CEAUSESCU'S LEGACY: FAMILY STRUGGLES AND INSTITUTIONALIZATION OF CHILDREN IN ROMANIA

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The significant numbers of children in institutions were among the numerous problems with which postrevolutionary Romania had to contend. Since the cataclysmic events of December 1989 when the dictator Ceausescu and his wife were executed, countless orphanages were uncovered across the countryside of Romania. Thousands of children whose families were unable to support them were the direct outcome of Ceausescu's stringent pronatalist measures and economic policies. Without existing alternatives, the children were placed in orphanages with minimal medical and social services resulting in high mortality rates and developmental disabilities. Another residual effect of the Ceausescu regime was the high rate of HIV among the institutionalized pediatric population. This article describes the sociocultural context of the institutionalization of children. Based on ethnographic research in a small town with an orphanage for the "irrecuperables," this article will examine the circumstances directly and indirectly responsible for the institutionalization of so many children and, in addition, the struggles and living conditions of families with disabled children and adults who remained at home.

Keywords: *orphans; family; institutionalization; HIV; Romania*

Until the climactic events of the late 1980s, which changed the face of Eastern Europe, communist countries were virtually inaccessible to outside researchers. Because of this, very little was known in the West about everyday family life in the Eastern bloc countries, including Romania, which has been cast as having had one of the most repressive regimes. Since the televised execution of the dictator Nicolae Ceausescu and his wife Elena in December 1989, the existence of countless orphanages across the countryside of Romania was documented and sensationalized by Western media.[1] Beyond the media sensationalism, some tragic facts remain that must be placed in a broader historical and political perspective. As a direct outcome of socioeconomic policies imposed by the regime that infringed upon reproductive rights and limited the availability of medical and social services, approximately 100,000 children were

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placed either temporarily or permanently in the orphanage system by their destitute parents.[2] Severely limited staff in these orphanages could not offer treatment, therapy, or education to the children. Together with unsanitary and crowded conditions, the results were unacceptably high rates of developmental disabilities, infectious diseases such as HIV, and high mortality rates.[3]

The purpose of this research was to examine the sociocultural context of children with disabilities and their institutionalization.[4] The primary focus was to understand the meaning and value of family and the circumstances under which a family would institutionalize its child. To gain a greater understanding and clarification of the context in which the institutionalization of children occurred, ethnographic research was undertaken in Hirlau, a small, rural town in northeastern Romania. Hirlau had a "dystrophic" center, also referred to as an orphanage for the "irrecuperables," terms given to those who were mentally or physically challenged and deemed unfit to live in society.

METHOD

The research was conducted in May of 1991 in Hirlau, located in the province of Moldavia, Romania. With one research assistant and two Romanian interpreters, data collected consisted of eight key informant interviews, fifty-nine in-depth interviews, an additional seventy-two survey questionnaires, and twelve case studies.[5] Several site visits to local factories and schools were also conducted. Key informants included international volunteers and local employees working in the orphanages, a priest, schoolteachers, and several Romanian researchers and social service employees. The in-depth interviews and surveys were based on questionnaires covering topics on family life, caretaking of children, employment and income, attitudes toward the disabled and the orphanages, knowledge and attitudes regarding birth control, safer sex and HIV/AIDS, and opinions of the Ceausescu regime and the immediate postcommunist political situation. The sample included factory workers, employees of the orphanages, chambermaids, town officials, schoolteachers, librarians, saleswomen, and farm workers. All adult-age categories were represented with slightly more females than males. Ninety-five percent of the respondents were Romanian Orthodox. The case studies were based on disabled family members who were kept at home rather than institutionalized. Issues concerning caretaking, financial constraints, availability of medical and social services, people's perceived etiology of the disability, and family support were explored.

A preliminary visit to another orphanage in the city of Iasi, also in Moldavia, was made. This particular orphanage, which housed children under six, was referred to as a "regular" orphanage as opposed to a dystrophic center for the disabled. Children began the institutionalization process in regular orphanages until relegated to dystrophic centers based on physical assessments conducted by government employees.

HISTORICAL PERSPECTIVE

Before the communist takeover in 1947, Romania was a prosperous country rich in natural resources. In contrast, Romania is now considered one of the poorest nations of Eastern Europe, with the possible exception of Albania, and has been regarded by some historians as "East Europe's most glaring failure"[6] economically and politically.

While resisting a capitalist world system, Romania undertook modernization, industrialization, and expansion[7] while trying to maintain its autonomy in a rigidly exclusive communist regime.[8]

Nicolae Ceausescu's twenty-four-year regime began with his ascension to power in 1965. One of Ceausescu's goals was to dramatically increase the labor force in an effort to industrialize the country.[9] His militant approach to creating a new state included a much-feared *securitate*, or security force, with a far-reaching network of informers. A clear case of nepotism was shrouded under the guise of communism, with many powerful government and party positions held by close family members.[10] A university professor participating in this study recounted how he was motivated to join the Communist Party to obtain an academic position. He explained that at the time, communism was a utopic, albeit vague, concept that attracted many people seeking equality. By the 1980s, with the crumbling of the communist vision, Romania's national and international economic affairs were in serious jeopardy.[11] Throughout the country, medical services and preventive health care were generally poor and often accessible only through bribery. Until the late 1980s, Romanians did not have access to medical or educational literature published outside of their country.[12] Machinery and technology were severely outdated. Deeply impoverished, Romania had the lowest standard of living in Eastern Europe. In fact, Bacon states that "no bloc [was] as uncompromisingly Stalinist in its economic and social policies and methods" as Romania.[13]

Industrialization of the country occurred at the expense of the agricultural sector and rural lifestyle. In 1950, 76 percent of the Romanian population was employed in agriculture. By 1977, that number was reduced to 35 percent due to the mass gentrification and systematization of the countryside that exacerbated incipient food shortages.[14] Farms and houses were razed and people were moved into small and inadequate apartment blocks. By the mid-1980s, staples such as bread, milk, and sugar were rationed.[15] In addition, people lacked adequate heating during the cold winters when temperatures plummeted to well below freezing.

In a long-range plan to increase the population of Romania to expand the labor force, Ceausescu implemented numerous pronatalist policies that abolished abortion and suppressed the importation of contraceptives.[16] Furthermore, income was taxed up to 20 percent if people remained childless regardless of whether they were married.[17] To encourage women to have more children, financial benefits increased with each successive birth. In addition to violating women's freedom of choice and reproductive rights, the monies received could not adequately cover the cost of supporting any children, leading to further economic deprivation.

Romania had one of the highest rates in Europe of female participation in the labor force because of women's forced induction.[18] In addition, extended family care was, by and large, eliminated due to the magnitude and impact of the rural-to-urban shift. Romania was unprepared for the demographic consequences of the combined actions of the increasing fertility rate and the decreasing number of caretakers, such as grandparents, who were also inducted in the labor system. Social support systems to care for the growing number of children were not implemented, further burdening women. In addition, Romania had one of the highest maternal mortality rates in southern and eastern Europe, which contributed to the increasing number of children left motherless,[19] putting them at greater risk for institutionalization.

Oral antibiotics were not available and needles, which were reused, administered all medications and many vitamins. Children and adults alike were placed face down on the table while the needle, blunted from reusage, was inserted in the neck. Information regarding HIV and testing facilities were not available and surveillance procedures were not implemented. With needle reusage, unscreened blood, and multiple injections, the potential for transmission became a reality, particularly for the pediatric population.

INSTITUTIONALIZATION IN ROMANIA

Institutionalized care tends to occur when a society does not provide social services and support, leaving families and single mothers very vulnerable. With most adults participating in the labor force, Romania did not have a system of foster parenting or caretaking facilities. The process for institutionalization was systematized by the Ministry of Education, which assigned children either to a regular orphanage (like the one in Iasi) if the child was "normal" or, if the child was disabled, to a dystrophic center (like the one in Hirlau). The criteria used for placement were whether the child could walk, talk, or masticate by the age of three. Because children who were already in the orphanage system were rarely picked up or spoken to, they experienced poor muscle development, lacked proper coordination, and consequently were not reaching developmental milestones. Many of these children were subsequently misdiagnosed as disabled and sent to an orphanage for the irrecuperables. Children with minor handicaps or visible physical differences, such as having large ears or being cross-eyed, were also considered to be disabled. Discrimination against gypsies resulted in their overrepresentation in the orphanage system. They were as likely as children with disabilities to be sent to dystrophic centers simply based on their ethnicity.

Ceausescu's pronatalist policies were directly responsible for the increasing numbers of children with developmental and congenital disabilities. Stringent economic policies resulted in the scarcity of food, depriving pregnant women of adequate nutrition. Malnourished mothers were giving birth to low-birth-weight babies, a leading public health concern in the world today. If the children did survive, they were at higher risk for childhood illnesses and disabling conditions such as mental retardation, behavioral disorders, cerebral palsy and other disorders of the central nervous system, impairment of vision, and deafness.[20] Many of these conditions were apparent in the children confined to the two orphanages visited.

Orphanage in Iasi

The orphanage in Iasi was considered a regular orphanage, housing children less than six years of age. Several therapists and doctors from international relief and development organizations, such as World Vision and Equilibre, were on site to offer physical therapy, medical services, and assistance with general maintenance and repairs. These experts worked intensively with some of the disabled children to save them from being sent to the orphanages for the irrecuperables. The children did not own personal items, or their own clothing, and did not sleep in the same bed from one night to the next. In general, hygiene and sanitation were extremely poor. Most of the residents wore clothing soiled by yesterday's wearer. Pants and booties were urine

soaked. Children were fed out of the same bowl with the same spoon. Rapid moves from one floor, or orphanage, to another were traumatic to the children who were unprepared and had to adapt to new surroundings and to new peer groups. For children who were sent to Hirlau or other towns with dystrophic centers, the situation worsened. The following case study illustrates the plight of two young brothers.

Case Study

Dumitru and Iancu were three-year-old twin brothers. Iancu had been in the orphanage since eighteen months of age, but his twin brother Dumitru had been there since birth. Iancu exhibited head-banging behavior familiar to the caretakers. Like other orphans, Iancu would place himself by the wall and rock back and forth, continuously hitting his head against the wall until someone stopped him, at which time there was an explosion of cries and wails. One of the international volunteers suggested that the other twin, Dumitru, did not exhibit similar behavior because he had always been in the orphanage, whereas Iancu was responding to the traumatic separation from his normal social and physical environment. The two boys were sometimes placed together in a playroom but slept in separate rooms and were not cognizant of each other as siblings.

The communist regime fell apart before social and educational services and support systems were implemented to accommodate the growing numbers of children in the orphanage system. At the time of the study, there were numerous five- and six-year-olds with very uncertain and ill-defined futures due to the lack of long-term planning for this cohort. According to staff at the orphanage in Iasi, which did not have a school curriculum, integrating the children into the regular educational system was not foreseen as an easy task, due to their large numbers and their lack of socialization. The situation was not adequately resolved, and at the time of this writing, Romania is experiencing a high rate of juvenile delinquency because former residents of the orphanages have become street kids involved in prostitution and substance abuse.

Hirlau

Hirlau is a small rural community 1.5 hours away from Iasi with a population of approximately 10,000. Hirlau, like countless other towns and villages in Romania, was subjected to Ceausescu's systematization and gentrification.[21] Like Stalin, Ceausescu was aggressively trying to collectivize the whole country. Houses were razed and occupants moved into crowded apartment blocks so that the land could be used for the operation of collective farms and the construction of factories. The apartments were very small and in various states of disrepair, with inconsistent plumbing and electricity. Hot water was generally unreliable. Many families in the community of Hirlau lived in one-bedroom apartments and slept two to a bed; in some poorer families, three or four to a bed. In such situations, the mother would sleep with the daughters in one bed and the father would sleep with the sons. In town, some people had luxury items, but the waiting list for a television was three years, and for a car, it was six to seven years. Farmers lived in houses in the countryside without plumbing or electricity, although some owned a horse and cart.

Commenting upon the immediate aftermath of the revolution, the director of one of the factories remarked upon people's "laziness" in a period of confusion. He explained

this to be an aftereffect of the Ceausescu regime when everyone was forced to work two jobs, ten- to twelve-hour days, six to seven days per week. After the revolution, there were too many liberties and an ensuing sense of hope, freedom, and expectations. The expectations for democracy, foreign aid, and financial freedom never materialized leading to disappointment, anger, depression, and increasing substance abuse. For example, under the communist system, farmers were allowed to keep 7 percent of the produce, but immediately after the revolution, produce, or money to buy it with, was inaccessible. Similarly, apartments, which were initially free, were subject to rent, which was coinciding with astronomically escalating unemployment in the wake of December 1989. The country was quickly propelling into economic turmoil and financial insecurity that worsened after the fall of communism.

Caminspital of Hirlau

The orphanage for the irrecuperables was located on a residential street. Also referred to as the *caminspital*, it was established in 1978 when the majority of the residents were elderly people. In the 1980s, more irrecuperables were admitted, including adults and children with various, and often misdiagnosed, physical and mental disabilities. At the time of the study in 1991, the caminspital had 326 residents, many of whom were teenagers. Without a place in society, they were sent to the caminspital to live out the rest of their lives.

The caminspital was in a state of disrepair. Rags were used as carpets, and mould and bacteria grew under the linoleum. Because of financial constraints, basic requirements such as disinfectant and soap were absent. Bathing and washing facilities were inadequate, and many of the residents wore clothing soiled with excrement, urine, or blood. Heating and plumbing were minimal, and bedsheets were always wet either from urination or lack of drying facilities.[22] The need for warmth and inadequate bed space necessitated that residents sleep two to a bed. One doctor at Hirlau stated that before the infusion of foreign aid, the mortality rate was approximately 40 percent in the wintertime when temperatures fell to below 30 degrees Celsius.[23] Fencing surrounded the caminspital and outdoor yard where children and adults were observed rocking back and forth or exhibiting other forms of self-stimulation. Some residents were entirely confined to their beds, and many others had dental and foot problems. Many had been misdiagnosed as mentally deficient and channeled into these dystrophic centers. Life in the caminspital was very unstructured except for feeding and toilet times. Depending on water availability, ten to twelve children packed in a tub were bathed without soap once a week.

HIV, TB, and hepatitis B were continuous and persistent infections in the caminspital. Children with some of the more severe infectious diseases were not isolated and shared food and clothing with other residents. From a study based in another institution for the irrecuperables in Babeni, Rosenberg et al. noted that "there were no pharmacists, dieticians, physical or occupational therapists, social workers, psychologists, or educational specialists assigned to the orphanage. The severe understaffing resulted in such minimal child-staff interaction that 75% of the children did not know their own name or age, and wetting and staining were commonplace since staff were unable to take the children to the toilet."[24] Similar to the conditions found at Babeni, malnutrition, maternal deprivation syndrome, emotional neglect, lack of treatment for injuries, and lack of therapy for those with physical or mental handicaps were also

found at Hirlau. Staff was often unsure whether a child was a boy or a girl nor did they know their names.

Key informants within the caminspital stated that staff often stole foreign donations of clothes and toys. Shoes, because they were so expensive, were a high commodity item, and if not shoes, then shoelaces, or zippers, which were torn out of clothing. For example, a teenage resident wearing new sneakers given to him by a French doctor was found barefoot later that afternoon. A few days later at a market in Iasi, the doctor spotted an "*infirmiary*" (caretaker) selling his sneakers.[25] This underscores the fact that the impoverished staff and their families, themselves lacking adequate clothing or cooking facilities, were also struggling to survive.[26] For example, one married infirmiary with two children was living in a one-room apartment across the street from the orphanage, which contained a bed, a hot plate, and a small oven. The shared bathroom was located down the dimly lit hall. This woman felt that there was something "wrong" with her youngest child but did not want to send him to the caminspital despite the lack of options. Poverty and desperation was not isolated to the orphanage but extended into the community where the living conditions of some people in Hirlau were not that different from those in the caminspital.

Children in the caminspital, similar to other children under deprived conditions, formed social support systems in which they cared for and looked after each other, sharing food and clothing.[27] Often it was an older or more mobile child that took on a leadership role and helped the younger and less able children to obtain the clothing or food brought by relief organizations. To say that the children were remarkable for their resilience, compassion, and will to survive is an understatement.[28]

Attitudes toward the Disabled

The respondents in Hirlau did not discriminate against those with disabilities but felt that the residents of the caminspital should be integrated into their community including the workplace, school, and church. A young woman living with five children in a one-room house in the countryside explained that since all Romanians were socially challenged because of their economic and political situation, they could not, in turn, discriminate against the physically and mentally challenged.

The fifty-nine respondents who took part in the in-depth interviews expressed the strong belief that family members, including disabled ones, belonged at home. With both parents working long hours, often as collective farm workers, there was no one at home to care for a disabled family member, and the lack of time and money were insurmountable barriers. Many families, struggling to earn wages in times of food shortages and poor housing were left vulnerable to the state. For example, a collective farm worker who brought his twenty-one-year-old son Lucian to the caminspital was interviewed. He stated that because of his long work hours and extreme poverty, he was incapable of looking after Lucian alone. Lucian's mother was a long-term resident in a hospital in Iasi. As the father lived far away from the caminspital, he could visit Lucian only once a month, and it pained him very much to see his son there. Surveying the conditions surrounding him with tears in his eyes, he nonetheless believed the caminspital was better able to provide for Lucian than he could.

If financial and social resources were available, however, families would have had the option of caring for their disabled family members at home. There were numerous

families in the countryside with physically and mentally challenged family members who were kept at home because they were able to contribute to the households. Their struggles are illustrated by the following case studies.

CASE STUDY: ALEXANDRU

Alexandru was a fifty-year-old man who lived with his wife, daughter, and her two children in a dilapidated one-room house shared with cats and chickens. The family's only means of transportation was a horse-drawn cart. Outside the house was a rusted old-fashioned wheelchair with large wheels. Alexandru's legs were paralyzed; he lacked motor coordination of his upper limbs and had trouble speaking. He used to work as a collective farm worker, but in February of 1983, as he was collecting reeds on the frozen lake for the roof of the house, the ice broke and he fell into the water. Instead of returning home immediately, he continued his work. Two days later he woke up completely paralyzed. Inside the house, Alexandru sat on one of two beds by the woodstove from where he would call his two small grandchildren in at noon for lunch. They were playing outside in the dirt where a kitten was growling and gnawing on a mouse. Virtually immobile but providing desperately needed caretaking for his children, Alexandru remained on his bed until his wife and daughter came home from the collective farms.

CASE STUDY: THE POPESCU FAMILY

There were several multigenerational families with disabilities who lived in the outskirts of Hirlau. The first generation of the Popescu family consisted of two parents with four adult children, two sons and two daughters. The two sons and one daughter had a mental disability classified by Romanian doctors as "oligophrenia." In summary, there are two broad divisions of mental or psychological dysfunctions, oligophrenia and schizophrenia, recognized in Romanian psychiatry. Oligophrenia tends toward melancholy and schizophrenia tends toward paranoia. The second daughter did not have any impairments and none of her five children appeared to have disabilities.

One son was very aggressive and sent away while the other son stayed at home to become the town cow-keeper. Irina, the mentally challenged daughter, lived with her two young children within walking distance of her parents. Both of her children were mentally challenged. The sister informed us that Irina had had many men coming and going and that two different men fathered her children. Costel, the four-year-old, is extremely shy and timid and cannot hold his urine. Although diagnosed with oligophrenia, Costel may be only developmentally delayed as a result of an understimulated environment. Doctors suggested that Costel be sent to the caminspital, but Irina and her mother were vehemently against this. They did not believe children were well cared for at the caminspital. The mother helped Irina and her two children by bringing supplies and washing clothes. Irina's nine- or ten-month-old baby also appeared to have some disability. He had a high forehead, close-set eyes, and ears that were set very low. He was pallid and had a rash on his face but seemed very responsive to being picked up and other stimuli in the room.[29]

Although there seemed to be a large concentration of families with disabilities in Hirlau, this may be a reflection of the lack of medical, surgical, therapeutic, psycho-

logical, and social services and interventions leaving families and individuals with little recourse for improvement.

Birth Control

Pronatalist policies made family planning unavailable in Hirlau. Most respondents did not desire to have any more children, while several exclaimed that the average family could not afford to have any children. At the time of the study, condoms were still not being promoted for either family planning or the prevention of sexually transmitted diseases, including HIV. Men's reluctance to use condoms, in addition to their exorbitant price, did not make them a viable option. The calendar method, withdrawal, and illegal or self-induced abortions were the only means of contraception, although the latter was obtainable in Hirlau through bribery. Abortion has long been used as a means of contraception in Eastern Europe, but this was limited in 1966 when Ceausescu came to power. Consequent to restricted access to abortions, the rate of maternal mortality increased significantly due to illegal abortions.[30] Upon its legalization after Ceausescu's demise, one million abortions were reportedly performed between December 1989 and September 1990. An additional 789,096 abortions were performed in 1991, outnumbering live births three to one.[31] Several women interviewed, each of whom had three to five children, stated that they had had equal numbers of abortions. Similarly, Johnson et al. found that some women in their study had had between ten and thirty abortions. Women's bodies were undoubtedly viewed as factories producing the future labor force.[32]

HIV/AIDS

Of particular concern in Romania is the increasing rate of HIV, especially in the pediatric population. By the early 1990s, Romania had the highest reported number of AIDS cases in Central and Eastern Europe.[33] In contrast, before December 1989, Romania had thirteen reported cases of AIDS to the World Health Organization (WHO).[34] This underreporting is a direct outcome of Ceausescu's refusal to recognize the significance of the epidemic, labeling HIV as a capitalist disease and leaving many Romanians with little knowledge about HIV/AIDS.

The Centers for Disease Control and the WHO established surveillance studies in conjunction with Romania's Ministry of Health immediately after the fall of Ceausescu. By December 1990, 1,168 cases of AIDS had been reported to the Ministry of Health. Of these, 93.7 percent occurred in children less than thirteen years of age at the time of diagnosis and 62.4 percent were in children living in institutions.[35] Studies between 1989 and 1991 specifically noted the large discrepancy between the high seroprevalence (11.22 percent) in the birth-to-three-year-old age group and the much lower seroprevalence (0.43 percent) in the adult population.[36] By 1995, the majority of children who died of AIDS came from orphanages.[37]

Multiple therapeutic injections and microtransfusions with reused needles were largely responsible for the high seroprevalence rate. Microtransfusions of whole blood were given at birth if the baby was underweight or anemic to bolster the infant's immune system. Maternal malnutrition increased the number of low-birth-weight babies consequently receiving injections. At that time, a single bottle of blood could be used to transfuse ten to twenty children.[38] The women of Hirlau also stated that within

three to six months after birth, a nurse was sent to each household to give the infant a vitamin injection, possibly contributing to HIV transmission.[39]

Lacking oral medications, children presenting with common pediatric disorders were subjected to intramuscular injections of antibiotics or vitamins.[40] Infectious diseases were more frequent in institutions, thereby increasing the number of injections children received consequently increasing their risk for HIV.[41] Children with HIV were not tested or identified in either Iasi or Hirlau where universal precautions were not implemented. The children were not given any antiretrovirals, and if they were eventually found to be positive for HIV, they were sent to a hospital in Constanta to die with little palliative care and no treatment.

DISCUSSION OF CEAUSESCU'S LEGACY: THE LAST TEN YEARS

A society with large numbers of orphans is not unique to Romania, and there are numerous parallels that transcend temporal, cultural, political, and geographical boundaries, which contribute to our understanding of the situation. Russia, China, and the United States are examples of countries that have suffered from political strife and economic turmoil and have had to deal with the consequences of large numbers of homeless children. In Russia, attitudes toward orphans, orphanages, and foster care and the manner in which children have been (dis)valued have taken on chameleon-like tendencies depending on the political situation. One of the goals of the Bolshevik revolution was for the Soviets to collectivize child rearing to ensure the upbringing of good socialists.[42] Foster care was clearly rejected to attain the new socialist ideal. Unfortunately, the Bolshevik revolution and subsequent economic depression resulted in millions of children needing care, an opportunity seized upon to raise communist laborers. In the early 1900s, Russia's orphanages had mortality rates of 20 to 50 percent because of overcrowding and infectious disease.[43] Bernstein reflects, "To be a peasant in Russia in the first part of the twentieth century essentially meant to live in squalor."[44] Similarly, to be a poor farmer in Romania in the last part of the twentieth century essentially meant to live in deprivation.

China has also come under international scrutiny. Mortality rates, neglect, and abuse in orphanages received condemning international media attention, and human rights advocates have documented the tragic reality that at one orphanage in Shanghai, most children died within a year of admittance.[45] Those who were ill or disabled upon arrival died quickest. Children were found barefoot with one layer of clothing in freezing conditions, while others died of hypothermia while tied to their potties.[46] Equally powerful to Romania's rigorous regime but in sharp contrast to that country's pronatalist policies, China installed a one-child policy penalizing parents with more than one child. As the historical preference for healthy sons persists, females and children with disabilities are overrepresented in Chinese orphanages.[47]

Capitalist countries have also faced dire child-care conditions. During the 1930s depression, the United States provided supplementary income to families allowing 220,000 children to remain at home rather than in orphanages.[48] However, approximately 144,000 children were still placed in institutional care. As in Romania, many of these children were institutionalized not because their families did not want them but because their families were destitute and could not afford to care for them. The majority of children placed in American orphanages during the depression had at least one parent.[49] In the United States and Romania, institutionalization was regarded as an

option of last resort. Morton comments, "For parents, placement of their children in an orphanage was often the final, desperate step in a series of attempts to deal with poverty."[50] More than one hundred years later, in a different language, Lucian's father echoed similar words in the Hirlau orphanage.

Several theories have been put forth to explain the expansion of institutional care in America, which traces its emergence to the nineteenth century. One theory suggests that the punitive conditions and the isolation of children in orphanages would produce dependent and obedient laborers.[51] Downs and Sherraden offer another view.[52] With the advent of industrialization, they contend, the need for unskilled child labor decreased resulting in an overflow of children, who could not be cared for, supported, or supervised and were thus institutionalized. The cause of the orphanage situation in Romania probably reflects both theories combined with a unique demographic situation. Contrary to many countries found either geographically or historically, Romania underwent an intense period of industrialization coupled with an increasing, rather than decreasing, fertility rate. Unlike turn-of-the-century America or Western Europe, there was a perceived need for laborers in Romania to rapidly industrialize the country. These demographic events were prompted by the artificial constraints imposed by the Ceausescu regime. After the fall of the regime, tremendous poverty ensued followed by the dismemberment of the collective farms. Food, which was difficult to obtain and offered little variety, was extremely expensive using up the majority of a family's income. Large numbers of children exacerbated the situation. In addition, rich landowners, often ex-party members, were rapidly acquiring land, making individual farmers who did not own tools or equipment unable to compete in the market.

Romania has had difficulty in adapting to its newly emerging political and economic system, and poverty remains high. The country currently has more orphans than it did immediately after the fall of communism in 1989.[53] Rickets and other types of malnutrition are still common as are other psychosocial disorders previously observed. Subsequent diagnosing of Romanian children adopted by American families found that the longer a child was in an institution, the more likely he or she was to have infectious diseases such as hepatitis and to exhibit overall growth retardation and general failure to thrive.[54] The severity of the physical, mental, and emotional conditions was also correlated with increasing length of stay in the regular orphanages. In a study of sixty-five Romanian children adopted in the United States, Johnson et al. found only 15 percent were physically and developmentally normal and that growth failure was associated with "prolonged psychological harassment or emotional deprivation."[55] Children with developmental delays who were adopted before the age of five had a greater chance for catch-up growth than those adopted after the age of five.[56] Unfortunately, very few children older than five years of age are adopted. The effect the regime had on individual families is immeasurable but the testimonial of that destitution continues to be the institutionalized children. Representatives from *Doctors Without Borders* stated that as of 1996, orphans led a very difficult life in the system, and more poignantly, "their chances of surviving outside the institutions are null."[57]

HIV continues to be a significant health problem within and outside the institutions. By 1996, Romania had the highest number of HIV-positive children in Europe.[58] The current number of AIDS cases is 8.6 times more than that detected in 1991 with the greatest increase being in women between the ages of twenty-five and twenty-nine.[59] The greatest increase of HIV infection may be in women, but most AIDS cases continue to occur in five- to nine-year-olds. Little progress has been made in the last

ten years as the majority of pediatric AIDS cases are found in institutions where needles continue to be reused.

Transmission among adults is predominantly through unsafe sex. With 30 to 50 percent of individuals living below the poverty line, good quality condoms continue to be exorbitantly expensive and unobtainable.[60] Regardless of cost, condoms are not in common usage in this sexually male-dominated society. Furthermore, a large-scale study revealed inadequate information and knowledge regarding safer sex.[61] Crowded housing conditions, increasing unemployment, and alcohol use increases stress levels and challenges coping mechanisms, often leading to detrimental decisions regarding personal health. With the surveillance of personal behaviors now part of the past, people are now transitioning to more liberal sexual behavior, increasing the risk for HIV. The potential, therefore, exists for greater dissemination of HIV beyond the pediatric population into the general population. Attention also needs to be given to the juvenile and young-adult population, now being released from the orphanages and becoming sexually active. These young people have suffered from long-term abuse and neglect, and their decision-making capabilities and choices in their social and sexual lives will undoubtedly be affected by their experiences.

CONCLUSION

The aftermath of the repressive and restrictive Ceausescu regime has resulted in two intertwined tragedies in Romania: that of the high number of children living in orphanages and of a significant number of families struggling to survive. Child-caretaking issues, particularly with respect to disabled children, are extremely complex and deeply imbedded in the sociopolitical and economic context of that country. This study found that the poverty and lack of essential goods, services, and infrastructures found in the orphanage extended to the community beyond its walls. Both the number of orphans and the rates of HIV are a result of the political and demographic mismanagement of the Ceausescu regime. Politics in Romania governed women's bodies, their reproductive capacities, and the babies they gave birth to. The purpose of Ceausescu's conditioning was to establish a loyal labor force and securitate by stripping the children of their identities and material possessions. In effect, Ceausescu and his regime delegitimized the children and created an unwanted category of human beings. Through his policies, he took away the children's voices, their identities, and their capacity to reach their fullest potential as human beings. As subtle as an invisible army, Ceausescu's regime put women's bodies under siege and captured their children.

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Work, Case Western Reserve University, and Barbara Bascom from World Vision were the principal investigators of a larger project. The presentation of this piece of the project is solely based on my findings and interpretations. Thank you to Phoebe Mills and Craig Severance for their editorial assistance. Immense gratitude goes to the participants for allowing me to document part of their lives.

NOTES

1. ABC News Program *20/20*, "The shame of a nation," Interview by Barbara Walters and Hugh Downs, October 19, 1989; "Romanian orphans," Interview by Barbara Walters and Hugh Downs, October 5, 1990.

2. Johnson, D. E., L. C. Miller, S. Iverson, W. Thomas, B. Franchino, K. Dole, M. T. Kiernan, M. K. Georgieff, and M. K. Hostetter, "The health of children adopted from Romania," *Journal of the American Medical Association* 268, no. 24 (1992): 3446-51.

3. Hersh, Bradley S., Florin Popovici, Roxana C. Apetrei, Laurentiu Zolotusca, Nicolae Beldescu, Alexandru Calomfirescu, Zdenek Jezek, Margaret Oxtoby, Alexander Gromyko, David L. Heymann, "Acquired immunodeficiency syndrome in Romania," *Lancet* 338 (1991): 645-49.

4. As the anthropologist on a joint American/Romanian research team, my objective was to explore the thoughts and opinions of the people in the town of Hirlau regarding family, institutionalization, children with disabilities, HIV/AIDS, and their current political and economic situation. The objective of the team, which was a partnership between World Vision Romania (Dr. Barbara Bascom) and Case Western Reserve University (Dr. Alice Johnson), was to assess how deinstitutionalization would affect bonding between residents of the orphanage and the family units they had formed. The projected outcome at the time of the research was to establish group homes based on the extended family units. We were assisted by a Romanian team of social researchers from the Quality for Life Institute.

5. The research assistant, Christine Arcari, was at that time from Case Western Reserve University and is currently on faculty at the University of Wisconsin–Madison. Dr. Dan Radulescu and Maria Neder were from the Institute for the Quality of Life in Bucharest and assisted Christine Arcari and me with interpretation and recruitment of study participants.

6. Bogdan, Henry, *From Warsaw to Sofia: A history of Eastern Europe*, ed. Istvan Fehervary (Sante Fe, NM: Prolibertate Publishing, 1989), p. 379.

7. Cole, John W., "Family, farm, and factory: Rural workers in contemporary Romania," in *Romania in the 1980s*, ed. Daniel N. Nelson, 71-116 (Boulder, CO: Westview, 1981).

8. Fischer, Mary Ellen, "Idol or leader? The origins and future of the Ceausescu cult," in *Romania in the 1980s*, ed. Daniel N. Nelson, 117-41 (Boulder, CO: Westview, 1981); Fischer-Galati, Stephen, "Romania's development as a communist state," in *Romania in the 1980s*, ed. Daniel N. Nelson, 4-16 (Boulder, CO: Westview, 1981).

9. Jackson, M. R., "Perspectives on Romania's economic development in the 1980s," in *Romania of the 1980s*, ed. Daniel N. Nelson, 254-305 (Boulder, CO: Westview, 1981); Moskoff, William, "Pronatalist policies in Romania," *Economic Development and Cultural Change* 28 (1980): 597-614.

10. Bogdan, *From Warsaw to Sofia*.

11. Fischer-Galati, "Romania's development as a communist state."

12. Bogdan, *From Warsaw to Sofia*.

13. Bacon, Walter M., Jr., "Romania," in *Communism in Eastern Europe*, 2nd ed., ed. Teresa Rakowska-Harmstone, 162-85 (Bloomington: Indiana University Press, 1984), p. 162.

14. Bogdan, *From Warsaw to Sofia*; Cole, "Family, farm, and factory."

15. Bogdan, *From Warsaw to Sofia*.

16. Johnson, Brooke R., Mihai Horga, and Laurentia Andronache, "Women's perspectives on abortion in Romania," *Social Science and Medicine* 42, no. 4 (1996): 521-30; Moskoff, "Pronatalist policies in Romania."

17. Moskoff, "Pronatalist policies in Romania."

18. Ibid.

19. AbouZahr, Carla, and Erica Royston, "Excessive hazards of pregnancy and childbirth in the third world," *World Health Forum* 13 (1992): 343-54.

20. Moreno, Elsa Margarita, "Healthy families make healthy babies," *World Health* 46, no. 3 (1993): 23-25.

21. Mr. Lisman, a retired schoolteacher in his nineties, wrote an extensive biography of Hirlau dating back to medieval times. In reflecting on Romania's current state of affairs and the purpose in writing his book and speaking with us, he stated, "It means we are somewhere in this world on a map and we mean something."

22. The French team Equilibre lived in the orphanage on three-month rotations while working on the plumbing and electricity.

23. A similar study in Romania by Johnson et al., "The health of children adopted from Romania," found the mortality rate in asylums for the "irrecuperables" to be between 25 and 50 percent.

24. Rosenberg, D. R., K. Pajer, and M. Rancurello, "Neuropsychiatric assessment of orphans in one Romanian orphanage for 'unsalvageables,'" *Journal of the American Medical Association* 268, no. 24 (1992): 3489-90.

25. The "infirmiaries," or caretakers, were often uneducated and illiterate, and the position was considered a very low-status job.

26. The terrible irony existing for staff members was working in a low-status job in a facility for society's discarded children who might have better access to toys and clothing through foreign donations than did their own children. This highlighted two issues: that the surrounding area was also destitute and that animosity was evident because foreign attention was not given to the rest of society, which was also failing.

27. Bernat, Christopher. 1999. "Children and the politics of violence in Haitian context: Statist violence, scarcity and street child agency in Port-au-Prince." *Critique of Anthropology* 19(2): 121-139. Bernat (1999) also found that street children of Haiti had social organizations and networks based on allegiance that allowed for the survival of many of these homeless children.

28. I found the horrific conditions of the orphanages difficult to process. It is the children and their soulful eyes that have left an indelible mark on me as I continue to struggle with this particular piece of research.

29. With increasing alcohol abuse occurring in Romania at that time, it is possible that the baby may have had fetal alcohol syndrome. It was a very difficult interview with the grandmother so evidently pained by her situation, and I thank my interpreter Maria Neder for having so much tact and compassion.

30. Johnson et al., "Women's perspectives on abortion."

31. Ibid.

32. Ibid.

33. Mann, Jonathan, Daniel J.M. Tarantola, and Thomas W. Netter. 1992. The HIV pandemic: status and trends. In *AIDS in the world: A global report*, ed. J. Mann, D. Tarantola, and T. Netter: 11-108. Cambridge, MA: Harvard University Press.

34. Hersh et al., "Acquired immunodeficiency syndrome."

35. Ibid.

36. Patruscu, I. V., and Ovidiu Dumitrescu, "The epidemic of human immunodeficiency virus infection in Romanian children," *AIDS Research and Human Retroviruses* 9, no. 1 (1993): 99-104.

37. *AIDS Weekly Plus*, "Risks of AIDS largely ignored in Romania," January 8, 1996, pp. 21-23.

38. Patruscu and Dumitrescu, "The epidemic of human immunodeficiency."

39. In several of the case studies, the respondents seemed to feel the disability occurred shortly after birth when the injection took place. To know what kind of injections were given and how they were given is an area demanding more attention.

40. Hersh et al., "Acquired immunodeficiency syndrome."

41. Ibid.

42. Bernstein, Laurie, "Fostering the next generation of socialists: *Patronirovanie* in the fledgling Soviet state," *Journal of Family History* 26, no. 1 (2001): 66-90.

43. Ibid.

44. Ibid.

45. Human Rights Watch/Asia, *Death by default: A policy of fatal neglect in China's state orphanages* (New York: Yale University Press, 1996).

46. Human Rights Watch/Asia, *Chinese orphanages: A follow-up* (New York: Human Rights Watch, 1996).

47. Evans, Karin, *The lost daughters of China* (New York: Jeremy P. Tarcher/Putnam, 2000); Human Rights Watch/Asia, *Chinese orphanages*.

48. Morton, Marian J., "Surviving the great depression," *Journal of Urban History* 26, no. 4 (2000): 438-56.

49. Ibid.

50. Ibid.

51. Rothman, David, *The discovery of the asylum* (Boston: Little, Brown, 1971).

52. Downs, Susan W., and Michael Sherraden, "The orphan asylum in the nineteenth century," *Social Service Review* 57, no. 2 (1983): 272-90.

53. Mackie, Lindsey, "How to stop little children suffering: There are more orphans in Romania now than in 1989," *New Statesman* 128, no. 4417 (1999): 30-31.

54. Johnson et al., "The health of children adopted from Romania."

55. Ibid.

56. Ibid.

57. *AIDS Weekly Plus*, "Risks of AIDS largely ignored"; nonresponsive relationships with the Romanian government made it too difficult for some charities to remain in Romania, with Doctors Without Borders leaving in 1995.

58. Ibid.

59. Antoniu, Sabina, "Concern about rise in AIDS in Romanian adults," *Lancet* 356, no. 9235 (2000): 1090-115.

60. *AIDS Weekly Plus*, "Risks of AIDS largely ignored."

61. Breslin, Megan, "Level of contraceptive use is moderate among Romanians aged 15-24," *Family Planning Perspectives* 30, no. 4 (1998): 195-98.