

ES
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RUMANIA

HEALTH (0600)
Medicines, Hospitals (0602)
Physicians (0605)

PURGES (2200)

DISEASES (1609)

MEDICAL CARE AND HOSPITALS.

SOURCE ATHENS: A Greek-Rumanian from BUCHAREST, repatriated to Greece in late 1954.

DATE OF OBSERVATION: October 1954.

EVALUATION COMMENT: The Minister of Health Vasile MARZA (appointed on August 28 1948) was replaced by Octavian BERLOGEA on August 2 1952, who in turn was replaced by Voinea MARINESCU on June 10 1954. Otherwise this general report on health is in line with similar contributions received here.

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Five factors contribute to the appalling state of health of the Rumanian people, said source. They are:

- 1) The shortage of drugs, particularly antibiotics;
- 2) Widespread poverty. People cannot afford private medical care, nor can they pay black-market prices for drugs;
- 3) Undernourishment;
- 4) Physical fatigue due to high work norms and endless "Political" activities, and
- 5) Constant nervous tension caused by fear and insecurity. Party favorites are an exception to this general rule. They enjoy better health, because they can get all the drugs they want; are entitled to enter special hospitals where they get good medical care and excellent food; have lighter jobs; eat better food; and enjoy special vacation facilities amid attractive surroundings.

With private medical consultations costing 25 lei and up -- two days' wages -- sick people denied state medical care

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recourse to "old wives" medicinal methods.

Physicians.

Old-time doctors, the "orthodox" ones, as they are called ("orthodox" in Rumania today signifies non-Communist, trustworthy,) do their best to help their suffering fellow-citizens. Often they charge a fee of only 5 or 10 lei -- just enough to enable them to pay their taxes as private practitioners. Sometimes they give their services entirely free, and sometimes they even supply a destitute patient with free drugs from their own meager stock.

Sick Leave and Admission to Hospitals.

An important institution in citizens' lives are the outpatient wards. Such wards operate both in the hospitals and in the larger industrial plants and places of work. Ward doctors okay the patient's entry to a hospital. They also grant sick leave of absence from work for three days, which may be extended to seven days, if necessary. For sick leave of seven to 30 days, a decision must come from a three- or five-member medical committee. Many harassed and suffering workers get relief through the help of "orthodox" doctors in the outpatient wards. Even a single day's absence from work must be certified by a doctor at the factory or the district outpatient ward. Otherwise not only does the worker lose his wages for that day, but he is liable to be charged with sabotage.

An uncertificated absence of three days results in loss of job and the chances of finding a new one are slim.

Hospitals.

In late 1953, a committee of Soviet specialists arrived in BUCHAREST to reorganize the country's hospital system along Soviet lines. As a preliminary measure the Minister of Health, MARZA (fnu) was fired and replaced by Voinea MARINESCU, a man of Bulgarian origin known for his devotion to the Party. The new organization provides for modernization of hospital equipment, replacement of serving doctors with others of "healthy social origin" (de origina sociala sanateasa.) and increase of doctors' pay. MARZA was fired because he raised objections to the purging of doctors.

Those who benefited most by the new organization were the foreign-origin doctors, who replaced their "suspect" Rumanian colleagues in the outpatient wards and hospitals. These non-Rumanian doctors favor the Communists, the fellow-travelers, and the members of their own ethnic groups.

Should a citizen be taken sick, he must immediately notify

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the management of his place of work or the district official in charge of social security. They in turn notify the visiting physician (medicul de teren) of the district, who calls at the patient's home. This procedure, of course, is allowed only in cases where the patient is literally unable to move because of high fever or serious injury.

After examining the patient, the visiting physician may authorize three days' leave of absence from work, with a further extension of three or four days permissible if necessary. If the case should be serious, the physician may make a report recommending that the patient be admitted to hospital, provided there is a vacancy available. If, as very often happens, there is no vacancy, he may prescribe "home hospitalization." This means the patient must pay for drugs whereas in hospital he gets them free.

The general hospital situation is bad. Patients sometimes have to go without vital drugs or receive only a fraction of the dose they need. Fresh milk is almost non-existent in the public hospitals, and the rest of the food is far from suitable for sick persons. The most frequent item on the menu is cabbage, a food which is very rough on the patients' digestion. Meat is scarce. In winter the patients suffer from cold, because the fuel shortage affects hospitals too. Cleanliness is none too thorough, and many patients prefer to bring their own bedclothes. There are frequent breakdowns in hospital equipment such as X-ray apparatus. Repairs are difficult owing to the shortage of spare parts. In many hospitals patients are accommodated two to a bed. And often a patient rings for the nurse in vain — she is away attending some Party or union function — and, therefore, the patients have got into the habit of tending to each other's needs.

In addition to medical care and drugs, persons admitted to hospitals receive a sick allowance which is between 25 and 100 per cent of their regular pay, depending on how many years the patient has been working.

It is common knowledge, according to the source, that the government has issued secret directives to hospitals to retain only seriously sick patients, and get rid of the others by granting them medical leave. This was done in an effort to reduce the outlay for free drugs and food.

Hospitals reserved for Party bigwigs and other privileged persons present a very different picture. Here precious drugs are plentiful to the point of waste, with large quantities finding their way to the black-market. The food is excellent, and medical care is provided by the best of the country's physicians.

Unemployed persons needing hospitalization have to obtain a recommendation from their district "responsible" (*delegatul de*)
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cartier) to the City Hall (Sfatul Popular.) The City Hall issues a certificate of poverty which admits them to the hospital in their district -- if there is a vacancy.

Such basic hospital supplies as oxygenated water (peroxide) and camphorized alcohol are lacking in many hospitals; patients have to buy them from the black-market. Operating rooms economize in surgical cotton and dressings. A disinfectant known as rivanol is widely used in lieu of alcohol. Whether it is effective is not known. Other basic drugs which are chronically scarce are pyramidon, aspirin and neuralgia painkillers. People queue up in front of chemist shops to buy drugs and syrups prepared from various herbs, the cultivation of which is urged by the regime.

Sulfa drugs and penicillin can be obtained only on prescription -- if they are available.

Diseases.

Venereal disease has spread alarmingly as a result of Communist relaxation of morals among the youth and the increase in prostitution. VD centers have been set up in each city sector, and treatment has been made mandatory. Persons avoiding treatment of venereal disease may be punished with up to one year's imprisonment. However, treatment at these centers is defective. Suitable drugs are lacking and old methods of treatment are still in use. Gonorrhea, for instance, is still treated with manganese solutions.

The medical personnel at these centers consists of fledgling doctors, students of the medical school, and nurses.

Tuberculosis is rampant, both among young people and children - 75 per cent of the children in Rumania are predisposed to the disease - and among adults. The regime asserts that its anti-TB measures are excellent. In actual fact, the government has built six homes for tubercular children in various parts of the country - that is all. Existing TB clinics and sanatoria observe preferential admission for Party and UTM members. Many TB-infected workers have to wait for months before there is a hospital vacancy, thereby endangering the health of the other members of their family. This situation is aggravated by the seriously overcrowded conditions prevailing in the industrial cities -- the current population of BUCHAREST is estimated at 2,500,000.

- Doctors have to cope with an acute shortage of anti-TB drugs such as streptomycin and PAS. One rimifon tablet costs five or six lei (one dollar) on the black-market; one gram of streptomycin, 50 to 80 lei (8.00 to 13. dollars.)

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Aureomycin and cortizone are known to Rumanians only through Western radio broadcasts. Despite the acute overall shortage, Party bosses have all the drugs they want, supplied by the regime's embassies and legations abroad.

But the run-of-the-mill citizen is denied even the life-giving relief of a parcel of drugs sent by a relative abroad.

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