Introduction
A Brief Overview of the Romanian Healthcare System

Borrowing the famous words of anthropological genius Marcel Mauss from *The Gift*, caregiving acts are "total prestations,"[1] as they bridge or fuse together every domain of life, culture, society: biology, communication, behavior, economics, ethics, religion, symbolism, practice, and politics. Health services and healing constitute ethical, personal and public acts in which the intimate, the social and the political come together in diverse and manifold configurations.

At the beginning of 1949, Romania adopted a socialist-style healthcare system. The state assumed ownership of all healthcare facilities. Private care, physicians and other healthcare workers were brought under state control. The regime boasted its universal health coverage as superior to capitalist societies. Nevertheless, healthcare units were unequally distributed according to the hierarchical dispersion of administrative units and state companies. This meant that sectors of national importance had separate and better equipped hospitals, while certain hospitals and clinics were reserved for the elite of the Communist party. As the economic crisis of the 1980s hit Romania, the socialist healthcare system faced a rapid de-modernization—with funding decreased, equipment and facilities became inadequate, increasing inequalities in accessing healthcare.[2] After the revolution of 1989, the healthcare system witnessed only minor changes for the first decade, as the state started to limit its support for healthcare. By the 2000s however the state was increasingly cutting down on healthcare financing, forcing market mechanisms and privatization of the sector.[3]

The reform of the Romanian healthcare system meant that starting from 1997, the "supposedly autonomous" Social Health Insurance Fund took over the management of funds from the Health Ministry. The purpose of these reforms was to create a healthcare system based on capitalist market processes, by introducing "such managerialist tools as contracts between healthcare providers and healthcare funding institutions, evidence-based managerial and medical decisions as well as quality and performance indicators"[4]. The aim of these measures was purported to rationalize the expenditure and performance of hospitals, but in effect they created ever-increasing inequalities in the healthcare system. Neither did these managerial reforms improve the system, which experienced his-

torically low financing, even though Romania was going through an economic growth. Hospitals were underfunded, equipment and materials lacking, and healthcare personnel underpaid. This resulted in Romania having one of the worst healthcare statuses in the EU, while inequalities in the access to healthcare continued to grow.[5] Medical staff was dissatisfied, trying to resist further reforms, because of lack of funding. Since many citizens who could not pay their individual medical insurance were no longer insured, "this measure represented a mechanism that denied the access to medical services to certain disadvantaged social groups, such as unemployed people or those who no longer benefited from unemployment state support."[6] These problems were only exacerbated by the economic crisis of 2009.

State incompetence in reforming the Romanian healthcare system was brought to the fore in 2014-2015, with the issuing of the national health insurance cards. The project started with the 95/2006 healthcare system reform law,[7] with the actual issuance of the cards happening in the end of 2014, beginning of 2015. Aiming to control the insurance system by providing a card to every citizen who is eligible for healthcare (who paid their medical insurance) was criticized in the media for containing insufficient data, breaching individual data privacy, creating unnecessary bureaucratic procedures, and making people vulnerable in the hands of insurance companies.[8] The controversy reached its peak when the cards failed to be sent on time to every citizen eligible for one, continuously pushing back the deadline when people could see a physician only with their card in hand. The final deadline for the mandatory usage of the national health insurance card was set for September 2015, yet there are still problems with its distribution and the functioning of its software.

Ironically, this situation is not unlike the difficulties the US federal government and states recently faced with the functionality of online insurance exchanges, created by the Affordable Care Act, the many provisions of which followed a schedule of delayed implementation. The Romanian reform sought to move away from the free-for-all care model of the communist period and its undercurrent of informal payments, to limit access, government funding, and system inefficiencies. In contrast, the key aim and impact of the US reform has been to substantially increase access and funding for preventive care, and to better integrate mental healthcare with primary care. While the two healthcare systems have dramatically different histories and trajectories, rooted in contrasting models and values of health financing and provisioning, their present challenges converge rather strikingly. Like other modern healthcare systems, a top challenge is balancing equity and efficiency. Additional challenges are created by the rise of costly new technologies, concerns with data privacy, fragmentation of healthcare marketplace for services and insurance, and the necessity for coordination of care, including mental and social support.

While the fall of socialism brought with it highly questionable policies by a political elite that is facing increasing distrust, corruption charges and a general mismanagement of political power, it also saw a rise of healing practices that were repressed by the socialist regime, from traditional midwives and healers to an eclectic array of alternative healing methods. Practices that came as a liberation from the "communist authority and a centralized biomedical hierarchy" were linked to images of social healing, and used to redress a "state of disharmony within the social body."[9]

About the Contributions to this Supplement

WITHIN THE framework of the International Conference of "The Society for Romanian Studies" (SRS),[10] held in Bucharest in the summer of 2015, several panels convened around topics concerning changes in healthcare and healing, with the leadership and participation of Sabina Elena Stan, Erica van der Sijpt, and other scholars who are not directly represented herein. The articles in this volume originate from some of the presentations of the SRS panels, approaching different venues of healthcare transformation in Romania through a wide array of social scientific methods, from history to discourse analysis to anthropological ethnographies.

The changing of political regime in Romania more than twenty-five years ago has led to a disjointed medical system. The articles in this volume speak to a time of massive cultural and social changes, struggles of individuals and communities (new and old), shifting allegiances, and interactions between insiders/outsiders. These changes, however, also allow for multiplicity, moral negotiations and personal empowerment. Individual agency and the importance of self-care become major themes in emergent understandings of community action and needs in the post-socialist context, evolving notions of personhood, and participation in nature/culture/politics interactions and relations, local to global. Local discourses and initiatives therefore become increasingly significant in understanding and addressing novel structural factors and barriers to healthcare in Romania.

These six articles make a compelling patchwork of medical anthropology and sociology bringing forward a broad picture of this academic field post 1989 in Romania.[11] All the articles present multiple levels where at least two relations are conflictual: the relation of the citizen with the state and the relation of the citizen with biomedicine (as a representative of the state). Each article attacks one level or one facet by highlighting a detail relevant in the development of the central conflict: citizens in Romania who distrust biomedicine, the physician, the hospital, or are failed and neglected by the healthcare and welfare system; some therefore resort to religion or alternative therapies, succumb to a nostalgia for the communist period, or are taken up by sympathetic hospital wards, while others fall through the cracks of the system. The topics of the articles are grounded in Romanian realities, and they make the connection between the communist period and the present one by spanning a large period of time.

As new types of healing practices and therefore healers (re)emerged, biomedicine and doctors faced a shifting position within the post-socialist society, and within the European landscape, as well. The passage from one sanitary system to another triggered the closure of hospitals or sections in hospitals that had medical and also social value before 1989. The aging citizens, to whom these medical services and premises were provided then, feel robbed today of an important social and public good, which was also well framed affectively (see Bărbulescu's article in this volume). It seems that natural and religious therapies, as known healing methods which were secondary options before (even hidden at times before 1989), have steadily gained significance by becoming places of memory (Romanian: *toposuri*) that offer continuity between the two political regimes, a com-

fort and refuge zone, and a space for re-engagement and self-actualization in a world that changed in so many profound ways.

The rapid passage from the secure status of the omnipotent physician—as the doctor's role was constructed during communism with the support of the regime—to an independent physician that regards the patient as a client creates significant new issues for both protagonists, putting them in positions of being potentially misunderstood and feeling unappreciated, an arena of possible psycho-social isolation, with shifting and uncertain rules for communication and accountability (see Borlescu' article in this volume). Many doctors chose to emigrate for more lucrative and higher status opportunities in developed regions, including Australia, the EU and the US.

In an environment of a precarious and composite state of health, where uncertain informal gift exchanges create an ambiguously equalized access to healthcare,[12] or where past and would-be patients feel the need to share information about which doctors are best and would not take *mită* (bribe), the people of Romania juggle their health between biomedical cosmologies, alternative healing practices and rugged, shifting political realities. Hospitals and pharmacies therefore become places of unaffordable expenditure—as demonstrated in the featured articles by Bărbulescu, Weber and Borlescu—places of illness rather than healing, as their condition is sometimes "revolting," derelict and hardly usable. In a nostalgia for communism, however, hospitals can assume the form of healing places, where novel ways of treating psychiatric patients were experimented with (Toma's article), or where even a village hospital was well equipped and staffed (as in Bărbulescu's article). Hospitals can also take the form of shelters, as hybrid social spaces of compassionate care, when the welfare system fails its citizens (as in Wamsiedel's article).[13] Hospitals as healing places, however, can be easily unmade, by medicating psychiatric patients, forcing them "to adopt a definitive role as second-hand, low-income, citizens, permanently dependent on income provided by the state" (Toma's histrorical account in this volume), or by withdrawing financing from "unprofitable" hospitals in already deprived areas (Bărbulescu). Within this changing and fractured institutional healthcare landscape, there is a continued and vocal presence of grassroots efforts and small-scale initiatives, which aim to reconfigure community and connection on the experiential level, through religious, ancestral and local healing landscapes and resources (as in Weber's and Ábrán's articles).

A Brief Overview of Each Article in this Volume

Blending historical and ethnographic analysis, Elena Bărbulescu's article gives us a close scrutiny of how hospitals can become means of political empowerment for local communities. Through the case study of a village in Cluj County, she examines the identity-constructing role of a hospital threatened by closure by Romania's economically oriented healthcare system. As Bărbulescu demonstrates, while the hospital might possess a low economic capital, not being profitable, it holds high social and symbolic capital as a prized asset for the aging villagers. The hospital lends the community

a higher social capital, important enough that the villagers protest against its closure. Moreover, a derelict and ramshackle hospital leaves room for the communist nostalgia of a well-equipped and staffed hospital that created not only jobs for the villagers, but also a higher social status as opposed to other, nearby settlements. The advocacy of rural elders on behalf of their hospital speaks of growing access inequities.

In a second academic and anthropological twist on nostalgia, Toma's article offers a historical analysis of psychiatric patient care at the Central Hospital in Bucharest during Dr. Aurel Romila's original resocialization program for psychiatric patients. While being a practice embedded in a socialist idea of work, the "Reso" presented definite signs of being more forward-looking than today's "medication, isolation, and bed rest" practices, by blending early intervention with a whole-person vocational approach. His article highlights how political changes can result in the abandonment of a lifetime's work that consisted of useful social action and a more comprehensive therapy approach than current practices in Romania, which privilege biomedicine and pharmacotherapy. The hospital as a temporary rehabilitating therapeutic space of care was (un)made into a hospital for long-term or permanent stay. While the previous institution tried to make healthy people for the socialist workforce, the latter provides space for the ill, for whom psychiatric diagnosis and chronicity also entail socio-economic marginalization.

Following the topic of the different roles of hospital wards, Ana Borlescu's and Marius Wamsiedel's articles bring the reader in a close proximity to patients and their experiences with various healthcare staff. Borlescu's discourse analysis highlights how patients have to negotiate treatments within the daily constraints, realities and experiences of their lives: financial difficulties, distrust in the medical system, treatments that are not working, and multiple sources of health knowledge, from families to internet forums. Doctors on the other hand often strictly acknowledge biomedical realities as the only valid pursuit, creating a rift between patients' needs and doctors' expectations. Rather than accepting non-compliance as a sign of ignorance, health providers can also look upstream, to recognize community factors, individual barriers, and environmental constraints that may adversely impact health status or adherence to prescribed regimens.

Attending to the experiences of vulnerable persons in the Romanian healthcare system, Wamsiedel's analysis considers how massive lay-offs of industrial workers after 1989 created a large social underclass of impoverished and isolated people living in extreme poverty. The inadequacy of the Romanian social welfare system or care coordination and referral often leaves psychiatry wards and hospitals to take care of "social cases," even when their presence or prolonged stay may not be medically necessary. Wamsiedel reveals that emergency wards themselves, while unable to prevent homelessness, often try to provide "short-term admission, transfer to another medical institution, or permission to spend the night in the waiting room."

With both healthcare staff and patients trying to adapt to the scarcity of resources, hospitals have become politicized arenas of everyday struggles, where traditional mores and norms meet socialist values of communitarian responsibility, along with capitalist anxieties about quantifying benefits and accounting for the bottom line. At the same time, doctors and patients navigate the murky waters of conflicts of interest and perverse incentives, such as strategically combining public and private sector services to maximize

personal benefit, and continuing the communist era pattern of informal exchanges (sometimes harshly described as bribes or *mită*) that are still customary in many circumstances and expected to maximize the quality of services and supplies.

Hospitals as places for the sick rather than places for those who want to be healthy is a theme that runs through most of the articles. Gerard Weber's and Ágota Ábrán's ethnographic inquiries dwell on the alternative and experiential spaces for those who seek health. Weber gives us an insight into the lives of working-class pensioners, and their kin in Galaţi, struggling to cope with an insufficient healthcare system that regularly abandons those most disadvantaged. He accompanies them to Orthodox places of worship, witnessing how the sacred helps to relieve some of the health pressures they experience, enabling them to regain control over their material hardships. These emotionally comforting, socially and spiritually supportive practices of self-care do not change the reality that Romania's official healthcare environment often leaves behind those most in need, the country now witnessing one of Europe's highest mortality rates.

Reflecting on alternative spaces of healing, Ábrán follows healers in their healing practices across the Transylvanian landscape with a holistic, immersive, situated and participatory approach. Through her ethnographic stories, we are given insight into the therapeutic landscapes of mountains and forests and the spiritual practices that have flourished in abundant variety since the fall of communism. Images of health and healing spaces are opposed to large scale industrialization, as healers seek to engage with the land and its nonhuman inhabitants. Through ancestral and newly forged connections with *others*, the healing engagement with the landscape and its natural diversity blurs boundaries and challenges the nature/culture divide.

Interconnections, Opportunities and Future Directions

The articles in this volume intersect along multiple themes and topics, providing a dynamic and hopeful picture of the Romanian healthcare landscape, while raising numerous timely concerns regarding access to services, health disparities, patient empowerment through alternative experiential and social strategies, in contrast to authoritarian, disciplinary and often (still) positivist methods of biomedicine and governmentality. The new impetus toward self-care can be seen as a liberation, building upon Michel Foucault's insight into the "care of the self as a practice of freedom."[14] At the same time, more recent feminist formulations of an "ethics of care,"[15] foreground contingent, fluid and personal forms of value, privileging compassion/relationship over equity/justice or virtue ethics, and echoing Emmanuel Levinas's ontological view of self as a relational thing.

Agency, subjectivity and intersubjectivity, along the social construction of personhood and self, in sickness, in poverty and in health, play out through narratives that illustrate the changing and contingent nature of interactions between health providers and health seekers. These are shared themes in the work of Borlescu and Wamsiedel, whose articles show how diverse actors (providers, staff and patients) negotiate access, needs, trust, and urgency in various clinical and institutional settings. Agency as an undercur-

rent that spans all the papers, connected in Ábrán's and Weber's articles to the transformative role of healing pilgrimages, together with the notion of self-care or self-management, is also central to Borlescu's work. Empowerment through social action and the symbolic value of institutions are common threads in the articles by Bărbulescu and Toma. The latter also points to the utilitarian benefits of early intervention and long-term memory, captured by preserving progressive healthcare institutions and programs, as well as the value of artwork created by psychiatric patients. The model of personhood here is one of change and growth, rather than fixity of potential, including the potential for healing—and it is the "growth mindset" that is touted nowadays in leadership circles as the best indicator of achievement, happiness, or future success, as it refers to tackling boundaries as temporary challenges, rather than limits. Finally, in related vein, Ábrán's paper explores engagement and empowerment through pursuit of direct, experiential and intersubjective contacts and possibilities with the earth/land itself, as both an element and extension of self and a beloved and intimate "other," an essential healing *partner*.

In the articles presented here, health care unfolds in everyday fluid complexity around individuals as biological, social and psychological, relational beings, inhabiting culturally constructed yet natural bodies, which are embedded within communities and interactions. These lived bodies are immersed in local and global relations of meaning and power, actively negotiated in everyday discourse and practices, and experienced intersubjectively through selves, senses, and spaces. Current and future understandings of health, well-being and illness emerge from an interplay with historical changes in institutions and healthcare systems (Toma and Bărbulescu); conversations between doctors and patients, patients and family, friends and online support groups (Borlescu); social compassion (Wamsiedel) and religious spirituality (Weber), while navigating faulty institutional systems, trying to fill out the cracks left by the state; and, just as importantly, from mindful interactions with other-than-human beings (Ábrán). While commonplace and seemingly routine, acts of caring for the body/self/other entail creative, ontological, and social-political projects—acts of freedom with broad, deep reverberations through both time and space. As Margaret Lock and Judith Farquhar aptly noted in *Beyond the Body Proper: Reading the Anthropology of Material Life*: "To make bodies a topic for anthropological, humanistic, sociological, and historical research is to ask how human life can be and has been constructed, imagined, subjectively known – in short, lived."[16]

Notes

1. Marcel Mauss, *The Gift: The Form and Reason for Exchange in Archaic Societies*, trans. W. D. Halls (New York: W. W. Norton & Company, 2000).
2. Sabina Stan, "Neither Commodities nor Gifts: Post-Socialist Informal Exchanges in the Romanian Healthcare System," *Journal of the Royal Anthropological Institute* 18, no. 1 (2012): 67–68; William C. Cockerham, *Health and Social Change in Russia and Eastern Europe* (Psychology Press, 1999), 199.

3. Stan, "Neither Commodities nor Gifts," 68.
4. Sabina Stan and Valentin-Veron Toma, "High-Tech Romania? Commoditisation and Informal Relations in the Managerialist Informatisation of the Romanian Health-Care System," *Anthropology in Action* 16, no. 1 (2009): 59.
5. Cristian Vlădescu, Gabriela Scîntee, and Victor Olsavszky, *Romania: Health System Review*, ed. Sara Allin and Philipa Mladovsky, vol. 10, Health Systems in Transition 3 (European Observatory on Health Systems and Policies, 2008).
6. Vasile Astărăstoae, "Editorial: Is It Necessary an Ethical Analysis of the Romanian Healthcare System?" *Romanian Journal of Bioethics* 8, no. 1 (March 2010).
7. Art. 330-338: http://legeaz.net/legea-95-2006/art-330
8. Adrian Cotuna, "Noile Carduri de Sănătate Stârnesc Controverse în Rândul Medicilor," *Glasul Aradului*, September 29, 2014, http://glsa.ro/arad/173935-noile-carduri-de-sanatate-starnesc-controverse-randul-medicilor.html; Andrei Pricopie, "Cardul de Sănătate - Un Instrument Controversat în Mâna Guvernului," *The Epoch Times Romania*, February 1, 2015, http://epochtimes-romania.com/news/obligativitatea-cardului-de-sanatate-naste-controverse—-228207; Răzvan Ioan Traşcu, "Cardul Naţional de Asigurări de Sănătate," *Trascu.ro*, October 20, 2014, http://trascu.ro/blog/2014/10/cardul-national-de-asigurari-de-sanatate/.
9. Anamaria Iosif Ross, *The Anthropology of Alternative Medicine* (Berg, 2012), 135–136.
10. See details on: http://www.society4romanianstudies.org/#!2015-conference/c1pl4
11. Not lacking in difficulties: Sabina Stan and Valentin-Veron Toma, "Medical Anthropology in Romania – Medical Anthropology on Romania?," *Cargo*, no. 1–2 (2011): 118–23.
12. Stan, "Neither Commodities nor Gifts."
13. See also Jack R. Friedman, "The 'Social Case:' Illness, Psychiatry, and Deinstitutionalization in Postsocialist Romania," *Medical Anthropology Quarterly* 23, no. 4 (December 2009): 375–96; Jonathan Stillo, "'We Are the Losers of Socialism!' Tuberculosis, the Limits of Bio-Citizenship and the Future of Care in Romania," *Anthropological Journal of European Cultures* 24, no. 1 (2015): 132–40.
14. Raúl Fornet-Betancourt et al., "The Ethic of Care for the Self as a Practice of Freedom. An Interview with Michel Foucault on January 20, 1984," *Philosophy & Social Criticism* 12, no. 2–3 (July 1987): 112–31.
15. Carol Gilligan, *In a Different Voice:Psychological Theory and Women's Development* (Cambridge, Massachusetts and London, Enlgand: Harvard University Press, 1982).
16. Margaret M. Lock and Judith Farquhar, eds., *Beyond the Body Proper: Reading the Anthropology of Material Life* (Duke University Press, 2007), 2.

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