spread of HIV infection in detention facilities.

There are no reasons to believe that the ethnic make-up of intravenous drug users has changed considerably since 2002.

In 2010 researchers at the University of Tallinn studied the use of drugs and related risk behaviour of youth visiting nightclubs in the capital city.[78] In Tallinn "Estonian" and "Russian" as well as "bilingual" clubs exist in parallel. The study undermined the stereotyping by Estonian-speakers of "Russian clubs" being more tolerant towards the use of drugs than "Estonian" clubs. However, more Russian-speakers visit so-called "drug clubs", i.e. clubs that prefer psychedelic electronic music, and anti-drug measures in these establishments are considered to be relatively weak[79].

HIV/AIDS

Estonia faces an HIV epidemic[80]. In 1988-2008, a total number of 6,909 HIV-positive cases were registered in Estonia; 545 new cases in 2008 or 40.6 instances per 100,000.[81] Since then the situation has stabilised. By late 2013 there were 8,702 registered cases. According to estimates the number of inhabitants with HIV had risen to 11,000 (2012). The ratio of new instances of HIV has also declined. In 2012 there were 23.5 instances per 100,000. However, Estonia still has the dubious honor of holding first place in the EU; the EU and EEA average was 5.8 per 100,000 inhabitants[82].

Minorities are much more exposed not only to the risks of drug abuse, but also to HIV/AIDS. In recent years the majority of HIV cases were concentrated in two regions in which minorities are present in large numbers or are the dominant ethnic group – in the capital Tallinn and its surrounding Harju county, and in a region close to the Russian border – Ida-Viru county. Major risk groups are intravenous drug addicts and prostitutes. Ethnic minorities are considerably overrepresented in both groups.

Since 1 October 2009 the Registry of Communicable Diseases has collected data on HIV-positive cases. Between 1 October 2009 and 21 April 2014 929 persons were registered as HIV-positive, including 214 prison inmates. Among them 768 (83%) were ethnic Russians,

119 (13%) were ethnic Estonians and 42 (4%) were people of other or unknown ethnic origin; 202 (22%) were from the city of Tallinn, 238 (26%) from Narva, 114 (12%) from Harju county (except Tallinn), and 308 (33%) from Ida-Viru county (except Narva). For 1/3 of all those registered (308), non-sterile syringes used for drug use were the most probable cause of infection, with sexual intercourse attributable for almost half of all those registered (447).[83]

In the course of the 2003 study,[84] in the 19-29 age group, the percentage of ethnic Estonians having a full awareness of sexually transmitted diseases was much higher than among non-Estonians; wider differences were also observed for males[85]. According to the 2014 Health Behaviour Study, in the minority community, 56.8% of men and 67.7% of women have never used condoms, as compared with 35.1% and 33.6% in the majority community. These figures were also very significant for minority youths.[86]

Causes of death

The Estonian scholar Raitviir studied the ethnic elements of the 2006 statistics of causes of death provided by Statistics Estonia.[87] According to her calculations, ethnic Estonians were slightly over-represented among those who died from diseases of the circulatory system and malignant neoplasm. However, injury and poisoning as a cause of death was noticeably more typical for ethnic minorities, including accidental poisoning (also by alcohol) and homicide. Furthermore, ethnic non-Estonians were overrepresented in the group of people who died from infectious and parasitic diseases, including tuberculosis and HIV/AIDS (but not viral hepatitis). Some diseases related to alcohol consumption were also more typical for minorities (but their average number was modest). Ethnic Estonians were noticeably over-represented among those who died from diseases of the nervous system and sensory organs. In 2006 minorities were slightly more inclined towards suicide as a cause of death. However, there were drastic improvements as compared with 2000.[88]

Raitviir offered some explanations of the higher rates of morbidity of ethnic minorities in some areas. She observed difficulties of adaptation (related to immigration), self-destructive health behaviour (alcohol, drugs), living or working in a polluted environment, greater social and work-related problems, lower self-esteem or valuation of the lives of others. [89] Some of these assumptions do not necessary correlate to the self-assessment of minority representatives outlined above. However, it is evident that, for minorities, poorer social conditions play a crucial role in the context of the protection of their health.

Accessibility of the health care system

General information

According to the 2012 Health Behaviour Study, the percentage of those holding no medical insurance was almost 40% higher among ethnic non-Estonians than among Estonians: 8.7% vs. 6.4%[90]. The difference probably stemmed from the labour market situation, since in Estonia medical insurance is typically a derivative of the social security tax paid by employers. In 2014 the percentage of ethnic Estonians holding no medical insurance was 6.1% (and 6.7% among non-Estonians).[91]

An overview of the use of medical services by various ethnic groups is provided by several large-scale sociological studies. Thus in

2014 the ethnic majority reported visiting dentists in the previous year more often than non-Estonians (55.1% vs. 48.3%). There was an opposite trend regarding visiting general and special physicians: the respective figures were lower for ethnic Estonians (69.6% and 50.0%) as compared with minorities (76.5% and 54.7%). Ethnic non-Estonians tended to call paramedics more often than Estonians, while the latter group was more active in consulting with physicians by telephone in relation to a health problem.[92]

Ethnic minorities were able to report higher rates of use of some medical services which may be evidence of both their poorer state of health and/or their persistence in seeking access to these services. Thus, according to the 2014 Health Behaviour Study 14.1% of minorities and 4.4% of ethnic Estonians were diagnosed/treated for elevated blood sugar/diabetes, 33.6% of minorities and 16.5% of majority members were diagnosed/treated for elevated blood pressure/ primary hypertension.[93]

According to the Estonian Social Survey in 2015 3.6% of respondents did not consult or receive assistance from a family physician, 12.8% from a specialised doctor and 12.0% from a dentist. However, the respective figures for Harju county (densely populated Tallinn and its surroundings) were 3.9%, 17.6% and 12.5% while in economically depressed Ida-Viru county the respective figures were higher: 3.9%, 18.4% and 23.4%.[94] As mentioned above, in both regions minorities are present in elevated numbers. The reasons behind these disparities are not completely clear but may indirectly refer to the quality or insufficiency of services.

Specific issues for minorities

According to several sociological studies, minorities tend to be more critical of the system of health care. For instance, in the 2015 study, 52% of ethnic minority members aged 15-74 and 62% of Estonians had a positive impression of the organisation of health care in Estonia; the quality of medical service was considered positive by 63% and only 78% respectively.[95]

In order to identify specific problems for minority representatives in the field of health care protection a focus group of Russian-speaking women has been organised. The meeting took place in Tallinn on 16 April 2014 and there were seven participants aged 27-61.[96] When asked to speak spontaneously about particular problems in the health care system, participants generally referred to long queues, paid services and inappropriate service/attitudes. The system of general physicians was mostly assessed in a rather negative way as inefficient and as failing to correspond to the needs and expectations of the patient. Poverty was often cited as a factor that negatively influenced a healthy life style and (unimpeded or rapid) access to medical services. These answers may be compared to the 2013 national study in which people spontaneously mentioned most frequently long queues (45%), high prices (11%), and unpleasant attitudes/indifference (6%) as a disappointing factor in the context of the national health care system. A lack of professionalism/low quality of services was mentioned by 2-3%[97].

The problem of the use of language in hospitals was the subject of recurrent discussions in the local media, especially among Russian sources. Therefore, participants of the focus group were asked about their positive or

negative experiences relating to the use of language. This aspect had never been emphasised in the previous large-scale sociological studies and representative responses are reproduced below:

Anastassia 27. *I faced a language problem in this sphere once, when I came with a sick child to *** polyclinics and I couldn't explain to the doctor with the required level in Estonian what was going on with the child, as she didn't understand Russian at all. I was agitated and could not explain it to her. She didn't help much; she has done some analysis. She was not really competent not only in language aspect. For example, she could not calculate the dose of the medicine necessary, as my daughter did not agree that the medicine would be inserted through her anus. So the doctor could not calculate the dose of medicines that should be applied in another way.*

Olga 52. *Being very naive, I decided once to go to a dietician. I came in with a wide smile and said „Hello" in Russian. She looked at me and nearly whispered „Tere"* („Hello" in Estonian). *I understand that she is a nice person. And I understand that we speak absolutely different languages! I said „just a moment!" in order to solve this problem. I usually have somebody to call in such situations – either a friend or my daughter, who speaks Estonian perfectly. In such cases I just check who can help me this time. In this case I dialled daughter's number and said „Daughter, help!". So I told everything to my daughter, my daughter told the doctor, the doctor replied to my daughter, my daughter told me and I understood, that I had nothing more to do here! Nobody can make you a proper menu for 20 EUR, so I said „Thank you and good bye!"*

Galina 61: *The age of the doctors… Luckily we have not reached this stage yet, when… Those doctors who work in Estonia now, mainly have graduated from universities in the Soviet era. They all still speak Russian, including special physicians. Still, when you come and see a 65-70-year-old doctor, you realize, that he or she will work for a maximum of five more years… And the younger generation does not understand Russian at all. They would be glad to help you, but they do not understand you! Not because they dislike us! They get scared! Because their profession means, that they should help, and they are unable to do that.*

Tatjana 46. *The last time I went to ultrasonic examination, the doctor was a young Estonian. When he saw my non-Estonian surname, he got frightened eyes and cautiously asked: "Do you understand Estonian?" "Yes", I said, "we can talk".*

At the end of the focus group the participants were asked for their suggestions as to how to improve the Estonian health care system. Regarding the language issue, the respondents formulated various recommendations, including the organisation of interpretation services at (major) hospitals, the introduction of language requirements (English and Russian) for some services (e.g. persons responsible for questioning patients at ambulances) and the use of incentives for doctors to learn foreign languages.

Negative practices at hospitals

The focus group participants did not have experience of doctors who were able to speak

Russian but refused to do so; such stories have nevertheless been reported by the local media. If true, however, such instances seem to be infrequent. In April 2014 the author conducted four interviews with active users of medical services of minority origin (two with females and two with males) and only two female interviewees reported that they had experienced some form of language conflict in recent years. In one case the interviewee was fluent in Estonian. In another case, however her knowledge of Estonian was rather basic and her negative experience was quite striking:

Viktoria 45.[98] *I personally had a shocking experience of unequal treatment on a language basis in a hospital, which I will remember forever. I was in Tartu with my colleague and her 5-year old son. She had fallen down and broken her leg very badly. I called an ambulance, which came very quickly and took her to Tartu *** hospital. I was told that she had suffered a very bad trauma and would be operated on immediately. Her son and I waited for quite long time in the hospital, but couldn't get any information as to how the situation was developing. I felt very nervous because we were in another town, 200 km from Tallinn, and my colleague was a single mother. (...) Finally a medical assistant came out, I explained the problem and asked about the situation of my colleague. I spoke Estonian all the time, but my accent was stronger than usual, as I felt very nervous. Instead of answering my question she started shouting at me that after twenty years of independence these Russians could at least learn to speak Estonian without an accent. I was totally shocked and said that I was very surprised that the management of the University of Tartu thought my Estonian was good enough to give lectures and supervise bachelor's level diplomas but a medical assistant in the hospital thought it to be so bad that they considered it to be a reason to assault me and keep me in ignorance. I also took out from my bag a pen and wrote down the name of the woman, saying that I would definitely complain. After that she said in a rough manner, that my colleague couldn't go home because her operation was very serious and she needed lengthy treatment, but neither could she stay in the Tartu hospital as she's registered in Tallinn. (...) On the other hand, I twice had very positive experiences in Viljandi hospital with ambulance doctors who helped and operated on Russophone children from Tallinn. The children whom I had brought to this hospital from the youth camp both received high quality medical service and very warm treatment. A Tallinn boy's mother was so surprised at how well the small operation was conducted for her son, that she came to Viljandi, found the doctor and tried to give him some money but he very firmly refused. Older doctors could speak Russian and younger assistants spoke in a very simple manner that even a kid could understand. We felt that they really tried to help, to comprehend and to be understood.*

Jelena 60.[99] *Two years ago I had a serious health problem. Luckily I was sent to a good *** hospital. I am not young, as you see, and my condition was very bad, I had a fever, I felt really awful and I was very frightened because I could die. (...) In the hospital an Estonian doctor approached me and started to talk Estonian to me. When I answered in Russian, he did not react and left the room. Later another Estonian lady doctor visited me and she took care of me. Her Russian was rather basic but we could*

communicate and she treated me very well. I am very grateful to her. Members of my family were able to talk to her in Estonian about my health problems in more detail. When I was in the hospital I was sent to do some medical tests. There was an older Estonian-speaking doctor. The nurse told me that he could speak Russian but he did not like patients who were not proficient in the State language. Actually, this doctor talked to me exclusively about my personal failure to learn Estonian. He didn't answer my question about my test results. The test was quite complicated. (...) There were several young doctors in the hospital who did not know even some basic Russian. They were not capable of talking to patients like me. Some of them were afraid of us because we were asking questions in our native language. They actually wrote their reports that were explained to us by other personnel. There were no communication problems with the nurses as most of them were Russians... My experience is rather mixed, then. I was treated very well in the hospital. The hospital was well equipped. I wasn't asked to pay money, officially or unofficially. The personnel were mostly nice to me. However, I don't think that a hospital is a proper place to lecture about language learning, especially when you are doing medical tests on an operating-table. I'm talking about this highly motivated old doctor. I was crying after visiting him. What can I say? I feel ashamed that I didn't speak better Estonian. However, when I was young both Estonian and Russian were used everywhere and there were no incentives to learn Estonian well. I still do not need it for work. Nowadays, I feel really lost because of my poor Estonian. Last year I talked to an ambulance doctor and she wasn't capable of understanding even basic medical terminology. I had to use the internet to explain my disease. Therefore I always have a description of my health problems in Estonian next to my bed. Just in case. Younger Russians sometimes speak English to doctors, I saw it. However, I don't speak English.

In practice, language-related difficulties may also be encountered because all information notes accompanying medications are only required to be translated into Estonian. There is neither a mandatory nor a discretionary translation into Russian. The issue was discussed several times by the Tallinn city authorities since approximately one in four city inhabitants speaks little or no Estonian and predominantly belongs to the group of native speakers of Russian. There was a local project in the city of Tallinn that commissioned translations of information notes of the most widely used forty medicines for free distribution in city pharmacies. In early 2009, 36 city pharmacies participated in this project[100]. However, the practical outcome of the project is unknown.

In Estonia the issue of language use is highly politicised and relevant problems must be analysed in a broader social context. As Järve pointed out: [101]

[o]bservations of language situations in the Baltic states and particularly in Estonia and Latvia seem to indicate that the local majorities as well as the minorities perceive various threats to the future and functions of their languages. In order not to be engulfed in unnecessary struggles over language issues, these perceptions need to be carefully scrutinized in

the atmosphere of mutual respect and tolerance, facilitated by internal and international co-operation.

IV. CONCLUSIONS

In the terms of Esping-Andersen[102], Estonia can be characterised as a liberal regime with rather modest social assistance provided from public funds to people in need. Indeed, in 2011 national social protection expenditure as a percentage of GDP was a mere 16.1% compared to the EU average of 29.1%; in the EU social protection expenditure was lower only in Latvia[103]. Furthermore, total health care expenditure in Estonia in 2010 was 6.3% of GDP, while the EU average was 9.8% and lower rates were observed only in Cyprus[104] and Romania[105].

The underfunding of the health care system and a lack of comprehensive health policies both have consequences. According to the comprehensive analysis[106],

[w]hen looking at the health status of the Estonian population, it is not hard to imagine that there would be a substantial cost attached to the country's significant health challenges. Judged by several standard health indicators, Estonia compares very unfavourably to most of the countries it has to compete with economically, both within and outside the European Union. The relative under-performance of Estonia is particularly marked in the case of male life expectancy. Comparison of Estonian age/gender specific mortality rates with neighbouring Finland reveals that Estonian men in prime working age, 25-65, experience up to three times higher mortality rates. Since the mid 1990s, the health behaviour of young people has deteriorated considerably. The cumulative effects of increasing rates of alcohol consumption, smoking and use of illicit drugs among teenagers suggest that the health of today's teenagers upon reaching adulthood could be even worse than that of today's adults. Moreover, the poorer health of adolescents may also have potential indirect economic effects via reduced learning capacity at school.

Indeed, despite some recent improvements, the situation of national health care and widespread "bad" health-related habits are a challenge for all Estonian inhabitants.

Article 2 (1) of the International Covenant on Economic, Social and Cultural Rights presupposes a "progressive realization" of the right to health;[107] the UN special rapporteur Hunt set out a human rights-based approach to health indicators, as a way of measuring and monitoring the realization of this principle.[108] The Estonian authorities are now implementing the National Health Plan 2009-2020 (adopted in 2008, amended in 2012) which recognises among its *values* that the "creation of equal opportunities in terms of education, dwelling, employment, health and healthcare services, irrespective of sex, ethnic origin and social position, is a precondition for continued improvement of the health and quality of life of Estonian people"[109]. However, the specific needs of minorities are mentioned only once in the entire document – and even then in a paragraph on smoking in the section "Healthy Lifestyle"[110].

As shown in Part II, nowadays there are no noticeable disparities in terms of the state of health or accessibility of the health care system for majority and minority groups; some under-representation of minorities may be primarily a result of their poorer socio-economic conditions. The minority's attitudes in some areas may serve

as a model for the ethnic majority: it is striking that there is a far higher percentage of abstention from alcohol among Russian-speakers compared to ethnic Estonians, especially the young. Presently, minority representatives are well educated and entrenched in Estonia. While they face more socio-economic constraints, minorities tend to make greater use of (and criticise) various compensatory mechanisms, particularly in the sphere of health protection, than ethnic Estonians.

In spite of that, ethnic minorities clearly face more serious risks. Part I of the paper demonstrates that the menace of social expulsion (as defined above by the European Commission) is more acute for minority members due to higher rates of poverty, lack of important human capital (proficiency in Estonian), challenges of (perceived) discrimination and/or inequality. The situation of ethnic minorities on the labour market, lower income and more limited returns from education, a modest influence on political decision-making due to lack of citizenship and related frustration may diminish their social position and marginalise some segments of the minority population. In the grim social reality of Estonia, characterised by minimalist social protection, ethnic minority representatives have a significantly higher risk of becoming homeless, trafficking victims, intravenous drug addicts or prison inmates with associated major (and often fatal) health problems, such as HIV. In practical terms, any official social inclusion initiative in Estonia should consider the ethnic factor as a priority.

Ethnic minorities often have specific problems in a health care system. In the Estonian context this essentially concerns the use of Russian in health services. This is the native language of almost 1/3 of all Estonian population and a considerable number of Russophones speak little or no Estonian. For historical reasons this problem has not yet reached a critical mass. A deliberate refusal to use Russian seems to be quite rare but, it any case, medical personnel should not prioritise the linguistic shortcomings of their patients over their effective care. It seems that the Estonian health care system will soon face the “language challenge” and a proactive solution will be necessary. If this problem is not addressed as a matter of policy, the language issue will have an adverse effect on access to health care by minority members, especially those belonging to the youngest and oldest age groups.

Endnotes

[1] Statistics Estonia, public database, at <http://pub.stat.ee>, table PO0453.
[2] UN Committee on Economic, Social and Cultural Rights, Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights, General Comment No. 14 (2000), E/C.12/2000/4, 11 August 2000, section 12.
[3] Paul Downes, "Intravenous Drug Use and HIV in Estonia: Socio-Economic Integration and Development of Indicators Regarding the Rights to Health for its Russian-speaking population", 28 *Liverpool Law Review* (2007).
[4] European Commission, *Joint Report on Social Inclusion 2004,* (OOPEC, Luxembourg, 2004), 10.
[5] Ene-Margit Tiit, *Eesti rahvastik. Viis põlvkonda ja kümme loendust*, (Statistikaamet, Tallinn, 2011), 23.
[6] Sergei Issakov, *Put' dlinnoyu v tysyachu let. Russkiye v Estonii. Istoriya kul'tury. Chast' I* (Ingri, Tallinn, 2008), 162, 206.
[7] Sergei Issakov, *Russkoye natsional'noye men'shinstvo v Estonskoy Respublike (1918-1940)*, (ed.) (Kripta, Tartu, 2000), 197.
[8] Vadim Poleshchuk, "Changes in the Concept of National Cultural Autonomy in Estonia", in Ephraim Nimni, Alexander Osipov and David J. Smith (eds.), *The Challenge of Non-Territorial Autonomy Theory and Practice* (Peter Lang, Oxford, Bern, Berlin, Bruxelles, Frankfurt am Main, New York, Wien, 2013).
[9] Tiit, *ibid*, 40.
[10] Kalev Katus, Alan Puur and Luule Sakkeus, "The Demographic Characteristic of National Minorities in Estonia", in Werner Haug, Paul Compton and Youssef Courbage (eds.), *The Demographic Characteristics of National Minorities in Certain European States*, Population Studies no. 31 (Council of Europe Publishing, Strasbourg, 2000).
[11] Tiit, *ibid,* 52, 58.
[12] Priit Järve and Vadim Poleshchuk, "EUDO Citizenship Observatory Country Report: Estonia" (Robert Schuman Centre for Advanced Studies and Edinburgh University Law School, Florence, 2013), 4-5.
[13] Klara Hallik, "Rahvuspoliitilised seisukohad parteiprogrammides ja valimisplatvormides", in Mati Heidmets (ed.), *Vene küsimus ja Eesti valikud* (Tallinna Pedagoogikaülikool, Tallinn, 1998).
[14] Data of the Population Registry (April 2016), at <http://estonia.eu/about-estonia/society/citizenship.html>.
[15] Outcomes of all elections are provided online by the National Electoral Committee, at <http://www.vvk.ee>.
[16] Statistics Estonia, public database, at <http://pub.stat.ee>, table PC0428.
[17] *Ibid*, tables PC0431, PC0437.
[18] Mikko Lagerspetz*, et al*., *Isiku tunnuste või sotsiaalse positsiooni tõttu aset leidev ebavõrdne kohtlemine: elanike hoiakud, kogemused ja teadlikkus*. *Uuringuraport* (Tallinn, 2007), 150-151.
[19] The survey was carried out in September 2005, by a standard representative sample for Tallinn by the company Saar Poll. Altogether 700 people were surveyed, including 375 ethnic non-Estonians.
[20] Vadim Poleshchuk and Aleksei Semjonov, "Interethnic Relations and Unequal Treatment", in *Estonia: Interethnic Relations and the Issue of Discrimination in Tallinn* (LICHR, Tallinn, 2006), 48.
[21] Marju Lauristin and Triin Vihalemm, "Summary" (Chapter "Quality of Life and Integration"), in *Estonian Human Development Report 2008* (Tallinn, 2009), 101.
[22] The survey "Interethnic Relations in Estonia" was carried out in January 2016, by a standard representative sample for Estonia by the company Saar Poll. Altogether 619 people were surveyed. (Unpublished data on file with the author).
[23] Some negative trends within the minority population were only observed from late 1990s. Tiina Raitviir, *Rahvuste Tallinn. Statistilis-sotsioloogiline ülevaade* (Tallinn, 2009), 312-314.
[24] Allan Puur and Asta Põldma, "Population Ageing in Demographic View", 5 *Social Trends* (2010), at 23.
[25] *Ibid*, at 26.
[26] Among the population aged 15-74. Statistics Estonia, public database, at <http://pub.stat.ee>, table ML3331.
[27] Closer analysis has however revealed serious problems with the realisation of the principle of equality and non-discrimination in the context of official linguistic requirements in Estonia (Dimitry Kochenov, Vadim Poleshchuk and Aleksejs Dimitrovs, "Do Professional Linguistic Requirements Discriminate? – A Legal Analysis: Estonia and Latvia in the Spotlight", 10 *European Yearbook of Minority Issues* (2011), [2013]).
[28] Jelena Helemäe, "Sotsial'no-ekonomicheskie transformatsii v Estonii", in Vadim Poleshchuk and Valery Stepanov (eds.), *Etnicheskaya politika v stranakh Baltii* (Nauka, Moscow, 2013).
[29] *Riigi Teataja* (*Official State Journal*) I 1993, 63, 892.

[30] Data of the Estonian Educational Database (EHIS) was provided by the Ministry of Education and Research; personal correspondence with the author of 31 January 2014 (on file).
[31] People aged 18-35 were surveyed from January 2007 to March 2008. Second-generation Russians were defined as those who a) consider themselves to be Russians (when asked the question "What is your ethnicity?" they responded, "Russian"); b) were born in Estonia; and c) had at least one parent who was born in Russia or another former Soviet Republic (but not in Estonia). 1,000 face-to-face interviews (488 with Estonian youths and 512 with Russian youths) were conducted in Tallinn and in two cities in Ida-Viru county (Kohtla-Järve and Jõhvi).
[32] Raivo Vetik and Jelena Helemäe, *The Russian Second Generation in Tallinn and Kohtla-Järve*, The TIES Study in Estonia (Amsterdam University Press, Amsterdam, 2011), 233.
[33] Author's calculations on the basis of data of the 2011 Population Census. Statistics Estonia, public database, at <http://pub.stat.ee>, table PC0303.
[34] The survey was commissioned by the Tallinn City Government and carried out in September - October 2013, by a standard representative sample for Estonia by the company Saar Poll. Altogether 1,000 people (aged 15-74) were surveyed, of which 31% were of ethnic minority origin. (Unpublished data on file with the author).
[35] Helena Metslang e*t al*., *Kakskeelne õpe vene õppekeelega koolis. Uuringu lõpparuanne* (Tallinna Ülikool, Eesti Keele ja Kultuuri Instituut, Tallinn, 2013).
[36] Paul Downes, *Living with Heroin, Identity, Social Exclusion and HIV among the Russian-speaking Minorities in Estonia and Latvia* (LICHR, Tallinn, 2003), 147.
[37] Imbi Henno and Signe Granström, *Ülevaade aineõpetajate ja koolijuhtide veebiküsitlusest "Uutest riiklikest õppekavadest lähtuv kooliõppekavade arendus ja rakendamine"* (Tallinn, 2012), 12.
[38] European Commission, EACEA, Eurydice, Cedefop, *Tackling Early Leaving from Education and Training in Europe: Strategies, Policies and Measures. Eurydice and Cedefop Report* (Publications Office of the European Union, Luxembourg, 2014), 24.
[39] *"Üldharidussüsteemi arengukava aastateks 2007-2013" perioodiks 2011-2013* (2011), at 13.
[40] Statistics Estonia, public database, at <http://pub.stat.ee>, table IM16.
[41] *Ibid*, table IM04.
[42] At-risk-of-poverty threshold is 60% of the median equalised yearly disposable income of household members (*Ibid*, table HHS25).
[43] Absolute poverty rate is share of persons with an equalised yearly disposable income lower than estimated subsistence minimum (*Ibid*).
[44] *Ibid*.
[45] Kodutud Tallinnas, *Uuringu aruanne*, (Tallinna Sotsiaaltöö Keskuse, Tallinn, 2012), 17.
[46] Justiitsministeerium, „Kuritegevus Eestis 2013", *18 Kriminaalpoliitika uuringud* (Tallinn, 2014), at 59.
[47] Statistics Estonia, public database, at <http://pub.stat.ee>, table JUT52.
[48] Liliya Ivanchenko, "Trafficking in Persons in Estonia", in Paul Downes, *et al* (eds.), *Not One Victim More: Human Trafficking in the Baltic States* (Living for Tomorrow, Tallinn, 2008), 183.
[49] *Inimkaubandus ja prostitutsioon – kutse- ja keskkooliõpilaste perspektiiv*. *Uurimisaruanne* (Socio Uuringukeskus, Sotsiaalministeerium, Tallinn, 2007), 7.
[50] Statistics Estonia, public database, at <http://pub.stat.ee>, table PC0622.
[51] *Ibid*, table PO0453.
[52] *Ibid*, table PO42.
[53] In 2014 people aged 60+ made up 23.6% of all ethnic Estonians; the average for all ethnic groups was 24.6% (*Ibid*, tables PO022, PO0221 and PO0222; calculations of the author).
[54] In 2014 Estonian women made up 71.3% of the 15-49 age group of women. (*Ibid*, tables PO108, PO0231, PC0221; calculations of the author).
[55] *Ibid*, tables PO174 and PO175.
[56] The Estonian Health Interview Survey 2006 was the second large-scale survey undertaken on the health of the population in all Estonia. The target population of the 2006 study consisted of permanent residents aged 15–84. As a result, 11,023 people were selected from the initial sample by simple random sampling. While the crude non-response rate of the survey was 41.6%, the corrected non-response rate was 39.8%. This field work took place from October 2006 to October 2007.
[57] National Institute for Health Development, public database, at <http://www.tai.ee>, table ETU103.

[58] The study “Health Behaviour among Estonian Adult Population” is conducted each even year dating back to 1990. The study used a stratified random sample from the Estonian population aged 16 to 64 and consisted of 5,000 individuals. The study is conducted as a postal questionnaire survey.
[59] National Institute for Health Development, public database, at <http://pxweb.tai.ee/esf/pxweb2008/Database_en/Surveys/databasetree.asp>, table TKU03.
[60] *Ibid,* table ETU313.
[61] *Ibid,* table ETU203.
[62] Statistics Estonia, public database, at <http://pub.stat.ee>, table PC0612.
[63] Mare Tekkel and Tatjana Veideman, *Eesti täiskasvanud rahvastiku tervisekäitumise uuring, 2014 = Health Behavior among Estonian Adult Population*, *2014* (Tervise Arengu Instituut, Tallinn, 2015), tables 20B and 21B.
[64] *Ibid*, table 23B.
[65] *Ibid*, table 16B.
[66] *Ibid,* tables 40B, 44B, 45B, 46B, and 47B.
[67] National Institute for Health Development, public database, at <http://www.tai.ee>, table ETU713.
[68] Tekkel and Veideman, *ibid,* tables 76B1, 76B2, and 78B.
[69] *Ibid,* table 27B.
[70] National Institute for Health Development, public database, at <http://www.tai.ee>, table ETU923.
[71] Tekkel and Veideman, *ibid,* tables 25B3 and 61B.
[72] *Ibid,* table 70B.
[73] Mare Tekkel and Tatjana Veideman, *Eesti täiskasvanud rahvastiku tervisekäitumise uuring, 2012 = Health Behavior among Estonian Adult Population*, *2012* (Tervise Arengu Instituut, Tallinn, 2013), table 73B.
[74] REITOX, “2013 National Report (2012 data) to the EMCDDA by the REITOX National Drug Information Centre – Estonia. New Developments, Trends and In-depth Information on Selected Issues”, 2013, Tallinn, 32-34.
[75] *Ibid*, 44-45.
[76] REITOX, “2006 National Report (2005 data) to the EMCDDA by the REITOX National Drug Information Centre – Estonia. New Developments, Trends and In-depth Information on Selected Issues”, 2006, Tallinn, 33, 35.
[77] *Riikliku tervishoiuprogramm “HIV/AIDSi ennetamise riiklik programm aastateks 2002-2006”*, Ch. 2. Official publication: *Riigi Teataja Lisa* 2002, 13, 173.
[78] Some 26 individual interviews were conducted, including 19 interviews with drug users and seven interviews with key personnel (club managers, DJs, security staff). 16 interviews were conducted in Estonian and three in Russian. Only four of the interviewees were women.
[79] Peeter Vihma *et al*, *Uimastite tarvitamine ja sellega seotud riskikäitumine Tallinna ööklubisid külastavate noorte hulgas* (Tallinna Ülikool, Rahvusvaheliste ja Sotsiaaluuringute Instituut, Elustiilide Uurimiskeskus, Tallinn, 2010), 82.
[80] Kristi Rüütel *et al, HIV Epidemic in Estonia: Analysis of Strategic Information: Case Study* (World Health Organization, Regional Office for Europe, Copenhagen, 2011).
[81] Information provided by Estonian Health Board, at <http://www.terviseamet.ee/en/cdc/hiv-infections-in-estonia-1988-2008.html>.
[82] *HIV nakkuse ja kaasuvate infektsioonide epidemioloogiline olukord Eestis, 1988–2013* (Tervise Arengu Instituut, Terviseamet, 2014), 1, 3.
[83] Data provided by the Estonian Health Board; personal communication of 22 April 2014 (on file with the author).
[84] The survey was conducted between February and May 2003. Of the returned questionnaires 2,433 (or 41% of all questionnaires sent by mail) were suitable for analysis.
[85] Liilia Lõhmus, Aire Trummal and Maarike Harro, *Knowledge, Attitudes and Behaviour Related to HIV/AIDS among Estonian Youth* (National Institute for Health Development, Tallinn, 2003), 40.
[86] Mare Tekkel and Tatjana Veideman, *Eesti täiskasvanud rahvastiku tervisekäitumise uuring, 2014 = Health Behavior among Estonian Adult Population*, *2014* (Tervise Arengu Instituut, Tallinn, 2015), table 34B.
[87] Tiina Raitviir, *Rahvuste Tallinn. Statistilis-sotsioloogiline ülevaade*, (Tallinn, 2009), 207-209.
[88] *Ibid*, 214.
[89] *Ibid,* 212-213.
[90] Mare Tekkel and Tatjana Veideman, *Eesti täiskasvanud rahvastiku tervisekäitumise uuring, 2012 = Health Behavior among Estonian Adult Population*, *2012* (Tervise Arengu Instituut, Tallinn, 2013), table 15B.
[91] Mare Tekkel and Tatjana Veideman, *Eesti täiskasvanud rahvastiku tervisekäitumise uuring, 2014 = Health Behavior among Estonian Adult Population*, *2014* (Tervise Arengu Instituut, Tallinn, 2015), table 13B.

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[92] *Ibid,* tables 37B1, 37B2, 37B3, 37B4, and 37B6.
[93] *Ibid,* tables 26B1, 26B2.
[94] Statistics Estonia, public database, at <http://pub.stat.ee>, Table PH54.
[95] TNS Emor, *Eesti elanike hinnangud tervisele ja arstiabile 2015*, at <https://www.sm.ee/sites/default/files/content-editors/Uudised_pressiinfo/arstiabi_uuringu_aruanne_2015_tnsemor_16122015.pdf>, 10, 12. The study was carried out in October - November 2015, by a standard representative sample for Estonia by the company TNS Emor. Altogether 1,669 people were surveyed.
[96] The focus group was conducted by Dr. Valeria Jakobson (University of Tartu).
[97] Saar Poll, *Elanike hinnangud tervisele ja arstiabile 2013* (Saar Poll, Tallinn, 2013), 10.
[98] Interview conducted on 16 April 2014 in Tallinn; the identity of the interviewee has been changed.
[99] Interview was conducted on 21 April 2014 in Tallinn; the identity of the interviewee has been changed.
[100] "Ravimiinfo nüüd ka vene keeles", *Pealinn* (newspaper), 12 January 2009.
[101] Priit Järve, "Two Waves of Language Laws in the Baltic States: Changes of Rationale?" 33 *Journal of Baltic Studies* (2002), at 106.
[102] Gosta Esping-Andersen, *Three Worlds of Welfare Capitalism* (Princeton University Press, 1990).
[103] Eurostat, *Eurostat news release no. 174/2013, "Social protection. EU28 spent 29.1% of GDP on social protection in 2011"*, 21 November 2013.
[104] The data for Cyprus covered 2008.
[105] National Institute for Health Development of Estonia, The Centre for Disease Prevention and Control of Latvia, Health Information Centre, Institute of Hygiene, Lithuania, *Health in the Baltic Countries 2011* (20th ed. 2013), 35.
[106] World Health Organization Regional Office for Europe, Ministry of Social Affairs, *The Economic Consequences of Ill-health in Estonia* (PRAXIS Center for Policy Studies, Tallinn, 2006), 5.
[107] "Each State Party to the present Covenant undertakes to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to *achieving progressively the full realization of the rights* recognized in the present Covenant by all appropriate means, including particularly the adoption of legislative measures". International Covenant on Economic, Social and Cultural Rights, Article 2 (1). Emphasis added.
[108] See e.g. Paul Hunt, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, UN, E/CN.4/2006/48, 3 March 2006.
[109] *Rahvastiku tervise arengukava 2009–2020*, (2008; täiendatud 2012), 6.
[110] *Ibid*, 45.

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