

Hundreds of Thousands of Euros for Roma Access to Health Care: The "Sastipe" Affair

A little over 700,000 euros of EU funds have been invested in support of the Braila Roma community's access to health care over the last three years. Strangely, not all this money can be traced to the community, as journalists have found as a result of wide-ranging investigations initiated by the Center for Independent Journalism. The money supplied for Roma health care has followed a winding path. Roma lives have not improved significantly, although, at least on paper, €730,000 have been invested for this purpose over the last three years.

Nicoleta BUTNARU
Liliana SERBAN

FOUR DIRECTIONS.

€729,652 is the amount invested in Braila County for Roma access to health care and the development of the areas where they reside, with an aim to improve their living and health conditions. Leaving aside the older Ministry of Health programs, which tried to implement a system for improving Roma conditions, there are four channels through which this money was directed towards the dozens of Roma communities living in Braila county.

THREE PHARE PROJECTS.

The PHARE program is one of three funding instruments to assist countries preparing to accede to the European Union. Three PHAR projects totaling €304,520 were approved for Braila County. There was also direct financing by the local administration totaling €425,132. However, health care is not more accessible to the Roma today than it was three or four years ago. Some of these communities were provided with new medical facilities, which are now closed or abandoned by the medical doctors; health care mediators have been trained, but they are now hard to find and most Roma continue to live in unsanitary conditions, although in one-room apartments built with lots of money granted by the EU. Between 2002 and 2005 a wide network of companies involved in project execution developed around the four financing channels available in Braila. Some of these companies, large or small, are owned by local political leaders or other influential people whose names have appeared in scandals involving embezzlement or dirty business.

DETAILED ACCOUNT

In order to facilitate Roma access to health care and life improvement, over the last three years, through its PHARE programs, the European Union has invested €304,502 in the following projects developed in Braila: “Hygiene Is My Friend, Health Is My Happiness,” implemented by the Prefect’s Office in 21 Roma communities, with a €41,510 budget; “Sastipe romenghe”/“Health for the Roma,” a project implemented by Movila Miresii Local Council, with a €44,398 budget; and “Developing Housing Facilities in the Chiscani 10th Km Gypsy Colony,” a project implemented by the Braila City Council, with a €18,612 budget. The local administration also contributed €25,132 to the construction of 114 one-room apartments, a fully equipped health unit, and an area police office. By simply tracing the funds, it is easy to notice that not all of the objectives set forth in the projects have been accomplished. Moreover, in some cases the work done was sloppy, so that when the project was reported finished, the reality on site showed that the money had gone down the drain.

The objectives are not operational. For example, if a health unit is set up as part of one project, it is no longer in use—being either covered in feces, because of the poor condition of the sewerage, or without appropriate equipment and central heating. If some other project provided training for dozens of sanitary mediators, for various reasons they were not subsequently integrated into the Roma communities or they simply left the county to participate in another project, although they had been trained within a project financed exclusively for Braila. Some trainees already worked for the local administration, and after completing their sanitary mediator training they only changed their salaries. This is what Vasilica Soare, a mediator from Galbenu who trained in the project “Hygiene Is My Friend, Health Is My Happiness,” had to say about the changes in her status as an employee of the commune council: “I used to work for the commune council in the sanitation department, and it was only on January 1 that my sanitary mediator qualification was taken into account. For the time being, I don’t know how much money I’ll be paid or who will pay me. I have succeeded so far in counting the Roma, and according to my calculations there are over 400 of them in our commune.”

COUNTING THE ROMA

What appears to have been successfully accomplished—but which actually fails to give an accurate picture of reality—is the counting of the Roma population. This was not a project objective, but part of the data involved so it has never followed a unified procedure. The mediators counted the Roma that they might counsel; then, in every commune, the mayor declared a number of Roma upon the request of central authorities. The Roma were indeed counted, but not all of them, and the figures for one year do not match those for the following year. Braila Roma representatives also admit it: “What I find utterly absurd is that all these programs on Roma access to health care do not take the local circumstances and people’s needs into account. When people are starving you can’t teach them to wash their teeth. These programs should have relied on sociological research. However, the greatest outcome of such programs to facilitate access to health

care is that we could find the necessary human resources. The members of this ethnic minority have been counted, but the figures are irrelevant. In 2004, all the commune councils reported a total of 9,671 people, while a different census counted 5,800, but according to my information there are 20 to 25 thousand Roma in Braila county. Still, we lack the means to carry out a real census,” says Sandel Grosu, an expert at the Braila Prefecture’s County Office for the Roma.

I. Mediators Not Responding to Community Appeal

“Hygiene Is My Friend, Health Is My Happiness” within the National Strategy to Improve Roma Health Conditions concluded at the end of last year. According to its objectives, it consisted of training 15 Roma as sanitary mediators, conducting health and hygiene education campaigns in 21 communities in Braila’s Lacu Dulce neighborhood, in the towns of Faurei, Insuratei and Ianca as well as in the communes Galbenu, Viziru, Sutesti, Bertestii de Jos, Visani, Rimnicelu, Chiscani, Traian, Rosiori, Duesti, Zavoiaia, Jirlau, Romanu, Ciocile, Ulmu, Baraganu and Gradistea. The project to which the EU contributed €9,334 was aimed at improving the local Roma communities’ health conditions by training members of the ethnic minority as sanitary mediators, hiring them to work with the Roma, and carrying out campaigns for registering community members with the GP’s office. It also funded health and hygiene education campaigns in schools and by the sanitary mediators, health counseling and information, medical advice and family planning focusing on mother and child protection, and the development of long-lasting and fair partnerships between the Roma communities and the public administration. The target group for this project: 12,000 people throughout the county.

The money has been spent, and the project was a success according to the applicants: Braila Prefecture through its County Office for the Roma, the Public Health Direction, and the "Lumina" Foundation. The results? Of the 15 persons who were trained as mediators with the support of the Public Health Direction, only three were hired to work part-time with the Roma communities as employees of the local councils and not of the Public Health Direction as stipulated in the project aims. However, some of the mayors who hired them on behalf of the commune councils (in Galbenu, Viziru, and Visani for example) do not know how long they will be able to pay them. The mediators’ presence inside the communities goes largely unnoticed, and even if their main task was to persuade the Roma to register with the GP’s office, the doctors themselves claim the Roma failed to do so because their community has remained a closed world, in which parents marry off 12- or 11-year-old girls, who in turn give birth to sick babies because they lack basic health education.

Roma do not visit the doctor, and doctors do not go to their homes. “Actually, the Roma do not suffer from specific diseases. We usually vaccinate them and draw up individual medical records every time we have a chance, when they come to us, but they only do so when they think their condition is very serious, when they suspect some lung disease, for this is the kind of health problem they fear most. Roma women who are pregnant do not come to us either; occasionally, we write their medical records out or we register their

children as our patients after they are born, when the mothers come to get aid. But the community is quite closed, it has always been like that. They continue to have their daughters married at a very young age. Once, I helped a 12-year-old deliver her baby. It wasn't the first time I did that, but that particular moment was special. A child was giving birth to a baby. Both kids had serious problems. The baby was dystrophic. They have no information. It's tragic that these girls have to marry so young. They can't look after themselves, they don't follow any basic hygiene rule, they can't take care of their babies," Dr. Cojocaru Stoica, the Viziru commune doctor, told us. We also looked for the sanitary mediator hired by the Viziru Local Council, but were unable to find him. He had gone to town, "on business." We did find Vasilica Soare, the mediator in Galbenu, a few days ago. She said she was getting along well with both the Roma in the commune and the local authorities: "I work well with everybody, but there are many Roma couples that have no job and are not legally married. This is an important source of problems. I informed the authorities but I have no idea what they are going to do about that. I made a list with the names of all these families and I sent it to the Prefect's Office, to Mrs. Rogoz (one of the project coordinators). The Roma also have their health problems, four of them are now suffering from lung diseases. They are under my observation, but it's less than a month since I started working with them. As I already told you, it was only on January 1 that my new job description became official. Although this is a part-time job and thus I am supposed to work four hours a day, my day's work sometimes extends to eight hours because I have to go on foot from one Roma village to another. Within the project through which I became a sanitary mediator I offered the Roma families detergents, soap, as often and as much as possible. Contraceptives? Our women know about them, but they can't use them because they need to be tested first and these medical tests are expensive." However, the secretaries of the Galbenu Mayor's Office could barely remember the mediator's name and finally gave us her phone number, assuring us that we would find her at home although the lady was then supposed to be working in the "health unit."

The project was good, but its results are hardly visible. Victor Doaga, the mayor of Viziru Commune, is not pleased with the sanitary mediator's work: "I gave him equipment (one desk and one chair), but I don't really know his whereabouts... No, nobody checks him. I gave him equipment although we did not participate in the project. But... I have no idea how long we can afford to pay him." According to the project objectives, a mediator should have worked in an office as close to the general practitioner's as possible, being provided with one desk, one office chair, four chairs for visitors, a locker, a coat-stand, a bed for patients, one set of bedclothes, a white overall, registry books, consumables, hygiene maintenance materials, and first aid materials such as bandages, sterile dressing, and hydrogen peroxide, all paid by EU funds. The budget amounted to €1,000. In Lanurile, Valea Cinepii, and Viziru, where the project was implemented, reporters talked to Roma women and girls about their access to health care, their knowledge of the risks of getting married and becoming pregnant at a very young age. Most of them didn't know much about contraceptives and the little information some of them had they claimed they had not learned from the sanitary mediators who had been paid to teach them, but from friends.

Yet documents indicate that the preparations for the sanitary mediators' training cost €3,900 as follows: €400 to pay for petrol, consumables, and the mediators' journeys to the scattered areas inhabited by Roma communities, and €3,500 for a video projector. For the 15 mediators' practical activities and for the registration of Roma with the general practitioner's office €3,750 were allocated, €1,500 of which represented payment for 15 doctors' supervision of sanitary mediators, €2,250 for basic sanitary articles to be provided for the 15 health units where the mediators would work and then to be distributed among the Roma, upon the doctors' recommendations.

Where Is the Money?

There is the additional problem of the Roma men, who are biased against contraceptives: "If my husband found out that I touched that crap [a condom], he wouldn't allow me to cook his dinner. He won't let me stir the mush in if I'm not wearing a kerchief, let alone do something like that." Others said they had sick, disabled children at home, but that the doctor treats them with contempt when they ask for a prescription or for exemption from doing community service: "If I don't bring him a pack of coffee I won't get a prescription, this is how it works... When I enter the consulting room, he opens the window 'cause I smell, that's what he says," a Roma woman from Valea Cinepii told us on condition we preserve her anonymity, saying she would need that doctor's prescriptions.

The project also included hygiene campaigns. How were they carried out? "We did everything we could under the circumstances," according to Soare, the Galbenu mediator. Sandel Grosu, the Roma representative in the Braila Prefect's Office, one of the beneficiaries of this project, stated: "They gave a few Roma detergents, toothpaste, soap ... That's all! But, I repeat, when I am hungry, you can't tell me to wash my teeth." On paper, according to the project outline, the health and hygiene education campaigns consisted of purchasing cleaning and sanitary products, producing 10,000 leaflets, and printing the slogan "Hygiene Is My Friend, Health Is My Happiness – Visit Your Family Doctor" on 1,050 t-shirts. The budget for the educational campaign was €12,800. The evaluation of the project cost €850.

(See Table 1) The project's main objective, to train and hire sanitary mediators, has never been achieved: only three of the trainees chose to work with the local communities, not in adequately equipped offices, but in rooms "courtesy of" the local councils. The project was implemented through the Center for Roma Communities Resources (CRCR) Cluj Napoca. According to Adrian Munteanu, a CRCR program coordinator, "the project 'Hygiene Is My Friend, Health Is My Happiness' was OK," there were no problems with the six-month evaluation or with the final evaluation. The project was carried out as expected, and all the money was spent in strict accordance with the project provisions, as the project manager Chiva Rogoz of the Braila Prefect's Office claimed.

Still Favorable, But Contradictory Opinions

The project partners did not agree on all counts. Here is the doctors' point of view: Dr. Alexandrina Venter, an inspector working for the Mother and Child Protection Agency within the Braila Public Health Direction, and the person in charge of the sanitary mediators for the Roma communities, said: "We were partners in the project 'Hygiene Is My Friend, Health Is My Happiness' which, to my knowledge, trained 15 sanitary mediators and carried out educational campaigns. The 15 mediators were trained by 15 general practitioners. Every doctor was then paid one million lei, that's all. We learned that only three of the 15 mediators were hired and stayed in their community as part-time employees of the local councils. We also gave them promotional materials such as leaflets and brochures, all free because we had received them from the Ministry for free [sic]." The same source said that approximately four years ago, the National Health Program for Women and Children provided the establishment and development of the system of sanitary mediators from and for the Roma communities in Braila. "We trained them by teaching basic medical skills. One mediator works in two Braila neighborhoods, Vidin and Viziru, another in Chercea and at the place known as Km. 10, and the last one in Lacu Dulce. The three mediators were sent to work with general practitioners as fulltime employees of the County Hospital, but they are paid by the state budget according to the above-mentioned program. Of course, the mediator should have worked for us, the Public Health Direction, but we could not hire them, so they are employed by the County Hospital. What have these mediators done so far? In some cases the Roma did not have birth certificates, legal residence or they were not registered with a general practitioner's office. The mediators have so far succeeded in identifying about 3,500 Roma living in 17 communities in the whole city. Some didn't know how to feed their infants, many had no papers... This is what these mediators have been doing..."

Meanwhile, one of the mediators left to work in Italy, and for the time being several communities have no mediator to help them. In contrast, one of the mediators trained in the national program told us (under cover of anonymity, because he did not want to jeopardize his job or his relationships with the authorities): "We are trying to do our best, but we have a difficult time working with the authorities, not with the Roma as you might expect. Many Roma have no papers, and we are those who have to help them get their papers if we want them to register with the general practitioners' offices and thus have access to prescriptions. We have always had problems. So much money has been invested for the Roma to have access to health care, but the results are barely visible and it is not our fault; it's because the authorities are not receptive to the reports we submit. The Roma have huge problems. I work with a community of formerly nomadic Gypsies. I have to do my job as a mediator, I managed to get along with them, I am one of them, but I'm not on equally good terms with the authorities. You should talk to the people working for the Public Health Direction and see what's going on there."

On the other hand, while the project was underway, after the first review Nicolae Mitroi, the county prefect stated: "Through its project, the Braila County Prefect's Office will be directly involved in facilitating the Roma's access to health care, training 15 Roma as qualified sanitary mediators and carrying out the 21 health and hygiene education campaigns to make the Roma community aware of the importance of hygiene for a

healthier life. I find this project an investment in the most sensitive and important domain: people's health."

II. "Sastipe Romenghe" - €44,398

Another PHARE funded project, which ended in November 2005, "Sastipe Romenghe/Health for the Roma," also implemented by CRCR Cluj had a €44,398 budget, to which the EU's contribution was €40,978, the rest being paid by the Movila Miresii Local Council (see Table 2). The project partners included the Public Health Direction, the "Euro 21" Foundation, and the Local Roma Task Force, also represented by Sandel Grosu, the Braila Prefecture's County Office for the Roma. The main objective of "Sastipe romenghe" was to set up a social-medical and family planning center in Movila Miresii, and to provide it with medical equipment and one van. The project also aimed at training 18 sanitary mediators, hoping that at least 10 of them would be employed to mediate the Roma's access to health care, and at launching health education campaigns and establishing a Roma association. As a matter of fact, the center was not built up from the foundations, only refurbished (repainted) in an older facility provided by the Movila Miresii Local Council. The center, located in the general practitioner's former apartment, lacks heating and equipment. When we tried to see the offices for ourselves, we found a big lock on the door (see Picture I.1). Finally, the commune's deputy mayor came in and opened the doors. Inside, the freezing cold would have prevented any sort of family planning from being performed. We were shown that a few wall tiles had been replaced, some repainting had been done and the stoves had been cleaned. The floor was covered by linoleum. The mediators' offices were empty. There was only one chair. Heaps of leaflets and brochures lay on the floor, along with material promoting personal hygiene, hundreds of brightly colored magazines that had never been given to the Roma families. In the "waiting room" as well as in the "doctor's office" we found both old and new furniture: the chairs and the desk seemed new, but the lockers and the bed appeared to have been "salvaged" from an old country health unit. We learned that the place had been renovated by a company called "Ionian" SRL Braila, which had come up with an offer in response to an invitation to tender (see Picture I.2).

Loads of Information, but Roma Still in the Dark

Four of the total 18 persons trained as sanitary mediators are from Buzau, although the project was supposed to improve the health conditions of the Roma community in Movila Miresii. The mayor, Dumitru Panturu, has no idea how this could happen: "Well... 18 mediators were trained, seven from the local councils in Braila county, three of them from Movila, one from Rimnicelu, one from Sutesti, one from Ianca and one from Gradistea. Four mediators went to Buzau. They returned to the place they had come from. We hired our mediators. Four hours a day. They are already one too many. We could afford to pay two, that's for sure. But I don't know how long we can afford to pay all three of them now. They are in contact with the general practitioners, helping them and being supervised by the doctors. They identify the Roma whose social security has expired, they counted the community members; there are about 400 Roma. But you know

what? Sometimes there are 350 Roma, then 400; we have fewer Roma when winter sets in and a lot more when the season ends. This has been a very difficult project. Our contribution was €1,800–€2,000, with which we paid the bills and the fuel.” They put their demand out to tender and, for a few thousand euros, the local council was provided by cu SC Toyland SRL Bucharest with an EKG, an ENT kit, two apparatuses (probably for measuring insulin levels), and a centrifuge for blood storage. The mayor points to a few small boxes and wires spread over the medical bed, in one of the office rooms (see Pictures I.3, I.4, I.5).

Judging by the neat packaging of the “equipment,” it has never been used. “We have no specialists, how can we use it? We would like to bring doctors here to use these apparatuses for the entire community,” Panturu adds. We then see a few medical charts, for two or three newborn babies whom the doctor recently included on his patients’ list. Whispering, the mayor lets us know that a computer was also purchased, but it has never been brought to the medical center: “We don’t want it to be stolen!”

The van is a second-hand, eight-seat Citroen, which was purchased on tender from “Donaris” Braila for €10,000, but it has rarely been taken out of the garage. “Every now and then, the deputy mayor takes the van out and washes it,” Panturu says. The deputy mayor was kind enough to give a demonstration. The van has been used a couple of times so far, to get “several people from Movila Miresii” to Braila for their social security papers. The mayor tries to persuade us: “The medical center does work.” To make his point, he shows us a notebook in which the mediators wrote: “Today I was here for a while, did some washing and then left for the community to check on them”; “I came here, but then I was sent by Mrs___.” Health and hygiene information campaigns were carried out in Movila Miresii too. It is not clear whether this was done with the brochures we saw in one of the medical center rooms or with the free materials provided by the Public Health Direction. It is certain that the Direction took part in this project as well. Dr. Alexandrina Venter said: “We participated in the ‘Health for the Roma’ project as mere partners. I remember that once two specialist doctors, who were subsequently paid for their services, traveled to one of the Roma communities in Movila Miresii, performed gynecological examinations and made 100 Papanicolau tests. In Movila, a medical center was established and mediators work there together with the general practitioner. The mediators in this project—only three of them remained—were trained by us, but we were not paid. We also provided them with free information materials, brochures, and leaflets because we had received them from the Ministry for free.” Mayor Panturu is not fully satisfied with the project either: “If only it had some continuity... You know, in Movila there are many tinsmith Gypsies and they are reluctant to abandon their tradition of marrying their daughters at 12 or 13, or their custom of selling their children. That’s why we have a particular number of Gypsies but, at the end of the year, we always count more.” To understand how the project met their needs, we talked to members of the Roma community.

One case: a 27-year-old woman who was nine months pregnant with her third child said she didn’t go to see the doctor during her previous pregnancies. This time she had come for a consultation: “I’ve been here three times over the last nine months. I came to see the

doctor because I was sick and the medical center is near here. I expect to give birth any day now. I haven't registered the other kids yet," although they are over three years old.

III. The Colony of Tears

They lived for six months in their one-room apartments without toilets and running water. When the fixtures were installed and the water was turned on, their apartments flooded. Waste poured out into their rooms. Their children got sick. "It's worse than living in jail. The Aiud penitentiary cells are fitted with barrels which the inmates bring to the latrine every morning. At Km 10 we don't even have that. We've been to the mayor and told him we can no longer live in these concentration camp conditions, but he said there's no money. How's that if the government and all the prefects want to join the EU? At Km 10 we have no water, no toilet, and no electricity but the money came from **SAPARD [what is this?]** or PHARE. We went to the deputy mayor's office and he told us everything would be fixed and that the money for the apartments was supplied by the EU. I am an old man, I can't descend 60 stairs every day carrying buckets of water," states a letter sent to us by someone living in Km 10 Colony in Chiscani, near the city of Braila. About 150 Roma families—386 people—from the colony that used to be known as the "Colony of Tears," continue to live like that, with their apartments flooded with feces, forever trying to prevent their children from getting ill (see Picture II). However, something did change in the colony, but only on paper. Early in 2005, the Braila City Hall succeeded in securing €200,000 from PHARE funding to "improve the living conditions of the Roma community in the Km 10 Colony." The main objective of the project, to which the City Hall contributed €18,612, was to rehabilitate 20 one-room apartments for the Roma to live in, because of "the impact of the dwelling place on a person's physical and mental condition and since "there is a high risk of disease spreading within the community due to the living conditions, unhealthy eating habits, failure to vaccinate children and to observe basic dental and body hygiene rules, since there is no water supply and no sewerage available, which leads to the emergence of epidemic centers." The same project, which would eventually emerge as the "winner," indicates that the people living at Km 10 "have very little information about their access to health care and the way in which this service is provided. There is also the problem of the medical staff's attitude, which prevents them from paying enough attention to the Roma children who need medical care, along with the issue of the family being unaware of the risk of diseases and the ways to prevent them" (see Picture III). In this case, the target group, the Roma community, was proposed by the Public Health Direction and the Public Services Direction. The rehabilitation operations started in February 2005 with "Agrocons" SRL Braila, the winning bidder, and were concluded in November 2005. "Agrocons" won the tendering with a €194,636 bid, and in the end the company reported it had saved a little over €700. "Agrocons" SRL Braila belongs to one of the most influential businessmen in Braila, Adrian Silviu Mateescu. Two septic tanks and some sewerage were also built in that period, but with the money supplied by the city budget. What is there now?

Social Cases

The rehabilitated one-room apartments are flooded. The more than 150 Roma families are living in insalubrious conditions, crowded into small rooms, with old people, very young children, and disabled persons together. The sewers are either clogged or were incorrectly set up in the first place; people don't know what to do now. The apartments have no central heating, so inhabitants had to build mud stoves inside their rooms. Smoke creeps out of these stoves. Next to them three or four children cluster in one bed. There are almost no apartments without children who are coughing, with a cold that refuses to subside, or without elderly or disabled people (see Picture IV).

Where Is the Rest of Money?

When the project ended, there was some money left: €19,000. We were told by Traian Casandra, head of the City Hall's Office for Programs with Foreign Funding and George Iosofache, the Roma representatives in that project, that "with the rest of the money an NGO was set up, 'The KM 10 Roma's Association,' with a headquarters at 354 Plevna Street, for which computer systems were purchased. A legal advisor was hired to counsel the Roma and help them draw up documents for social security, allowances, etc. The same funds were used to pay 10 Roma who worked there while the building was rehabilitated and one community worker whose role was to settle conflicts. We want this NGO to get involved in managing these one-room apartments, collecting the rents and the utility bills, checking if the tenants maintain the building." The audit was carried out by SC Moriah International SRL Bucharest, the company that made the winning bid. The result was "OK," according to final report no. 37.581/10.10.2005. It is worth mentioning that two other projects with the same aim (Roma access to health care) were also audited by Moriah International.

Association Not Functioning Either

"The KM 10 Roma's Association" isn't functioning and has no computers, according to Sandel Grosu, the Braila County Roma's representative: "All I know is that the association's headquarters are at 356 Plevna Street, where the Alliance for Roma Unity is located. But nobody works there and the office is empty; we're still waiting for the city council's decisions. This association is supposed to manage the apartment building which was rehabilitated through that project. The association will extend the current lease agreements which allow it to pay very low rents and will continue to operate for five years. Yes... To my knowledge, legal advice was indeed provided to the community under this project, and it was also paid for with the rest of the money."

Confirmation

The Km 10 Roma's Association is not functioning, and it never will, at least not at 356 Plevna Street. Our reporters went there and found a family dwelling at that address. They knew nothing about any association: "Try next door, at 354," they told us (see Picture VIII). There, on the doors of a house which seems deserted, we found plates with the

word “Roma” inscribed: The Alliance for Roma Unity (AUR) and the Roma Party, both political organizations having participated in the elections. Sandel Grosu himself was one of their candidates. On the window, we also found a small banner which read “Euro 21,” the name of a foundation that took part in many of the Roma projects. Peeping through the window we could see an empty room with a rickety old school desk and no floor, only the bare ground. No sign of computers or other type of equipment. We asked the neighbors when and how we could find the Roma representatives who were supposed to work there: “We have no idea. It’s hard to tell. We rarely see them, only once in a few months.” A few days later, by the city council’s decision, the association was officially supplied with its equipment, which was worth several thousand euros, and the EU provided the second installment for this program—€4,000. A certain Marian Grigore, president of the Km 10 Roma’s Association, confirmed that the association had not received the equipment, which would have consisted of a digital recorder, a camera, a scanner, and one computer... In addition, he said the association was functioning at 354 Plevna Street, side by side with the Alliance for Roma Unity, which, the man said, was not a political organization.

Confidential Data

“Moriah International” SRL Bucharest audited three of the PHARE projects. Pursuant to the Trade Registry, Marioara Ivan, born in Tufesti, Braila county, holds 80 percent of the shares of Moriah International. The other partner is a Turkish citizen, Abdullah Unakitan. The company was transferred to Bucharest and its head office is now in Sector 5. Marioara Ivan is also sole partner and administrator of “Moriah Reorganizare-Lichidare” SRL Bucharest, a company with the same registered headquarters as “Moriah International.” According to data provided by the Ministry of Finance, in 2003, “Moriah International,” a company with one full-time employee, whose main scope of business is “bookkeeping and audit,” made a net profit of ROL 1,293,000 (€37). On the one hand, in 2004, the company made a net profit of ROL 553,909,000 (€15,826), with capital assets worth ROL 756,000,000 (€21,600) and cumulated debts of more than one billion lei (€35,000). On the other hand, in 2004, “Moriah Reorganizare-Lichidare” SRL, a company whose main scope of business was “business and management consulting” registered net losses of ROL 22,169,000 (€633). This company also has one employee.

How could “Moriah International” end up winning the tender for audit and consulting within the three projects? It’s confidential. At least this is what we learned from someone who introduced herself as Marioara Ivan, when answering the phone call we made to the company head office: “There’s nothing to talk about! I won’t tell you anything. You have no right to ask me such questions. You’re saying you are journalists. So what?” One of the project coordinators, the economist Chiva Rogoz of the Braila Prefect’s Office, gave us a similar answer: “I no longer have the ‘Moriah’ phone number, and I can’t help you either because the data are all confidential. We can’t tell you anything. So, for your information, everything was indeed all right as the audit report drawn up by ‘Moriah International’ specifies.”

IV. No-Man's-Colony Health Unit

Between 2003 and 2005, Braila City Hall invested €25,132 in the Km 10 Gypsy Colony to rehabilitate 114 one-room apartments and to build and equip a health unit and a police station. The refurbishment of the police and health units together with the equipment that was purchased cost ROL 225 million (€6,430). The apartments rehabilitated for the Roma living in the Km 10 colony looked no different than those rehabilitated through the PHARE project (see Pictures VI. 1, VI. 2, VI. 3, VI. 4). The buildings were rehabilitated by "IATC" SRL Braila, a company whose bid won the tender, according to Emilena Huiu, head of the Braila Public Works Direction. The results, specified in the final inspection report, were "very good." Daniela Vasoiu, deputy mayor of Braila city, who was in charge of that particular area, said: "I'm happy with the way in which the rehabilitation was carried out. Unfortunately, there are problems with the general practitioner, who doesn't show up very often, but this is the responsibility of the Public Health Direction. We provided the space, but we have been informed that it is seldom used. I insisted that the Public Health Direction solve this problem, and they said they're trying to. The GP doesn't go there very often and that's a fact. As for the apartments, they look nice. I was there in December 2005; they are decent apartments, but those that were occupied had already been deteriorated by the tenants. We are doing our best to provide them with good living conditions, but it seems they don't appreciate it and they don't respect that. We'll try to attract more funds to rehabilitate that area, but if they continue to behave like that, I don't know how much we can accomplish." Indeed, when we went to Km 10, some of the rehabilitated apartments were flooded with feces and people were accusing each other: "You dumped the trash in the toilet, that's why the sewer is now clogged!"

The health unit was also flooded and so was the community policeman's office. The filthy water was ankle-deep in both rooms. Notwithstanding the pitiful condition of the buildings in which so much money had been invested, people said they had seen neither the doctor nor the police officer (who, according to the schedule, should have been there for office hours) in a very long time: "I haven't seen him for a year and a half, maybe two! I've never seen the lady doctor, since I moved here. We have no mediator. Once, there was a mediator here but she left. We then registered our children with the doctor's office, but the doctor doesn't come any more, so ... it's no use," Mariana Zaharia, an inhabitant of the Km 10 Colony told us. Inside the so-called health unit, through the shaky window pane, one could see a kitchen sink and something resembling a fallen cupboard in the lobby, lying in water. One could not look inside the police officer's room because the window was covered with rags. The health unit no longer has a plate to signal its presence. It is said that the people sold it as scrap iron, to feed their children. "This is how we earn our living! Selling scrap iron. Nobody cares about us. Sometimes the gendarmes come here and search us. That's all!" a man told us, showing an iron bar he had just collected. (see Pictures VII.1, VII.2).

The doctor complains that he cannot work there. Opposite the apartment buildings perforated by chimneys for the makeshift stoves in the rooms, among piles of trash, people raise poultry in shaky coops. This is also the children's playground. Sandel Grosu,

the Roma representative in Braila county, knows the difficult conditions in which these people live, but there is nothing he can do about it. However, those from the Public Health Direction know that the health unit is functioning and that health conditions, although precarious, are not critical. "As far as I know, at Km 10, there is a health unit where the doctor from Chiscani regularly sees patients. Marcela Ion, our mediator within National Program 3, and a social worker can also be found there. We asked for an additional sanitary mediator because the Ministry has recently demanded reports on the number of mediators needed for the Roma communities. At Km 10, people are very poor. According to the report drawn up by the sanitary mediator in November and December, there are 136 Roma there, but not all of them have been successfully counted, there are 17 children, 18 women... But one cannot form an opinion after only two months of monitoring the people's health condition. The mediator who used to work there left for Italy and the new one has only been there for two months. What I know for certain is that Dr. Cojocaru from Chiscani goes to Km 10 to give consultations. I don't know whether there are many cases of sick children there. We can check that. At present there are two children, a one-year-old and a two-and-a-half-year-old, who have been committed to hospital because they are suffering from interstitial pneumonia, but they come from a large family who shared the same bed and whose father is an epileptic with a history of TB and chronic alcoholism, and the mother suffers from oligophrenia," said Dr. Alexandrina Venter, an inspector with the Mother and Child Protection Agency within the Braila Public Health Direction. Serious cases: at Km 10, our reporters found many cases of sick Roma children suffering from serious diseases, some of them even needing specialist consultation. Dr. Dumitra Cojocaru, the GP assigned to Km 10, is not happy with this job: "I can't work in there, I don't get along with the people who live there. I can't get into their community all alone, and the unit is always flooded."

The Child Born with Lung Nodules

One family living in the rehabilitated apartments complained that they had no adequate conditions to raise their child that was born with lung nodules: "We have no running water. No electricity. No heat. We can't use the water taps because we instantly get flooded. We can't use the toilet for we get flooded again. There is no main electricity in this area; we connected ourselves to our neighbors' network and we pay for it whenever we can. We talked to the mayor about this and he promised he would help us be connected to the power supply mains, but it's been months since then and nothing has happened yet. It's true, the rent isn't high, but we can no longer live in these conditions. Every month I go to hospital with this little one. He was born with lung nodules and needs severe treatment and special conditions. He can't have that in here. Two families live in this one-room apartment. It's hard. **Our sick child is on the records of a specialist doctor. [Not clear what this sentence means]** I've never seen the community doctor, never been to his office for a prescription or anything like that. When I or somebody else in my family has problems, we go to the city to see his specialist doctor. It would be a lot easier if we had a doctor and a pharmacy here."

Disabled Young People, Chronically Sick Children

Another case: there is another family who visits a specialist doctor from the city and they take care of a 20-year-old girl with a first degree-type disability, who suffers from severe mental retardation. The girl has to follow strict treatment, and she is often hospitalized. To be sent to a specialist doctor or committed to hospital, her family travels to the city. Another woman, a mother of three, complained to us that the little ones frequently develop pneumonias, they cough a lot, but she can't get prescriptions since there is no GP near there. And then the woman shows us a bag of medicines, some of them expired, others inappropriate for the children's age, which she has bought in time in order to use them in case of emergency. The children are frequently ill because of the cold and the damp on the walls. The eight-month-old baby girl is now down with a cold and the mother is still undecided on what kind of suspension to use. She shows us a vial of suspension for fixing calcium in the bones and asks us if it's good for treating the child's cold (see Picture VII.3).

Change of Address / Km 10 Still an Electoral Campaign Issue

The rehabilitation of Km 10 Colony, improving the living conditions in the area, has always been part of the electoral agendas pushed forward by candidates running for Braila City Hall. As early as December 2003, the Public Health Direction warned that "the people living in the Colony apartment buildings have no access to immediate health care as there is no medical office in the area, and in case they become ill or other health problems appear, they have to go to Braila City." Deputy mayor Daniela Vasoiu also warned the Public Health Direction that the "space assigned for a medical office is still not in use." Similar messages have been sent to the Braila Police Department indicating that the police office is not in use. How did the Public Health Direction account for that at the end of 2005? Their answer: "Doctor Cojocaru Dumitra has an agreement with the Health Insurance Fund, with a list of 315 people who qualify for the provisions of the Social Health Insurance Law. The rest of the people cannot have access to free health care because their legal status is not clear and they pay no contribution to the health insurance fund. Starting August 4, 2005, the medical office was provided with a consultation bed, a desk, a coffee table, a clothes stand, two bedside tables, and one carpet. The doctor is to be found there every Thursday between 9:00 and 14:00." The colony is, in fact, isolated. The streets are flooded with the water that overflows from the basements. The Roma living here have a hard time getting to the city. The tram is the only means of public transportation available, but the tramcars come at very long intervals. There is no ticket booth near the tram stop, so people go to the public kitchen (those who have the papers to prove that they are poor and thus entitled to meals the City Hall pays for) either on foot or illegally by tram.

Which are the companies?

Under the PHARE project, the Km 10 Colony was rehabilitated by "Agrocons" SRL Braila, whose majority stock holder is one of the most prosperous entrepreneurs in the city: Adrian Silviu Mateescu. In 2003, "Agrocons" made a net profit of ROL 335 million (€9,572), and in 2004, ROL 451 million (€11,865). Mateescu, together with his wife, is

also a partner in two other companies with the same scope of business. Under the City Hall's order, the Colony was rehabilitated with the help of I.A.T.C. SRL Braila, whose sole partner and administrator is Gheorghii Obreja, president of the Conservative Party in Braila. In 2003, I.A.T.C. reported a net profit of ROL 1.1 billion (€1,430), and ROL 186 million (€1900) in 2004.

Almost €200,000 Down a Big Pool

Adrian Silviu Mateescu, the administrator of "Agrocons" SRL Braila, the contractor within the Km 10 PHARE project told us that in his opinion the construction works were successful in that area, but there are still some problems because of the water: "The streets and the whole infrastructure have to be repaired there. It keeps on flooding. Our job was strictly to rehabilitate the one-room apartments and replace the fixtures. Personally, I filed many requests with the City Hall—it is their job—to clear the septic tanks there, so as to prevent the flooding. But the City Hall says they have no money. The work is under guarantee for one year, until the end of 2006. The walls are soaked from the water flooding the basements, and we cannot intervene there in case of malfunctions because it's cold, the walls are frozen, and the plaster won't adhere. I don't know why there is no central heating there. For my almost 200 thousand euros worth of work not to be wasted, they have to intervene immediately and clear the tanks. It's very simple: a pump has to be brought there and the water removed. The City Hall direction has to be called. Yes, the City Hall, through its Public Work Service, owns the place. Otherwise it won't be the people's fault if they break the pipes in the basements to prevent the filth from reaching their apartments. If no one intervenes now, at Km 10 we'll go back to where we started from. Yes, you can then say that 200 thousand euros was dumped into a big pool. The building is deteriorating, I mean it, but my problem is that I'm also losing money. I already lost some for I put up my bid at an exchange rate of ROL 41,000 per euro, but the payment was made when the exchange rate was ROL 36,000 per euro. I'm not going to talk about that right now, it's just that unless someone intervenes fast, it is all going down the drain there, at Km 10. I have no such emptying pump, otherwise I would go there myself to clean the tanks, only to prevent the flooding. You know, people didn't do much damage. There was little they could have damaged. We did the plastering, the painting, we tiled the floors and the walls, we set up the fixtures, brought running water in the apartments. The City Hall has to step in, otherwise they will hold the money which I placed as collateral, and the apartments there will become inhabitable as they were last year. People there had to build mud stoves in their rooms anyway, and you know what those apartments look like."