

## **PICTURES:**

Marasesti is among the first towns in Romania to report HIV/AIDS cases. Before 1989, the town was known for the heroic battles fought by Romanian soldiers, who, in 1917, stopped the advancement of the German Army. After the fall of communism, the fate of the city seems connected with AIDS and poverty.

### **Infected and Abandoned: Marasesti HIV-Positive Teenagers**

- Of more than 70 Roma children who fell victim to the 1989 “epidemiologic accident,” 42 are still alive.
- Reaching legal age, many have no idea about their condition because their parents have tried to protect them against discrimination and stigmatization.
- Without an official inquiry to confirm their suspicions on how their children were infected, parents put the blame on one medical professional or another.
- HIV-positive mothers gave birth to babies.

Seventy-three Roma from Marasesti, the poorest town in Vrance county were diagnosed as HIV positive after 1989. For 16 years, this town has been a silent witness to these people’s tragedy. Doctors say most of the HIV positive were born in 1987-89, and are now 17-18 years old. The latest case of the “’89 Generation,” which has not yet been introduced in the statistics of the National Commission to Fight Aids, was discovered in January. The children’s HIV infection was labelled an “epidemiologic accident” and kept secret by the health authorities of the time, who consciously applied the strategy common to all communist societies that “unknown problems do not exist.” However, the great number of cases brought about a lot of suffering and created an “AIDS psychosis” in Marasesti. Although the circumstances of the infection have never been thoroughly investigated, it is assumed that the virus was spread by a negligent nurse, who did not change the needle she used when injecting children with antibiotics. The parents believe that the spread of the virus would have stirred a lot more interest on the part of the authorities if the epidemic hadn’t broken out within a Roma community. Because of the double discrimination—“a Gypsy and HIV positive”—most families hide the disease even from their own children. The secrecy is justified by bias because they say AIDS does not even foster other people’s compassion.

The “epidemiologic accident” occurred in Modruzeni, a neighbourhood on the Marasesti outskirts, inhabited by 4,000 Roma. For 16 years, the town has been a landmark on poverty charts. From the minute one enters this community, it is evident that poverty goes hand in hand with disease and ignorance. Small clay dwellings scattered on former battlefields of the First World War are connected illegally to the main power supply. Modruzeni seems frozen in time. Residents have none of the utilities one might expect to find in a town, such as running water, sewage, or paved streets. Only the ringing of mobile phones indicates that this is the 21st century. The rest of the town does not have much better infrastructure. Out of a 78.3 km street network, only 22.6 have running water pipes and only 15 are provided with sewers. When the Roma leave their neighbourhood, they are met with intolerance, indifference, and discrimination. “As soon as you tell people where you are from, trouble starts!” says Luminita Toader, the health mediator who has been trying to facilitate Roma access to health care. In 2001, there was hope for the Roma when the poor towns were officially recognized as disadvantaged areas. Marasesti caught the “last train,” mayor Emilian Brasov says. The “success” was presented as the town’s second great victory after repelling German attack in 1917, which made the town famous throughout Europe. The town was declared a disadvantaged area for a period of three years due to the Roma neighbourhood, which raised the unemployment rate to almost 20 percent.

## **Poverty Swallows Money**

In 2001, people hoped the new status of their town would prevent them from begging for their daily bread. Despite the state incentives, the area did not attract direct investment, being used as a sort of bonanza by businessmen in search of tax exemptions. Sorin Vornic, chairman of the Vrancea Chamber of Commerce, Industry and Agriculture, admits “the Marasesti project was not really successful.” As examples of successful businesses, the institution cited two timber operating companies with a combined total of 30 employees. Almost all the production facilities closed down at the end of the incentives period. The mayor says however that between 2001 and 2004, 1,000 more people were employed, including many Roma. In 2006, two years after the area ceased to be called “disadvantaged,” out of five clothes manufacturers (840 employees), two timber operating companies (50 employees), and three furniture manufacturers (150 employees), only four companies continue to operate. The last foreign investor, a German, left the town after being involved in an affair with a local woman young enough to have been his granddaughter. One-quarter of the town’s population has since returned to welfare dependency.

## **State Budget Sponsored**

Most of the Roma in Marasesti live on social benefits. According to the Town Hall, 90 percent of the town welfare budget is allocated to the Roma and only 3 percent of the 2006 investment budget is earmarked for their neighbourhood. In February 2006, Town Hall records included 2,500 individuals living on the minimum guaranteed income (Law 416/2001), 2,550 pensioners, an equal number of school-age children, plus 1,100 unemployed people. As the local budget is poor, persons entitled to benefits and the 110 people who take care of disabled family members often received their money after a 5-6 month delay. Of the 12,338 town dwellers, less than 10,000 are registered with general practitioners’ offices, the difference largely consisting of Roma citizens. Although the people of Marasesti are poor, child abandonment is not frequent. Of all the towns in Vrancea county, Marasesti ranks third in this regard, with 47 children abandoned to state care. The number of welfare beneficiaries increased from 6,271 people in 2002 to 9,526 people in the electoral year of 2004, when 10.36 billion lei (€265,640) from the state budget were spent to sponsor the poor. Emergency financial aid provided by the government for people living in the most difficult conditions also increased progressively, reaching its peak in 2004. As the Roma houses are close to the Town Hall, the authorities had to hire “porters” to keep out people who often come to ask for money to buy food or medicines. “The Roma will come here for anything. They don’t care about appointments, they always want to talk to the mayor,” the Town Hall clerks explain.

## **Medicine Shortage**

Sixteen years since the first HIV/AIDS cases appeared, the countdown is still on, while the measures to control the disease and protect the infected persons under Law 584/2002 are ineffective or completely ignored. What is more serious than the sheer poverty in which the sick people live is that the specific antiretroviral medication to prevent opportunist infections, which is free, has often been suspended. “In 2005, the HIV/AIDS programme was improperly financed. The specific ARV treatment has been suspended for months, the preventive treatment has been discontinuous, being administered only to 33 out of 136 patients, as the National Health Insurance Fund, which was supposed to provide the medicine under this programme, completely or partially failed to do so,” according to Dr. Magda Beda of the Health Care Department in the County Health Insurance Office. This situation is caused by budget fund shortage; the treatment for one HIV-positive person costs €1,000 every month.

“There are delays in medicine supply, but we take something out of here and give something there, making up for what’s missing one month after the other,” Dr. Georgeta Serban explains. She is in charge of the HIV Infection Control in Vrancea county, the programme that manages the meager resources for these persons’ treatment. Invariably, poverty plays its part as one-third of all cases in the county are from Marasesti. In spite of the services that are free of charge, for many families, the journey to Focsani for treatment (40 km) is too expensive. This is because very often, within the same family, there are others who also feed on the money supplied to the person who carries the disease. Specialist doctor Georgeta Serban explains that the patient’s survival often depends exclusively on preventive treatment since there are ordinary diseases which can kill those with a lower immunity level: “A successful treatment also depends on the therapeutic regimen, patient’s will, which we call compliance, but also on the way in which medicines are stored (some have to be refrigerated), eating habits, hygiene, in other words it depends on the patient’s lifestyle. Sometimes, the most negligible infection can kill HIV-positive people.”

### **Infected and Abandoned**

Although they receive monthly food allowances, child benefits twice as much as for other children, disability benefits, and the Town Hall pays for personal caretakers, HIV-positive Roma in Marasesti are left to themselves by the very system responsible for their condition. Thus after following a downward trend, the number of cases began to increase as the virus spreads “through unprotected sex and from HIV-positive mothers to fetuses,” health officials told us. According to the Vrancea Public Health Direction statistics, there are another 41-HIV positive people. However there may be a higher number of cases as there are families that won’t declare they have someone who tested positive for fear of being ostracised. This possibility is confirmed even by the doctors working in the Section for Infectious Diseases of the Focsani Emergency County Hospital, the final destination of those who die as a result of AIDS-associated conditions.

“When the news about AIDS broke, no doctor in town would see them. For years they kept coming to this section and complained about being looked upon as if they had been plague-stricken. They were discriminated against because there was no information on this disease, but even now there are some reticent people in the medical profession. This disease produced chronic suffering in children but especially in parents,” Dr. Georgeta Serban said. The patients themselves recount the humiliations they had to cope with in their struggle to stay alive. “When I entered the medical office, the doctors wouldn’t touch me. They asked if I had AIDS the minute I stepped in their offices. When I left, the nurse would disinfect the door handle,” said 17-year-old V. N. So far, 32 of his fellow sufferers have died slow, painful deaths.

### **Between Confidentiality and Prison Sentence**

More dangerous than poverty and discrimination is the adolescent survivors’ ignorance of the fact that they are bearers of a virus that is mainly transmitted through sexual activity. Georgeta Serban, in her capacity as coordinator of the HIV/AIDS programme, signalled that “Modruzeni tends to become a risk problem for the community” unless an educational programme is launched, to limit the spread of the disease as soon as possible. The doctor made this statement based on the sexual availability of some patients who do not know the truth about their condition. The persons who suffer from AIDS and who know their status as HIV positive are liable for willingly transmitting the disease if they are the party at fault, but those who are unaware of their diagnosed condition are not liable under the Criminal Code. Serban believes that in addition to a tactful revelation of their diagnosis taking into account

their emotional fragility, patients should be informed that they are not allowed to deliberately transmit the virus, otherwise they risk being sentenced to 5-15 years in prison. Moreover, with the help of counselling, the doctor has in mind a voluntary testing programme to find out the real number of cases. No case of voluntary HIV transmission has been reported so far, but the local police are investigating the case of a Modruzeni teenage girl who worked as a prostitute by the E85 road.

Many of the problems generated by this “HIV community” come in conflict with the law that provides for confidentiality in dealing with these patients. If health workers prefer to resort to statistical data, those from Child Protection Direction claim they cannot discuss their cases publicly “taking into account our obligation to keep the identity of infected persons confidential and to protect the child’s rights,” according to Toader Ghetu, director of the Vrancea General Direction for Social Work and Child Protection. In reality, such provisions may produce collateral victims. “Two boys have recently come to do some testing after having had sex with a girl who is an HIV suspect. I gave them instructions on when to get their treatment, but after they leave they are pretty much left to themselves. There should be someone to tell them about the risk of not using condoms! The law has to be promoted, and the church has to get involved,” says Serban.

### **Metal Syringe**

The Vrancea specialists are often asked by their colleagues from Bucharest how it was possible for Marasesti to become a hot spot on the national HIV/AIDS map. “Did midwife D. M. give you any injection?” For 16 years this has been the question most frequently asked by infectious-disease specialists when interrogating their patients to find out the history of the new HIV/AIDS cases in town. The parents demanded an investigation to find out how their children had been infected, but apparently no one could shed light on this since immediately after the fall of communism, the legislation was not prepared to deal with such problems. Meanwhile, their condition has become so difficult that the only thing they want now is to get the medicine and the money on time. “There was no law back then, but has anyone recently filed a complaint?” asks Dr. Serban.

It was only in 2000 that HIV/AIDS infection was declared a national priority in Romania, followed by a national programme to facilitate instant access to treatment and medical care. Since many patients went through a stage known as “asymptomatic infection” after having contracted the virus, and the authorities focused more on identifying the cases in orphanages, the extent of the tragedy in Modruzeni only came to be known in 1994 when children started to die. “It was only recently that we found out how many HIV-positive kids are there in our neighbourhood. They all got it from the injections—there was no other way. We used to pay the hospital nurse and she would give anyone an injection. There were many stray dogs, and all of us mothers and children gathered at a house entrance. She gave all the children injections with the same syringe! Back then, there were no disposable syringes and needles, and no one had heard of this disease,” L.I. shared with us her suspicions of how her daughter got sick. Other parents confirmed her allegations. “She was the only nurse who would give injections at the patient’s home, she would come at night, too,” says S. I., the mother of another HIV-positive child. “I have my own revenge. I never greet her if I meet her in the street,” says A. P., whose son died of AIDS at the age of 10. The man says he tried to find out “how and why,” but realised he had no chance to learn the truth until after his wife died in the maternity ward after having given birth. “There was a criminal investigation file for malpractice for 3-4 years. I realised there is no law in this country to punish someone from the medical profession. What’s the use of going to court by yourself?” says A. P. resignedly. “As soon as it was found out, the nurse vanished from town because people wanted to lynch her,” says A. S., another patient’s father.

## **“I’ve Had Enough Trouble”**

Meanwhile, the nurse everyone in town blames has returned to Marasesti. A short, ordinary woman, the former midwife is sometimes seen walking a child. Herself a victim of the health system, which failed to provide her with adequate work conditions, D. M. refuses to talk openly about what happened then. “It wasn’t my fault,” the woman told us after first refusing any comment on the issue. The former Marasesti Hospital nurse afterwards said “there were other rules in the medical system at that time.” “I’ve had enough trouble!” she said, adding that she had never been officially charged with anything and that she had been out of town “for personal reasons.”

## **Book Uncovers Secrets**

In such circumstances the families’ suspicions remain simple allegations since no thorough investigation has ever been carried out. However, negligent medical procedures and the failure to sterilise instruments remain the most likely ways in which the virus could have been transmitted. After more than a month, the period which she said she needed in order to study the matter in greater detail, Dr. Marina Maiorov, deputy director of the Vrancea Public Health Direction, stated “among HIV-positive patients who were born in 1987-89, the parenteral method (using contaminated syringes and instruments) was identified as the most likely way in which the virus was transmitted.”

We again contacted Dr. Maiorov for details. Like the parents who are resigned to their fate, the health authorities do not seem willing to dig deeper in the past to learn how these children contracted HIV. Dr. Rodica Soana, a former chief epidemiologist with the Health and Antiepidemic Centre, who investigated the first cases and who is believed to have knowledge about the “AIDS secret,” avoided comment, saying she would reveal more details in an autobiographical book. However, the retired doctor did say that many HIV-positive children from Marasesti were abandoned in orphanages and some parents refused to cooperate with the health authorities. “We couldn’t identify the exact way in which the virus was spread, and how and when AIDS reached this county. There are many variants concerning the rest of the story. I had the epidemiological investigation reports but I handed them in when I retired,” said Soana, who one year ago returned to the public health system because of an epidemiologist shortage. The doctor thinks that despite all the shortcomings, the patients have to be allowed to live their lives: “If they want to make love, let them put on two condoms! In my opinion hepatitis is more dangerous than AIDS.”

## **“A Rope and Some Soap”**

Dr. Dima Cosma, the Vrancea Public Health Director, ex-manager of the Marasesti Hospital, wonders how the truth about the children getting infected could now be found. “The fact that accidents like that did happen elsewhere suggests that the health professional is not the only one responsible,” the doctor infers, admitting that not even today does the health system offer 100 percent protection to patients and medical professionals alike. “In order to use gloves for every manoeuvre you should have huge quantities of such consumables. If the doctors had them, they would protect themselves, believe me! But you have to take this risk,” said the surgeon, who also operates in the Tecuci Hospital. Dr. Alin Lazea, the person in charge with the mother and child health department within the Vrancea Public Health Direction, says all the doctors were tested for HIV: “It happened in February 1990. I found it a bit shocking. It was as if I had been given a rope and a piece of soap, while we weren’t protected either! It wasn’t fair. Unfortunately, we can’t change the past. We still don’t have standard equipment, but at least we have gloves and disposable syringes.”

## HIV-Positive Parents

M. I. was diagnosed with HIV in 1994. She is 17, and her 9-month-old daughter is also HIV positive. The baby's father is also HIV positive. "We were in love for a while, but he dumped me for another woman and left her pregnant too. She is also HIV positive," says M. At first, she was told she had hepatitis, as almost all sick children are told by their parents, but a few years ago the parents decided to tell her the truth. "Children would call me names. Many of us in this neighbourhood avoid talking about our disease, but we all meet when we get our treatment. I know we are sentenced to death," she says. M. has stopped taking the medication for some months now. "She wants to die," the young woman's mother whispers. As their immunity reached critical levels, both her and the baby have been hospitalised several times.

M. could have had a healthy child. Medical research indicates that the virus has a lesser chance to pass on to the newborn if the mother is under antiretroviral treatment throughout her pregnancy, if the child is born by caesarean section before labour sets in, and if breastfeeding is not practiced. Gynaecologist Alin Lazea helped Mariana **[Is this "M." or someone else?]** give birth to little Lucia: "the medical protocol was observed but, unfortunately, the tests came out positive." For the health authorities it is a lot easier to blame Mariana, although under Law 584/2002, on the measures to protect HIV-infected persons, they have the obligation to provide all means necessary to prevent HIV transmission from the mother to the fetus (art. 6). "The state provides free treatment to prevent the newborn from being infected, but the expecting mothers do not come to get this treatment, they only show up when they are ready to give birth!" Marina Maiorov, director within the Vrancea Public Health Direction, claims.

## AIDS Neighbourhood

Over the last 16 years, the doctors in Vrancea have been able to trace the evolution of HIV/AIDS in the absence of medication treatment. "In the case of HIV infection, some persons can develop the symptoms within a few months while others seem perfectly healthy even after 10 years. All this time however, HIV remains highly active, destroying the cells of the immune system. We have recently discovered another patient who was born in 1989. Although she has been hospitalised many times, no one thought of taking a blood sample for testing," Dr. Serban said. Although scientists have found no evidence that HIV could be transmitted through sweat, tears, or feces, AIDS is a taboo subject in Modruzeni, where people only talk about it in a whisper. Many of those suspected of carrying HIV have been forced out of school or even out of the neighbourhood.

Such was the case of young M., who was withdrawn from school after "having a nosebleed in class," but also of other children who were left to state care by their parents. That is why for most of them it is more important to keep their disease a secret than to follow minimal protection rules. M. G. has seven children—"six are mine, and one was found in the railway station"—all of them sick, including twin sisters C. and G. The piles of hospital bills indicate that the family is suffering from serious diseases, including chronic hepatitis, cirrhosis, HIV, metal deficiency, and congenital heart disease. The feeblest of the twins contracted HIV in her early childhood "from the injection with the metal syringe," her mother explains. "Until then, my daughter had been growing like the dough" she adds. The teenager does not know about her incurable disease, she does not go to school and gets no treatment. Her mother isolates her from the other children to prevent her from contracting opportunistic infections that could be fatal. "At first I didn't know about her disease. After I found out, I decided that on no account will I tell her about it. I'm keeping it a secret! I don't want people to laugh at her. If they know you have this disease, people reject you. I have one relative with a sick

child and she won't tell him either," the woman whispers. This large family lives in dire poverty, the clay hut having been damaged by the flooding in the town in 2005. The woman complains that when she has no firewood she has to make a fire by lighting tar. Like her daughter, there are other teenagers who are unaware they have AIDS. "The parents make the most stupid mistake. The child is a grown up, falls in love, and all sorts of bad things happen. Then the parents go nuts with despair," say S.'s parents, whose son realised he is HIV positive after looking through the medical records. "It was such a relief for all of us. Now he knows everything about AIDS and even got a big prize in hospital," the mother praises him.

### **Roma Giving Their Own Injections**

Sixteen years after the HIV/AIDS epidemic broke out the people in Modruzeni have the same wish: they want a medical unit in their neighbourhood. "We are 4000 people here, as many as you can find in a large community, but we have no doctor, no medical office, no public phone, nothing. We could at least have a nurse here," says A. P., a father of five. A.S., the father of a child who is HIV positive, often goes to see various doctors; he says that outside the neighbourhood the Roma are seen as ignorant because they cannot take care of themselves. "We have been struggling with the hospitals since 1990. I know it's not nice to go to the doctor if you haven't had a shower for a long time, but the doctor has to be more lenient. Even so, I don't leave my child in anybody's care because I'm afraid after what happened. I'm giving him the injections myself. I was even called to the police station for that," he adds.

Two health mediators hired in 2005 by the Vrancea Public Health Direction following a project of the UN Development Programme talk about the same needs. Luminita Toader and Maria Chifor say they have problems placing pregnant women on doctors' lists. "We counted about 200 pregnant women in the last few months in the neighbourhood. Many have already given birth and no one is willing to keep their children's medical records. We would need another general practitioner for those who are told the doctors' lists are full," says Toader. Since the Roma women are often pregnant, doctors often refuse to include them on their special list for pregnant patients although they have the right to medical care even if they don't have health insurance. "We teach these girls how to behave with the doctor so that they aren't rejected, but they can see the injustice for themselves, and the only weapon they have is their mouth—that's the truth! It's not right for a doctor to refuse to draw up a newborn's medical records, but they say their lists are full. They reject them without offending them, but they still reject them," says Toader. As for the HIV cases, the mediators explain their impotence, saying the families won't cooperate with them. "It's their right not to tell. Last year a 16-year-old girl died and nobody knew what the cause of death was," says Chifor. General practitioner Catalina Birgu, who works part-time with the Marasesti Medical Centre as part of a Red Cross-sponsored programme, says there should be an additional doctor to cope with Roma health problems.

### **Discrimination from Cradle to Grave**

Many young mothers complain that they have a hard time when trying to access medical services. Seven months ago Lenuta Toader gave birth to a baby boy. Upon leaving the maternity ward she was given a medical report, mainly because her baby was dystrophic, but she couldn't register him with any of the six doctors in town. "I went to each and every one but they said their lists were full. I buy the pills from the pharmacy on credit, as I do with the milk powder," says Lenuta, who is very worried that her son was administered none of the obligatory vaccines. Her sister, Carmen, the mother of a two-year-old girl, is also unsatisfied with her access to health care. "Dr. Catalina Birgu, the only one who will still see Gypsy patients, is only available twice a week, on Tuesdays and Fridays in the morning. You realise

how crowded her office is! If we need to see the doctor on a different day, there's no place we can go." As for the town hospital, "there's more poverty there than there is in our homes. I stayed with my daughter in there, but we couldn't do any medical test, it was cold and I took her home even if she had a bad cold. I bought her pills out of my own pocket. I'm not lying to you 'cause I'm a religious woman," said Carmen Ilie.

### **A Failed Success**

On August 7, 2004, the first "Centre for Roma Support" in the country was opened in Marasesti, under a project carried out by the United Nations Development Programme in Romania, the result of a USD 115,000 investment. There the Roma had access to medical services, entrepreneurial consultancy, and social counselling, and the children attended IT classes. As part of the project, seven Roma started small businesses. Although the project was supposed to improve Roma health and living conditions, focusing on women and children, the centre was closed as soon as the money ran out. "It would have been better if it had gone on," says Aurel Stoica, a member of the project board. "In September 2005 the project ended due to the lack of funds to pay the staff," said mayor Emilian Brasov. Claudia Ungureanu, the UNDP project manager, says she won't abandon the idea, especially since the town hall had to take up the project management. "I can say that this pilot project was a success for the UNDP, and is being replicated throughout Romania. In Marasesti I should have insisted on getting a Local Council decision to take up this project. Still, I hope the budget revision will include part of the activities as services under the authority of the town hall. I think both parties were a little negligent, and the town hall lacks experience in dealing with projects financed abroad. However, I know quite a few NGOs which are supposed to work for the Roma community, and they haven't done half as much as we did there. The project died out as soon as we left the place," Ungureanu said.

### **Good for Voting, Not for Ruling**

Thirty percent of the people of Marasesti belong to the Roma ethnic minority, but according to town hall officials, only 264 people declared themselves Roma in the latest population census. "They felt ashamed to declare themselves Roma! They thought they no longer had rights in Romania," says Stoica, who admits that no one in his family declared themselves Roma. "We no longer speak the Gypsy language, but we are still Gypsies," another said. Despite their large number, which makes them an important electoral group, the Roma have no representative in the local council. "There have been some initiatives for we do have our clever fellows, high school graduates, you know, but they really put a spoke in our wheels. I guess the guys in the town hall don't want our neighbourhood in the council, so that we don't know what is going on. I asked everybody who came asking for our votes: How much do you still want to steal from this neighbourhood? Stoica spoke angrily.

Other Roma in town are also aware that they are used as a mere voting mass. "If Emil Brasov hadn't been supported by this neighbourhood, he wouldn't have won the mayor's office. He was all right as long as he needed our votes. Now that he no longer needs them, he's turned his back on us. He promised tap water, asphalt, and sewerage. The money for the roads is gone. We have here people with all sorts of social problems," says Aurel Popovici, former National Liberal Party member. During the election campaign, the mayor would stop at every house and kiss our children, but now he forgot all about us," Carmen Ilie, his neighbour, adds. The mayor says he encouraged the Roma to join the local council sessions, but to no avail. "For the next elections we want a councilman from their neighbourhood. They could thus know the problems from the inside," the mayor said.



The mayor, who has worked for the town hall for 15 years, admits his activity depended very much on the political parties. Brasov said he had to leave PNL in the 2004 electoral year and become a member of PSD, then the party in power, to have access to the money from the state budget. "That was the only way I could succeed in doing something for the town. Since I joined the PSD we have never been left out," he said. The explanation is very simple: financial discrimination was the policy of the Vrancea County Council, whose president is also the local PSD leader and the one who decides on how much money every local council is entitled to. Although he no longer feels discriminated against, the mayor claims the local administration lacks the resources to deal with the town's serious social problems. "We have not been supported by county authorities in carrying out public campaigns to inform the population and to prevent HIV/AIDS from spreading or to make the public opinion more responsive to Roma health. The Red Cross branch was the only one that helped us.

### **Doctors Available, Goodwill Needed**

The Marasesti health care network includes a hospital which can accommodate 60 patients and one medical centre where 6 doctors work. According to the data supplied by the County Health Insurance Office, at least three of the general practitioners are available for the Roma people. According to the regulations in force, a general practitioner should have a list of at least 1,000 insured people in order to conclude a health care agreement with the insurer, i.e., the County Health Insurance Office. Above this number, it is up to the doctors to include more people on their lists, which should not exceed 2,000 each. To effectively manage the population's health problems, authorities requested an additional doctor and a nurse to work in the future medical centre to be built in the Roma neighbourhood. However, there are some who have doubts about this initiative. "I don't think any doctor will come to work there," Dr. Marina Maiorov, deputy director of the Public Health Direction, believes. "We worked in other Roma communities before, but the ones in Marasesti are different. The doctor that the Red Cross brought there has become the target of their insults," the specialist added. Despite such a radical position, other doctors are more optimistic. "If the general practitioners did their job well, going from house to house and conscientiously examining their patients, the situation would definitely improve," Dr. Serban thinks. As for the hospital which is supposed to cover the needs of 17,000 people from Marasesti and the surrounding areas, a development strategy for Vrancea county launched five years ago stipulates that "it is to become a social health unit for poor people who cannot pay their health insurance policies." Although the town officials say this transformation is beneficial and it should have already taken place, it remains just a draft project.

### **The general practitioners from Marasesti, who concluded agreements with the Vrancea Health Insurance Office:**

No.	Last name	First name	Patients
1.	ANDRONIC	LILIANA	1451
2.	BABAN	AURORA	2143
3.	MOCANU	TINASE	1923
4.	TINCU	MIHAELA	2244
5.	URSU	VALERIU	1805
6.	BIRGU	CATALINA (part-time)	998

### **Hospital Closing Down in "Maternity Town"**

As if to further restrain their access to health care, in August 2003, in order to reform the health system and reduce hospital accommodation in the town with the highest birth rate in

Vrancea, the Ministry of Health closed down the maternity ward and the obstetrics and gynaecology section. During Ceausescu's regime there were medical units everywhere to prevent women from having abortions. "They are now insulting women," a woman in the street tells us. For two years routine gynaecological examinations were unavailable in this town although Marasesti has the highest birth rate in the county (14.8 per 1,000 capita). This situation generated women's street protests. Meanwhile, the maternity ward was reopened, but only normal births are assisted here. "Instead of bringing medical services closer to those who need them, we moved away. We need to reopen the section because all the patients suffering from genital conditions are brought to Focsani by ambulance," said Dr. Cosma, who was the Marasesti Hospital Director when the decision to close the section was made.

### **AIDS and Religion**

The Marasesti authorities tacitly encourage religious proselytising because this way the Roma can be controlled more easily. For 15 years, abandoned by the mother Church, Modruzeni inhabitants have been recovered by various Christian cults which built a prayer house in the neighbourhood. If the local authorities claim that violence and crime rates have diminished, access to health care and contraception methods continues to be limited. The most delicate case is that of the HIV-positive persons, for whom the condom remains the only protection method. "We do not encourage the use of condoms for it is against the Bible. The Lord said we should grow and breed, and this is important now that the birth rate is in decline. Other people prefer to raise dogs rather than children—we are making as many as we can," said Ilie Gicu, a pastor of the Evangelical Church in the neighbourhood. When asked whether he uses condoms, Gicu replies he has eight children. Neither does Popovici, the Pentecostal Church presbyter, encourage sexual emancipation: "The good side is that our brethren have turned away from evil deeds and are now living in God's peace, but on the other hand the Bible does not recommend the use of condoms because thus we oppose God's plan for each of us." Although everybody acknowledges that by changing their confession the people of the neighbourhood have become more peaceful, the priests are reticent about promoting sexual education in their communities. "What the police and the town hall officials cannot do, we succeed in doing in our churches. Those who repent refrain from violence, but they have more children," Popovici told us. The pastors know there are HIV-positive teenagers who have started their sex life, but they think only the doctors could do anything about their problems. "As God's humble servant, I cannot intrude upon their intimate life," said the presbyter.

### **Main problems HIV-infected Roma have to deal with:**

- medical staff and public officials' ignorance of the law provisions leads to the limitation of and encroachment upon these people's rights;
- low level of information on the part of patients, families, and medical professionals leads to marginalisation, and ethnic and/or medical discrimination;
- there are cases of school abandonment among infected children and cases of parents who lost their jobs when it became known that they take care of an HIV-positive family member;
- lack of medical and psychological counselling makes many families refuse to reveal the diagnosis and to seek medical care;
- religious groups do not allow them to use condoms, the most effective way to protect against HIV transmission.