

Farewell to Communism but Leave the Hospitals Here

ELENA BĂRBULESCU

The Foucault warp: disciplining people

THE SUBTITLE sets the stage for this theoretical argument by using the word warp as a guiding metaphor: the warp is the first stage when starting to weave a carpet, or it may also be the canvas when talking about a painting. In his book on the birth of the prison Foucault made a thorough demonstration of how disciplinary practices have been used by power-holders to control individuals: “Discipline ‘makes’ individuals; it is the specific technique of a power that regards individuals both as objects and as instruments of its exercise.”¹ The disciplining of individuals is accomplished with the help of such institutions as: the army, the prison, the school and the hospital. Thus, the hospital becomes one of the most important institutions used by the state in disciplining its subjects, as Foucault demonstrates in another influential book, *The Birth of the Clinic*.²

The communist regime was founded after the controversial elections of 1946. Right from the beginning it started to impact every aspect of economic and social life. Even though rural people had lived beforehand by having as basis the idea of collectivity, the new regime started to change that as well by increasing more than ever the state presence inside communities. First, the regime nationalized most private properties, which was a tough blow to all peasantry in Romania. Second, the regime started eradicating wealthy peasantry from the villages by deporting them far away from home; and third, it made a strong and persistent effort to transform peasants into industrial workers. In the end this entire policy met with bitter success, proved by the fall of the regime in 1989. What was important, and is of great interest in developing the argument of this article, is that the communist regime succeeded in creating a disciplined subject.³ By the fall of communism in 1989, the new citizen was a docile and mostly obedient subject of the system. The village under study is no exception from the general situation in Romania. Numerous people were taken from agricultural occupations and rapidly taught another set of skills in one of the many new factories in Cluj-Napoca, the nearest town. A few men and women remained in the village to be part of a new industrialized agriculture. Today, this population is old, retired (from factory work, having a small pension) and still working the land that they obtained back from the state. It is their property now,

once again. But now, as they anticipate their lives are ending, being afflicted by different illnesses, they ask for something in return: access to decent healthcare services in their village.

In the field of healthcare, the communist regime started by nationalizing every private healthcare institution or provider, be it hospital or pharmacy, and managed to outlaw any other form of healing except the biomedical one. Through the use of all the available mass media, and other means of coercion, people were slowly re-oriented towards hospitals, dispensaries, and physicians, instead of the old bonesetters, monks, or witches. In the dichotomy of nature-culture, the modern medical system acted as a civilizing factor, where biomedicine was gaining ground over the folk healing sector, based on local knowledge of nature. The communist regime was dispossessing Romanians of their multiple healing systems and of the right to use them by imposing another: biomedicine. Moreover, the new communist state imposed through the biomedical system an objectified symbolic capital, as in Bourdieu's quote: "In short, there is a shift from a diffuse symbolic capital, resting solely on collective recognition, to an *objectified symbolic capital*, codified, delegated and guaranteed by the state, in a word, *bureaucratized*."⁴

Hospitals were a symbol of biomedicine in the years after World War II, and their number increased throughout Western Europe during that time, a pattern that was also visible in Romania. New hospitals were built after the war, and existing ones were provided with state-of-the-art equipment. A contrast between Western and Eastern Europe developed by the end of the 20th century when the West oriented itself towards outpatient treatment while in the East the situation did not change much: "In Eastern Europe, similarly, hospital provision remained generous, with the hospital at the center of the care regime. Up to the fall of communism in the early 1990s, the socialist countries of Central and Eastern Europe had some 20 percent more hospital beds than the countries of Western Europe. Even after 1990, when numbers of hospital beds did begin to fall in Eastern Europe, levels remained about twice as high as in the West, and in Russia the average length of stay remained high, at around fourteen days."⁵

The question in the question

IN 2008, I was awarded a competitive research grant to examine what people living in the countryside thought of the past biomedical system in Romania, with special reference to the decades between 1948 and 1989. I started to conduct interviews in the rural area near the city of Cluj-Napoca, in northern Transylvania. The semi-structured interviews, which I gathered from sixty people belonging to seven villages in Cluj County, during the summers of 2009 and 2010, were quite revealing.⁶ Most of the answers presented a predominantly negative image of the biomedical system. Still, in one village the answers—although negative—got entangled with the commitment of some villagers to keep the local hospital "alive." That seemed like an oxymoron: if they did not like and did not trust biomedicine, why did they want a hospital, an institu-

tional symbol of it? The situation was unique and brought forward a multitude of symbolic connections with identity, self-esteem, and memory.

Since most of hospitals and dispensaries in rural areas were closed after 1989 with little controversy or opposition, the particular situation in the village raised a second, very important, research question: Why did the people in that particular Transylvanian village protest against the closure of the hospital in their village? In her book about how institutions think, Mary Douglas discusses different features of institutions, one important point being her re-evaluation of small-size societies. The Transylvanian village community is a small-sized society that is coagulating its individuals into mutual trust, which stands as the major element in developing their actions to keep the hospital functioning.⁷

In a different work, Mary Douglas has argued that “Consumption is the very arena in which culture is fought over and licked into shape.”⁸ The villagers that I am talking about in this article have become, over time, consumers of (bio)medical services. That is why keeping a hospital in the village under study is important to the community: the village has a healthcare commodity destined for today’s consumers, in a consumer society.

For many of us, living in a biomedical urban culture, the answer may seem to be quite obvious: we would need a hospital because it is the symbol of what biomedicine has at its best, but when going into the local details, by putting the matter into its original context, the rationale might come from unexpected directions, creating a pseudo-medical polyphony of arguments and ideas.

The core of my argument consists of a case study, linked to the situation of one hospital in a Transylvanian township, situated 36 km away from Cluj-Napoca, and the connections this situation brings with macro level healthcare policy, local communities, and construction of identity.

When the subject finds you

As I have already mentioned, the fieldwork was carried out in several villages from Cluj County. Interviews with villagers were spread over a period of two years, having as major research focus: the perception of local communities concerning the modern medical system and its representatives in the rural area during the communist regime.

The results showed that for most villages under study, the local situation cast the communist regime in a positive light: the new regime came in at full speed and, beginning in the ‘50s and ‘60s (depending on the particular geographical area), it started to build new dispensaries or maternity wards and to educate people into the medical professions, at different levels. Oddly enough, even though at the time of the interviews the public image of the current healthcare system was negative, people were (re)presenting a positive image of the medical system for the communist period. The rural people had willy-nilly accepted the biomedicine implemented by the communist regime in the

rural Romania as a part of its agenda for progress. However, in the years that followed the end of the communist regime, in 1989, most of these premises were deserted and left in ruins. In some cases, they are now used (still in deplorable conditions) by family doctors. The strong arm of the Party went soft, and all that communist discipline, when the Party decided and imposed what was best, faded away. In that newer regime, called *transition*, people enjoyed their freedom and took a few more liberties. The rural people migrated in large numbers to towns, and with them the medical professionals departed as well, leaving the villages to those who were too old to leave. The new political regimes that followed were weak in re-imposing a discipline against the will of their citizens, and thus unable to persuade medical graduates to relocate and practice in rural areas. Since general living and working conditions declined after 1989, so did their social status, and the medical staff would avoid rural areas both as a place of living and work. Under these circumstances, the physicians re-appeared in the countryside only when there was a new need for their jobs there, especially when the government implemented the program requiring that each Romanian be registered with a family doctor, a General Practitioner (GP) known as *medic de familie* (Law 145/1997, of Health Social Insurances).

This being said, during the time of my above-mentioned research, I discovered that, in one particular township, there was a hospital in continuous operation since 1912. At the time of my research, the hospital was “in agony,” as the villagers tried through various means to protest against its closure. Since the matter was a highly sensitive issue, people insisted on making me a part of it. Thus the subject found me. I could not ignore it since, as you will see, this field situation proved to be extremely interesting when putting the interviews together and a broader picture emerged. In the beginning, as an outsider coming from a different cultural environment (educated and urban), I was under the spell of the mainstream idea that unprofitable hospitals must be closed. I was watching through the lenses that highlighted the big picture. Still, the villagers insisted upon telling me their stories about the hospital, and at some point, after listening to them openly, my politeness transformed into something else. I realized that the villagers were in fact offering to me a precious gift: a glimpse of their inner selves. By allowing me to partake of their experiences, local history, and memories of illness, they paved the way to let me into their deep selves, and to reflect upon the many meanings of their stories.

The rural people and biomedicine

ACCORDING TO the memory of the locals, they had *extremely rarely* resorted to the hospital even though it was only a stone’s throw away from their homes, in the times before the communist regime. Why? They brought forward a plethora of reasons: they lacked money and medical services were expensive, the hospitals/dispensaries were too far from their homes or villages, or they did not have time to go to see a physician. But the most prominent theme in the interviews was the fact that villagers had firmly held ideas about health that did not have a tight connection with physi-

cians or the hospital. As one villager told me: ‘One who has luck from God is healthy!’ (Bondor Aurel, born in 1933). This view was expressed by another peasant woman, saying: ‘No one can bring health but God’ (Condea Maria, born in 1940). In this framework, the role of the physician or the hospital is marginal, if not irrelevant. Nevertheless, the community had had a hospital for a long time, an old one, built under the Hungarian administration a century earlier. It took decades, and the strong arm of a regime, the communist one, to make people change their mind about biomedicine, physicians and hospitals. The entire life of the rural people was twisted. The new regime came with new ideas about everything, healthcare included. While fighting against peasant mentality, considering it obsolete, and trying to change it, the communist regime sought to actively discredit and undermine peasant forms of healing and the authority of traditional healers.

Most of the interviews pointed out that the local hospital might have been used more during communism, as it was enlarged with new sections. The way the communist regime invested in the hospital helped to construct a positive local image of it. That image is nowadays one of the arguments used in the fight for keeping the hospital “alive.”

This is how one of the interviewees presented his connection to the hospital, situated less than one kilometer away from his home:

The first time I was in this hospital was in 1968, I had lung problems. I stayed for two days at home with fever. I took Paracetamol [Acetaminophen] and onion tea. And then I got in, and I stayed for one week. One week I stayed, certainly. Until the physicians found that... They consulted me. We had radiology here. We had here all the diseases [specialties], surgery also... and they came from all the surrounding areas here, and there were no other hospitals from here till Cluj. It was very well equipped, with devices and physicians. (...) Now there's a woman director, but before it was a man, and that director sent away all the good doctors. And he was old, and he would not retire, and they chased him away. Not really because he was old, but because he didn't care about the patients. He was doing other things, and new doctors came, they stayed for a week and left. He and the people he wanted were the only ones that stayed. And the villagers went out in the street, not quite all the villagers but many in any case... He still did not leave then. He retired and after a few years he died. People got soft. Now there is a woman director [born in the Republic of Moldova]. Her husband is still in Cluj. The mayor offered them land in the center of the village to settle here, and they started to build a house, and when they finish her husband might come too. I don't know what field he is in, but it would be nice to be husband and wife here, to settle here. There were a lot of medical devices here with the old manager and they took those away... (...) It was better during the communists. Certainly. It was running smoothly. Yes, very well. They were not as poor as today. There were months when the villagers had to take food to the hospital for the patients' meals. Hard times.

My wife had a boil, infected. She went to a local healer. People were not used to go to hospital... [But didn't she go to the physician, here to the hospital?] Noooooo. In those times with things like that they didn't go [to hospital/physician] (Bondor Aurel, born in 1933).

This quote puts the situation of the hospital in a broader context, touching on almost all of the problems that the hospital, the health system and the community have faced. We first find that the informant is practically offering a folk classification of what kind of illnesses should be referred to hospital. Hospitalization is for tough illnesses, for serious ones, the ones that you cannot cure at home or at the traditional healer. The hospital is the ultimate solution. We notice that he tried self-care to cure his lung problem at home first... Secondly, we are presented with a glorious period of the hospital, with a lot of specialties and physicians, technologically at its best. And third, we become witnesses to the conflict the hospital management was having with the local community, and we get an idea of its internal conflicts as well. These conflicts foreshadowed the decline that was about to come: the story points to the corruption of the manager as the main cause of the disastrous situation of the present time. And finally, we get a glimpse of the community's involvement in both keeping and supporting the hospital: the protest against closure, the petitions to keep it and the material provisions in the form of food offered to the hospital during its hardest times.

It is difficult for the villagers to understand the present lack of resources, especially when they remember that before 1989 medical services were *free* for everyone, and for almost every health problem one was directed to the dispensary or hospital. This situation continued for some time after 1989, when old people were regularly hospitalized even for troubles that could be treated in an outpatient system. We might speak here of an overuse of the biomedical system just as Stan Liebowitz describes in his 2011 article about the costs of healthcare: "Patients overuse medical resources since those resources appear to be free or almost free [...] patients need to be given the same motivations to economize on medical care that they have to economize in other markets."⁹

The conclusion of the informant is dry and concise: "It was better during communists! They [the communists] were not as poor as today!"

What is interesting in this interview is that the informant is playing with the notion of distance in the story, twisting those 36 km closer or farther depending on the idea he wants to stress: in this case, Cluj-Napoca is sometimes *here*, close-by, so you get there very quickly, or on the contrary it is *there*, too far for the people in this village or the neighboring ones to access. And so do all the interviewees. It is like they move the lenses of a camera until they reach the desired image to constitute their best argumentation to support their case.

After the previous quote, which was trying to present a positive image of the hospital, we should have one that represents the voices that have shared bad memories about the neighboring hospital:

I broke my arm one winter and I went to the hospital to have it put back. They did it but wrongly. I would have been better off going to the village healer [they had one very well-known and appreciated, specialized in bonesetting]. She would have done it better. Now I am with the hand like that [twisted] because if I wanted it right, I should have gone back to let them break it again (Papuc Ana, born in 1945).

The medical mistake, not punished in any way, stained the image of the hospital in the interview above. This quote is just one example that supports the negative image of the hospitals that is assessed on a larger scale in the rural area. It shows that the healing aspect of the hospital was at times negligible or quite adverse.¹⁰ An interesting facet of the whole situation comes from the fact that it is not the healing aspect that is the primary argument for keeping the hospital running, as one might expect. In fact, the whole matter moves from the field of healing to economics and the construction of identity, framing the issue more in terms of property and self-esteem and less in terms of healthcare functionality. We might see it through Pygmalion lenses: once you “made” people go for biomedicine, *recte* its institution—the hospital, nobody can take that away as they would all feel defenseless. If these villagers had not been disciplined by the communist regime into using and especially valuing the biomedical services, we would not see them at present fighting to have a hospital working in their village.

Sliding towards the economic side, the hospital becomes an *asset* of their community in two ways. First of all, it is becoming an asset as a bundle of services and goods offered to a broad public—their village and the neighboring ones—capitalizing this way on a symbolic image that goes beyond the boundaries of their community. Secondly, it should be an asset as a major employer for the people in the village. One informant pointed out that the hospital was in its glorious days a major employer, not only for physicians (most of them outsiders to the community), but also for the villagers, who filled most of the mid-level positions: nurses, cooks, cleaning staff etc.:

... I have a friend, she worked there at the hospital as a cook. Now she has to go to Cluj. She commutes to have a job. In the latter times they had only two big rooms [for patients]. I even know how the beds were arranged. One was for women and one was for men. It was good this way. At least they got hospitalized there for minor situations like high-blood pressure...” (Pantea Maria, born in 1944).

We have here a “market-like thinking” where the logics of economics pervade the healthcare system in a local situation.¹¹ They need the hospital because there were people that could work there and make a living. The problem of commuting to a job in Cluj again highlights that the distance of 36 km seems like a very long stretch. The local inhabitants need their employer closer, in their village.

As already mentioned, the overall results of the interviews showed a major distrust in biomedicine and its healing efficacy, as well as a very low level of trust in its representatives: physicians and nurses. When discussing the administrative activity of the hospital, the interviews show that the personnel displayed at least a few behavioral flaws like pride, envy, over-control—characteristics that are not to be expected in a professional setting, at least not so much in the open and especially not in front of the people who seek care in the hospital. Patients want to know that things in the hospital are... all right, if not perfect! All these human misbehaviors undermine the ethical and moral side of a healing service, and implicitly diminish the trust one might have in such a place. Yet, despite the low level of trust, or because of it, the true problem was moved to the economic ground, where *possession/ownership* is the key: “We want it because it is ours!

It doesn't matter if we use it or not." This is the starting and also the motivating point for many of the community advocacy petitions to stop the hospital closure during a general policy initiative of closing the non-profitable hospitals, when the decision was taken at the "center" —the Ministry of Health, in 2011.

Maurice Tubiana talks about a similar situation in France, with the exception that the present situation in this Transylvanian village is similar to the one ten or twenty years ago in France, when the local administration tried to keep their hospital running despite the economic and even medical logic:

In most of the small towns, the hospital is the main employer, and the city hall presides its administrative board, while the inhabitants are proud and try to have all the types of healing systems to be healed 'at home'. [...] The political people of the region are opposing by all means available the discontinuation of services or the reductions in the number of hospital beds with the help of television, which became the echo of local protests.¹²

This situation is similar to what is happening in the Transylvanian village. The health ministry is trying to close the hospital in its attempt to achieve state frugality¹³ and be the state that reduces costs and diminishes the accountancy pressure on the collective resources—but the local community stands against it. They do not care about the macro-economic pressures, but use instead different forms of persuasion to keep their hospital open and running. The village found a solution by using a physician of problematic origin, to put it mildly. People coming from the Moldavian Republic, though being of Romanian ethnicity, are commonly perceived as having a lower social status. Attracting and supporting a physician who graduated from a Romanian medical institution but holds Moldavian citizenship creates a win-win situation. The village has qualified medical staff to fight for and to work in the hospital. Romanian doctors would be inclined to refuse the position because it is too close to an important medical center, both in clinical and research medicine, and thus it would mean few patients and no professional advancement. The family of Moldavian origins is thus enabled to stay and work in Romania under favorable circumstances, being provided with jobs and housing. Aware of the general situation, but determined to have this hospital running, the villagers consider that the end justifies the means. They cannot run a hospital without medical staff, and they prefer an "outsider" family, to make sure that the family may grow roots in the village.

The community is basically a small sized society¹⁴ that is trying hard to promote a collective interest by suppressing both the individual and the larger group agendas. They do have a practical option with this hospital working for their community and also for the neighboring villages. The vested interest is so substantial that it unites both Hungarian and Romanian groups in the village in support of keeping the hospital.

Judging by the macro data,¹⁵ there is a need for physicians in the rural area, so this community's requests are rightful at least to some extent. There is another problem: the present government has neither the means nor the will of the one before 1989 to endow a hospital infrastructure technologically the way the informants remember it. And there is another risk as well, that of supporting a rural hospital that will reproduce the

situation presented by Maurice Tubiana in France: “When the number of truly ill people is insufficient these small hospitals become financial holes and medical dangers since, lacking experience or means, they cannot ensure quality treatment for the sick.”¹⁶ In the case this village hospital remains open, there might not be enough patients for the staff to maintain their skills, which would create a problem with the efficacy of medical care: will the doctors have enough professional experience to provide quality care? Such challenges are faced by rural hospitals in both developed and undeveloped nations.

The opposition between healing and economics has yet another angle: from top to bottom. Someone from the ‘exterior’ world (outside the township) took a decision not knowing how important this hospital was for the inhabitants and the surrounding area. At some point in the villagers’ narratives, the surrounding area comes into play, helping them to build a glorious face of the hospital, as a regional resource and source of pride, noting that all the people in the townships around their locale were coming to that particular hospital. Consequently, their township is not just one simple, little commune somewhere in Transylvania, but it is a *representative* one, the one with a hospital whose name crosses the borders and has become a good for humanity, provided by their community. They have become providers of a valued cultural good/commodity¹⁷: biomedical services. The hospital situation surpasses the real towards the symbolic, where, beyond its basic function as a healthcare facility and a public institution, the hospital supports the very identity of the community and its self-esteem.

The place of memory

LAST BUT not least, another important symbolic thread weaving through the present topic is that of memory. The hospital has become a place of memory. It is the memory of a time that preceded the communist regime, as the hospital was built in 1912:

I think the hospital was built in 1912. It seems that there was a memorial plaque where this was written. It is in the basement of the city hall, but all broken. It was made in marble. I don't recall exactly what was written, and I don't know, but I recall that it probably said 1912. In any case, it was founded during the Hungarian regime. There were two: one here and another one, its brother, in Hunedoara County. But during the communist regime we had all sections [specialties] here. It was very well equipped (Seletea Marin, born in 1944).

As this quote, alongside the others, points out, even with blurred memory, the hospital is palpable proof of what the village had and meant in a broad, macro-level perspective. The village was important enough, and it meant enough to the state, to place a hospital there.

Communism is gone and with it a part of the villagers’ youth and some of their best years. Now advanced in age, they hold on to any idea that can link them to their

youth. In some ways, the present situation takes away their memory of it or, to be precise, it channels their memory in a direction that they do not necessarily want to follow: that “communism was bad.” In these circumstances, the hospital becomes a “lieu de memoire” of what their memory associates as good. There is here a difference between real memory and history, like the one Pierre Nora presents in his 1989 article:

The ‘acceleration of history’ then confronts us with the brutal realization of the difference between real memory – social and unviolated, exemplified in but also retained as the secret of so-called primitive or archaic societies – and history, which is how our hopelessly forgetful modern societies, propelled by change, organize the past. On the one hand, we find an integrated, dictatorial memory – unself-conscious, commanding, all-powerful, spontaneously actualizing, a memory without a past that ceaselessly reinvents tradition, linking the history of its ancestors to the undifferentiated time of heroes, origins, and myth – and on the other hand, our memory, nothing more in fact than sifted and sorted historical traces. The gulf between the two has deepened in modern times with the growing belief in a right, a capacity, and even a duty to change. Today, this distance has been stretched to its convulsive limit.¹⁸

The “duty to change” has brought in this village a different political regime that eventually, just as a result of this change, is taking a *good* from them: the hospital. The “new order” considers that their hospital is no longer corresponding to the present demands, so it must “perish.” Still, a part of the community does not wish this. My historicism as an outsider that is trying to put the rescue of the hospital in a context is constantly opposed by the “affective memory” of the locals. To them the hospital is much more than a place where shots are administered, medicines taken or consultations given. To them the hospital is the place of a twice forbidden memory: as a symbol of communism and as a symbol of the Austro-Hungarian regime (1867-1918).

It is within this context that the interviewees choose *memories* and perpetuate a triumphalist collective memory vis-a-vis both situations: by their accounts, during communism the hospital had devices (the interviewees are always using this word but they never specify what devices they were talking about) that were not available anywhere else, not even in Cluj, while further back in time they recall the partnering of this institution with a “brother” hospital in another county during the Austro-Hungarian regime—communicating a feeling of warmth by using a kinship term to create a relation of closeness and distinctiveness.

Conclusion

IN ONE village in Transylvania, people hold on to the hospital they have, which was founded more than one hundred years ago. Even though their efforts may seem futile according to the legal stipulations of the present, they try to fight the macro-level decision of closure in every way they can. Moreover, the implications of their fight go far beyond the simple desire to have a convenient healthcare institution in

their village.¹⁹ Through narrative transfiguration and political activism, these rural elders compel us to enter the worlds of culture, economy, memory, nostalgia and identity.

By paralleling Bourdieu's theory on the economy of symbolic goods—“symbolic capital is any property (any form of capital whether physical, economic, cultural or social) when it is perceived by social agents endowed with categories of perception, which cause them to know it and recognize it, to give it value”²⁰—, this article shows that the hospital has become a symbolic good, because in the 20th century the villagers had come to attribute value to the biomedical system, which was highly correlated with the gratuity/cost-free aspect of health services during communist times. Their identity is linked to the hospital when the hospital is seen as their own property, and something that represents use-value beyond the borders of their community, as a resource to neighboring areas and populations in the region.

People display political strategies when they point out the regional utility of the hospital: “there are nine townships depending on this hospital” (man, born in 1933). Political strategies lying in the background have pushed the situation into the foreground after the election of a Hungarian ethnic as mayor, who was expected to make efforts to keep the hospital as a symbol for Hungarian group. Still, this seems to be the least visible argument in the deployment of thematic motifs. The opposition between the macro-level and the local leads people to use whatever reasons they can to support their idea and dismiss the economic costs of it.

Finally, one might be able to wrap the whole story into the Golden Age myth, played out on multiple levels:

- Personal—the villagers were young then, and they tend to interpret the period before 1989 in a positive light precisely for that reason
- Political—the villagers were enculturated and educated in the communist regime, and consequently *the good* is the way they were taught it was, as the regime had constituted its own definitions and values of good and bad from a utilitarian perspective
- Economic—if before 1989 there was money, the centralized system could provide free healthcare for everyone and could endow the hospital with state of the art devices, then why can't they do it today as well?

A different but related level of symbolism is that of nostalgia. It is nostalgia for their lives when they were younger, the nostalgia for the communist regime that educated and shaped them into who they are now, and even some nostalgia for the period before communism, as “the good old days.” In fact, we do not have a history of that hospital, we have a *lived human history*, of how these elderly villagers perceived the healthcare system, biomedicine, the communist regime, expressed through the voices that nobody hears (the villager's voice). The “life” of this hospital can be regarded as a metaphor for their lives: wonderful before 1989, bad at present.

The situation in this particular township is not singular, being comparable with rural health challenges experienced in other countries. In provincial France, as Maurice Tubiana argued in his book (*Histoire de la pensée médicale. Les chemins d'Esculape*), local hospitals can become dangerous for the people since they lack qualified staff and equipment, all these due to a very small number of patients. This situation appears anachro-

nistic (according to Niall Ferguson,²¹ it can be seen as a comparison between West and East—similar processes appear delayed in the East). People did not protest in any way in the '70s when the activity of the hospital was severely reduced, again with a wave of general reforms of the healthcare system. They do it now, even though their trust in biomedicine primarily centers upon the clinics in Cluj-Napoca. This hospital gives the villagers primarily a sense of self-esteem, an identity (local identity), and secondarily a psychological and practical comfort for emergency cases. They do not evaluate the hospital's activity in terms of efficiency, or of its primary effectiveness and functionality. As noted above, it is their community *asset*. And from that central premise, they keep on constructing a case where the hospital becomes 'the belly of the entire area,' with services covering at least nine other regional townships.

Moreover, the hospital is a place of memory, of a dual memory: first it is a place of memory for the Hungarian community, as the hospital was founded during the Hungarian regime, and second it is a place of memory associated with the communist regime for both Romanian and Hungarian communities, because during that regime the hospital knew its most flourishing period according to my recent interviews. Continuing that idea, this hospital elicits the nostalgia of what these people once had, and of what they once were. After decades when they were told that they were important, true builders of a new nation and society,²² that the state knew best and had the best means to heal them, they found themselves without the regime that had held them tight, and recently without the palpable proof (one among others) that used to represent it: the hospital, just at a time when they think they might need it!

The hospital has become the *object* (one among others) for the memory of an entire group, a place where the villagers meet themselves as they had in the past, by choosing affectively the beautiful side of things. In its passage from communism to *transition*, the situation of this village parallels that described in Pierre Nora's²³ reflections on French history. After a totalitarian regime with a powerful emphasis on "tradition," the rupture in 1989 caused confusion. Citizens were taught that communism and modern medicine were desirable and good, whereas now the struggle of transition is forcing them to think of communism as bad, making a harsh passage between these periods.

Based upon the interplay of all these symbolic levels, I argue that the villagers' actions converge around the idea that the fight for this hospital is the fight for their past lives, manifesting a nostalgia for those times when they felt they were part of something really important and a resource for the surrounding communities.

The latest news about this hospital dates from spring 2015, and it appeared in a local newspaper:

Nine townships from Cluj County are partnering with the County Council to build a Multifunctional Healthcare Centre in the township of Matca. The hospital in Matca, built more than one hundred years ago in an old mansion, which used to service seven townships with more than 20.000 inhabitants, was closed in April 2011 by the Boc government within the frame of a process of reorganization of the hospital system. (...) until 2011 in the township a health center functioned as a legal entity with two medical sections: internal medicine and pediatrics. Patients received medical services such

as continuous hospitalization, lab tests, ultrasound. (...) in 2011 the Healthcare Centre was included on the list of healthcare units that could not sign a contract with the national Health Insurance Company, so basically it was left without financing. (...) the local council of the township has solicited the support of the County Council in reorganizing the old healthcare center (...). The territorial zoning plan stipulates that there should be a hospital unit every 45km.²⁴

The story of the century-old village hospital continues, spanning more than three political regimes, seven townships, and many more lives. It is a story of hope, change and resilience. In a Transylvanian village, it embodies the struggle for healthcare, meaning, and purpose among an aging rural population, for whom the clinic symbolizes a golden era of the past and a lifeline into the future.



Notes

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16. Maurice Tubiana, *op. cit.*: 491.

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Abstract

Farewell to Communism but Leave the Hospitals Here

Exploring local accounts of a century-old rural hospital, the present article brings together Pierre Bourdieu's theory of symbolic goods, Pierre Nora's views on places of memory, and Mary Douglas's insights into how the institutions think, in order to reflect upon a recent field research project in a township of Transylvania, Romania. Michel Foucault's view on discipline is the starting point in the argument and the basis for weaving together the other three perspectives. The article considers the impact of changing political regimes, changing economics, and changing lifestyles. I interpret the biomedical services in the given field situation as symbolic goods, paralleling Bourdieu's vision on cultural goods, in the idea that biomedicine was constructed as a *cultural* good. The whole symbolism goes variably from individual to collective levels, highlighting nostalgia, self-esteem and local power.

Keywords

healthcare, communism, rural, places of memory, symbolic capital, Romania.