



01 Culmination of horror: Allegedly renitent children of the Cighid orphanage were locked into the so-called isolator and left to their own devices.

AIDS IN ROMANIA: THE INDIGNITY OF THE NAMELESS

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If we analyze the social situation in Romania in the terminal phase of the Ceaușescu regime, we may certainly speak of the psycho-pathological signs of decay of a social system. Admittedly, Romania is a special case in the 25-year history of the AIDS epidemic. But the unspeakable suffering of the HIV-positive and AIDS-diseased children in the orphanages and clinics of Romania made the world aware of the fact that AIDS cannot be reduced to a purely medical problem. The mass infections of children there were caused by the society's own fault. And the international aid wave after Ceaușescu's fall showed that effective help in case of a disaster in the area of AIDS can only be achieved by the interaction of politicians, medical specialists, and social assistants.

The first news on AIDS in Romania was a lapidary news agency report to the effect that the AIDS epidemic had reached Romanian children's homes. Initially, there were only guesses concerning the causes of this catastrophe.

The silent break-in of the AIDS epidemic in the second half of the eighties happened in the same manner in Romania as elsewhere. But the authorities in the shadow of the "Great Conductor" had to blame someone. The scapegoats were foreigners, long-distance drivers, and possibly sailors who had allegedly imported the illness via the port of Constanza. But what did foreigners have to do with the fact that innumerable infants suffering from AIDS were living very poorly in orphanages?

Ceaușescu declared this national disaster to be a state secret. Talking about it was risky, even for physicians. The cause of death of the affected children was simply declared to be an "infection by an unidentified virus" in the files of the hospitals. The medically well-trained physicians, however, knew exactly what was happen-

ing. The Romanian virologist Ionel Patrescu had the courage to alarm his medical colleagues. This made him fall into disgrace and the secret police Securitate kept medical doctors from attending his colloquia with strong-armed methods. The cause of the catastrophe was to be found in the insane decision by the State to give "energy shots" to the children starving in hospitals and orphanages. Thus, so-called micro-blood transfusions of only a few milliliters were administered to innumerable children between 1981 and 1991 to strengthen their immune system. How exactly the national chain of infection came about can no longer be traced. It is a fact that the blood administered to these children was never tested for AIDS.¹ Furthermore, the blood transfusions were given with injection needles that were reused hundreds of times. Since syringes, the same as other medical equipment, were scarce, they were declared the private property of nurses. If a cannula broke, the paramedic had to replace it at his/her own cost.

In the beginning, chaos reigned. After a survey trip through Romania in February 1990, Linus G. Jauslin, the current Secretary General of the AIDS & Child Foundation, asked the board to make available urgently needed medical resources. His wish list was unending: Medicaments, medico-technical equipment, food, clothing, light bulbs, paper, furniture, toys, etc. Everything suitable for operating a hospital or an orphanage was welcome. This nonspecific request irritated the Swiss medical establishment. They expected a list of needs with clear specifications from the initiators. Linus Jauslin told them: "Take an empty white cube as a basis in which children suffering from AIDS are lying. We are involved in disaster relief, to assure emergency interventions in rooms devoid of anything material."

Children's homes for demographic growth

The drama of the AIDS epidemic in Romanian children's homes was a consequence of the demographic delusions of grandeur of Nicolae and Elena Ceaușescu. The dictator remembered the former importance of the Roman province of Dacia and dreamed of the resurgence of his people. This is why in 1970 he initiated a population increase with a political crowbar. Romanian women had to give birth – whatever the cost. Ceaușescu proclaimed a law that set the number of children per family at minimum of five. Birth control and abortion were prohibited and punished with jail sentences. Even destitute or sick mothers had to abide by the “Great Conductor’s” delusion and give birth to offspring even when they did not want them. Deficiency symptoms due to malnutrition and botched abortion attempts by backdoor midwives increased the number of handicapped children. But Ceaușescu, the “genius of the Carpathians” as his partisans liked to call him, had provided for them. About 120 so-called social orphanages were scantily set up throughout the country. There, starving parents deposited their unwanted offspring. Children of politically unreliable citizens and many children of vagrants and gypsies were interned there immediately after birth – by force. If inmates survived their third year, a medical commission scrutinized them. From this recruitment pool, the strongest were chosen for the presidential guards and as “hawks of the fatherland”, they were given a patriotic education in special homes. In a second selection, the future henchmen of the ever-present secret police Securitate were chosen. Those left behind in the orphanages were forgotten. Handicapped and chronically ill children were considered “human material of no value for the State.” They were transferred to the notorious final stations

for “irecurabili” (“irrecoverable,” “irretrievable” ones).² “All these children’s homes operated more or less according to the same pattern,” declared Dr. Jean-Gabriel Barbin, who was in charge of the French organization “Médecins du Monde” in room No. 1818 of the hotel Intercontinental in Bucharest in 1990. “The children’s homes have a ludicrous budget of 14 Lei³ per day and child. That is just enough to die.”

The nightmare of Cighid

The children’s home that achieved sorrowful world notoriety is Cighid. The institution was located on the Hungarian/Romanian border, near the city of Oradea. The heartbreaking report⁴ by the delegates of the AIDS & Child Foundation still reverberates in our ears:

“We thought we were in a horror movie. More than one hundred babies and children are held like animals in a labyrinth of horror. In unheated rooms with space for maximum ten persons vegetate up to thirty children – sometimes by twos in scrap-iron latticed beds. The children standing or sitting in them behave in a most striking way. They stare at us with large, expressionless eyes. And yet, they hardly seem to notice us. Their vocal expression shakes us. The very small children do not cry, and the older ones do not talk. They babble and grunt and emit staccato-like sounds. Boys with wounds covered with scab on arms and legs have evidently scratched themselves bloody and bitten themselves. Some of them behave like polar bears in a zoo cage, rhythmically rocking their heads to and fro. Others incessantly swing the upper part of their bodies back and forth, or they continuously bang their heads against the iron bars, as if they were in a trance. Have autistic children been locked up here? Not at all! The jactations, as these stereotypical movement pat-

terns are called, in these cases are unequivocal symptoms of the so-called mental hospitalism.

The top of the horror pyramid of Cighid is the “isolator.” This is the name given to a storage room of at most 12 square meters in the home where the children with behavioral disorders that cause difficulty to the wardens are isolated. On a French bed, a dozen “irecuperabili” are wallowing in their own feces.”

False diagnosis “debility”

Motor overactivity is known to be a physical and mental consequence of severe neglect of any nursing measure, which goes hand in hand with the merciless withdrawal of affection and stimulation. This behavior of children was evidently found in all Romanian orphanages and hospitals with HIV-positive patients.

One of the French doctors of the organization “Médecins du Monde” who accompanied the delegates of AIDS & Child spoke of the Kaspar-Hauser-syndrome, thus designating the most severe form of mental deprivation that had destroyed the primordial trust of the children. The intellectual and emotional retardation caused thereby had reached the extent of mental disability in some of the older children. This “pseudo-debility” was considered congenital feeble-mindedness by the apathetic staff – mostly unskilled women from the rural surroundings. That emotional affection, attentive care, and sensorial stimulation would have been curative was probably barely understood by the, themselves traumatized, employees. (Only the intervention of English nurses who swept the orphanages with an iron broom and turned their loving attention to the children showed them later on that colors, pictures, and music poured balm into the psycho-affective wounds of the children.) The devastat-

ing view of hospitalism made it clear to us from the AIDS & Child Foundation that toys are of decisive importance for the well being of the child and that they must be part of future shipments of goods, the same as medication, clothing, food, and health care products.

Reports in the media on Cighid and other orphanages triggered a great international aid wave. Innumerable private persons and non-government organizations (NGOs) sent relief shipments to Romania to supply orphanages and hospitals. A mere two months after the Federal Minister of Foreign Affairs, Hans-Dietrich Genscher visited Romania at the beginning of 1990, the Federal Republic of Germany alone had supplied medical aid worth thirty million marks and food aid worth ten million marks, all of which was primarily contributed by private donors.⁵

One problem for the largely uncoordinated transports were the marauding gangs who once in a while pillaged trucks. The theft of relief material intended for hospitals and orphanages gave rise to voices calling for a temporary stop of shipments. The foundation AIDS & Child was only marginally confronted by this set of problems.

Among the scarce goods of the aided institutions were light bulbs, among other items. One member of the board remembers: “We included a lot of light bulbs in our relief transports and personally screwed them into the sockets in the corresponding wards. But on the next visit, the patients’ rooms were again dark. The bulbs were quite probably stolen by the staff. We soon realized that this state of affairs would continue as long as the employees were without light bulbs at home. This is why we supplied electrical appliances until the patients’ rooms remained lit in the evenings.” This small example shows that

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02 Also in the hospital wards, HIV-affected infants were tightly wrapped. This traditional swathing method is still customary in rural areas of Romania, even today.

03 Contaminated syringes are the probable cause of the AIDS epidemic in Romanian orphanages.

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04 A severely traumatized boy in the “terminal station” of the former hunting lodge Cighid where “irretrievable” children were side-tracked.

foreign assistance to sick children is better supported by their nursing environment if the elementary needs of underprivileged employees are also taken into account.

Patients without names

The patients' rooms of the Colentina hospital were full of children's beds. There was a smell of urine and feces. Lime dripped from the walls, the floor was greasy. Emaciated children lay in the dim light. All of them were obviously undernourished. One-year-old infants whose normal weight ought to be around ten kilograms weighed less than five.

Upon their first visit, our delegates noticed that there were no names on the patients' beds. When they asked who the children were, the staff shrugged their shoulders. Patients were nameless, anonymous among the mass of orphans who suffered of AIDS.

The images of the terminal AIDS stations of the Colentina and Victor Babes hospitals in Bucharest were Romanian standard. The physicians there were ashamed. Although some of them admitted freely that they had been members of the Communist Party of Romania for opportunistic reasons, for them Communism was a projection surface for evil in general and Ceaușescu the father of all evil. But neither Communism nor the Dictator could be blamed for the fact that the children had been robbed of their names. This was the responsibility of the hospital management. By the way, at the beginning of the nineties, the head of the AIDS ward of the Victor Babes hospital was a professor who at the beginning of the Ceaușescu era had also served as a colonel with Securitate.

A Swiss medical doctor, who had been sent by the AIDS & Child foundation, inquired in the Colentina hospital what the PCP and LIP inci-

dence⁶ was. To begin with, the physicians there did not want to understand the question. But they knew very well what she was talking about. In the end the physicians admitted that reliable statistical data were as scarce as baby food in Romania. This was the reason why they abstained from prescribing prophylactics such as Bactrim and fungicides. The therapeutic use of immunoglobulin was out of the question, mainly because of economic considerations.

A flash of hope in Focsani

The representatives of AIDS & Child experienced a contrasting program to the desolate hospitals in Bucharest when they visited the children's home in Focsani, managed by Dr. Danuț Ceamburu. The town of Focsani, with somewhat over 100,000 inhabitants, is located at the Eastern tip of the Carpathes, 160 kilometers in the northeast of Bucharest. Compared to the former, this home was managed in a relatively exemplary fashion. There were no undernourished children here. The home manager proved to us that it was possible, even in Romania, to have initiative and imagination in favor of the children. His office was a small museum, homage to the great Romanian poet Mihai Eminescu (1850–1889). His sonnets as well as colorful paintings by the pediatrician himself hang on the walls.

The discussion was about a preventive campaign. Danuț Ceamburu was frustrated. His pushes for such a campaign were nipped in the bud by the authorities, because in the view of the bureaucrats, a Stop-AIDS-campaign would have been a public admission of the catastrophe. The representatives of AIDS & Child ignored the governmental objections and pasted colorful Stop-AIDS-posters on the drab concrete walls in the city center of Focsani.

The conversation with Dr. Ceamburu was interrupted by a phone call. A factory in the North of Romania agreed to supply the children's home with powdered milk. Danuț Ceamburu was satisfied, but also stated that the Romanian product was expensive and its nutritive value was relatively low. "Typical," he said, "it is only half a donation" and added shamefacedly that the management of the powdered milk factory expected reciprocity in the form of wine, which he was to obtain from the producers in the Focsani region.

Do the surviving orphanage children have a future?

At the end of the Nicolae Ceaușescu regime before Christmas 1989, Romania was economically and socially ruined. The situation was desolate. The population's hopes for an immediate improvement of the situation gave way to disenchantment. Annual inflation of about 200%, coupled with a reduction of industrial production by about 60% and lagging restructuring of the pillaged and totally obsolete agriculture brought forth the frustration of the population. The hope for better times under democracy did not change anything concerning the fact that, according to a statement of WHO in 1994, half the population of Romania fell under the poverty line.

Since the turn of the millennium, Romania has been recovering, above all in macro-economic terms. The healing process proceeded faster and better than had been expected by Europe in the nineties. In the past five years, the economy registered an average growth of 5.2%. In 2004, economic growth even accelerated to as much as 8.3%. The national budget is managed with discipline and investments are increasing. The tax reform of 2005 created a favorable cli-

mate for investments with its introduction of a flat tax rate of 16%. And yet, there are still some hurdles to be overcome on the path from a planned economy to a market economy. In remote areas of the country, severe poverty is still rampant. Corruption, nepotism, and the discrimination of minorities got stuck in the still not completely drained sump of the Ceaușescu era and produce grotesque phenomena.

Conditions as those in Cighid are history. The former castle of horrors has been turned into an exemplary institution – financed by donations. Some "irretrievable" children are currently attending elite high-schools. The promising project initiated by foreign interventions has meanwhile been abandoned. The heirs of the Earl's family who formerly owned the castle, have filed their proprietary claims and have allegedly opened a profitable convention center in lieu of the orphanage.

HIV-positive persons are discriminated

Among East-European countries, with the exception of Russia and the Ukraine, Romania ranks at the top of AIDS statistics. The last reported number of HIV infections (as of 30 June 2006) was 16,258. The international organization "Human Rights Watch (HRW)" speaks of 7200 affected children and adolescents between 15 and 19 years of age. A large number of them are survivors of the horror regime of orphanages.⁷

According to data provided by the foundation "Romanian Angel Appeal,"⁸ 7351 children⁹ with AIDS have been counted to date. Although the Romanian authorities have prescribed anti-retroviral medication for those affected, bureaucracy, discrimination, and lack of funds frequently block their access to the necessary medication for treating opportunistic infec-

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05 Carina Matei, MD, a clinical psychologist, conversing with a juvenile suffering from AIDS. The Bucharest clinic Prof. Dr. Matei Bals (Sef Catedra Boli infectioase – UMF “Carol Davila”) is currently a competence center for treating patients with HIV/AIDS.

06 Report at the AIDS-ward of the Prof. Dr. Matei Bals hospital (Sef Catedra Boli infectioase – UMF “Carol Davila”), Bucharest. This ward for infectious diseases currently corresponds more or less to Western standards and is a role model in Romania.

tions. Children and adolescents infected in the 21st century are often drug addicts and became infected via intravenous injections.

Drug users – among them many “street children” – are stigmatized and despised as the dregs of society. Thus HIV-positive children and juveniles are trodden down time and again. Their discrimination is an everyday occurrence. Their rights to education, health, and privacy continue to be massively violated.

Only 60% of HIV-positive children in Romania attend school. But woe to them if their condition is made known! They risk marginalization and abuse by teachers and co-students. Over and over again, HIV-positive children are reassigned to special schools without any reason. Adolescents are barred from work-

ing in certain vocational lines (e.g. hairdresser or activities in the food sector) because Romanian law requires a negative AIDS test for those occupations.

According to “Human Rights Watch” (HRW) statements, physicians in Romania often refuse to treat HIV-positive children and adolescents. The problem is said to be particularly acute when such children need emergency treatment. HIV-positive children also suffer from severe mental distress.¹⁰

Some physicians, teachers, and functionaries evidently are not too particular regarding professional secrecy. Their misdemeanor remains generally unpunished. Functionaries, physicians, and even private citizens are officially encouraged to “keep an eye on” HIV-positive

HIV/AIDS in Eastern Europe¹¹

Country	Latest number of HIV infections reported	Latest number of AIDS cases reported	New HIV infections 2005
Albania	153	48	no data
Bosnia / Herzegovina	116	83	15
Bulgaria	598	364	83
Croatia	553	239	63
EJR Macedonia	79	63	12
Montenegro	64	37	no data
Poland	10,203	1,784	640
Romania	16,258	9,825	490
Russian Federation	347,222	3,122	36,458
Slovakia	158	40	21
Slovenia	268	124	36
Hungary	1,281	503	no data
Czech Republic	827	196	90
Ukraine	103,572	18,672	4,217
Byelorussia	7,309	303	135

persons. This incitement to denunciation logically leads to the affected persons being marked as criminals. Their lives at the margin of society may keep many of them from seeking help from specialized entities.

Physicians in Romania are not authorized to inform children of their HIV-infections without the consent of their parents. This seriously restricts the child's autonomy. How is an adolescent to choose a career or decide responsibly on his/her sexual activity without being informed of his/her state of health? Furthermore: HIV-positive juveniles are refused employment again and again because medical attestations are mandatory by law for many jobs.

A multitude of aid organizations (NGOs) and financially strong international organiza-

tions such as "The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFMAT)" at present make important contributions to prevent AIDS and to develop medical and psycho-social offers of care. The reverse of the coin: In view of the commitment of these organizations, the Romanian government shirks its obligation of actively supporting the AIDS-political program for the years 2004 to 2007 by logistic, financial, and legal measures.

The spirit of the dictator from the Carpaties may still be haunting some brains, but current reality cannot be compared with the calamity during the Ceaușescu period. AIDS-infected children no longer starve to death in Romania; most hospitals are now operational and terminally ill infants have a name. Knowledge of the

HIV/AIDS in Romania¹²

Transmission route (cumulative data, until June 30, 2006)	Children (0–14 yrs) with HIV	Children (0–14 yrs) with AIDS	Adults (>14 yrs) with HIV	Adults (>14 yrs) with AIDS
Mother to child	225	343	—	—
Nosocomial	2,297	4,729	—	—
Transfusions & blood products	385	1,607	134	275
Haemophilia	8	16	7	26
IDU	—	—	10	8
homosexual / bisexual	—	—	125	83
heterosexual	—	—	1,355	1,660
unknown	1,566	656	403	696
Total	4,481	7,351	2,034	2,748

socio-political context of the Romanian tragedy is important because the abysses of the history of humanity may break open again at any time. But blaming people will not help a single child. What is now required is international cooperation with the positive forces in Eastern Europe to develop efficient, sustainable projects. All of us are in duty bound to do so, for AIDS is a problem that concerns all of us.

Alarming spread of HIV in Eastern Europe

With regard to the cause of the HIV infection among children, Romania is epidemiologically a special case. Among the adult population, however, the AIDS epidemic spreads all across Eastern Europe at unmitigated speed. Romania and Poland together have more AIDS cases than all central European countries taken together. In 2005, 1.6 million persons were affected by AIDS in Eastern Europe and Central Asia. This is a twenty-fold increase in less than ten years.

The Russian Federation with its official 370,000 HIV infections ranks first on the AIDS statistics. But AIDS organizations estimate that the actual number is between 1.3 and 3.4 million. The number of new infections originated by heterosexual contacts soared from 6% in 2001 to 25% in 2004. 80% of the affected persons are younger than 30 years.¹³

The reasons for its propagation are many. In particular, the high prevalence among injecting drug users is striking. About 80% of all newly infected people are to be found in this risk group.

One of the core problems of AIDS-policy in Eastern Europe is the stigmatization and discrimination of the affected persons. Public discussion of sex is still taboo. This is why sexual information and education leave much to be desired. In many countries, a dogma of abstinence

prevails, which is enforced by prosecution under criminal law. Syringe exchange programs are rarely found. A Moscow study showed that at least 75% of drug users share their syringes.¹⁴

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- 1 In Switzerland, blood donors have been consistently tested for a possible HIV contamination since 1986 (information by the Federal Office of Health).
- 2 Cf. <http://www.weblexikon.de/Cighid.html> in German.
- 3 Exchange rate 1990: 1 USD = 21.56 Lei.
- 4 Oral report by Linus G. Jauslin and Georges Schumacher, February 1990.
- 5 Ambassador Terfloth in an interview by the newspaper Romania Libera, quoted by Gabanyi Anneli Ute, *Die unvollendete Revolution*, Munich 1990.
- 6 The pneumonia called *Pneumocystis carinii* (PCP) is a frequent opportunistic infection arising in children with severe immunodeficiency. The same as lymphocytic interstitial pneumonia (LIP), it points to the presence of AIDS.
- 7 Medical Tribune Online, 14 Nov. 2006, www.medical-tribune.ch/deutsch/news/news.
- 8 HIV/AIDS Statistics of the Ministry of Health, National Commission to fight AIDS, "Prof. Dr. Matei Bals" Infectious Disease Institute. Cf. www.cnlas.ro
- 9 Juveniles in Romania are considered adults from the age of 14.
- 10 One aid organization working on behalf of the right of HIV-positive children to treatment is the international organization Terre des hommes with headquarters in Lausanne.
- 11 Aktualisierung zu HIV/AIDS in der Europäischen Region, Weltgesundheitsorganisation, Kopenhagen, 12. September 2006, <http://www.euro.who.int/document/rc56/gtbo1a.pdf>, Anhang.
- 12 Institutul de boli infectionase "Prof. Dr. Matei Bals". Compartimentul pentru monitorizarea și evaluarea infecției HIV/SIDA in Romania. www.cnlas.ro
- 13 Geser, Janette Weiss: Time to deliver HIV/AIDS in Eastern Europe, <http://www.aids.ch/d/hivpositiv/pdf/referate/Time%20to%20deliver%20HIV.pdf>, St. Gallen 20.09.06.
See also Jahn Christian: Ein Drittel erfüllt die PISA-Anforderungen nicht. Moskauer Deutsche Zeitung, 5. Juli 2005, <http://www.mdz-moskau.eu/print.php?date=1120581626>.
- 14 Oral information from Janette Weiss Geser, Infekt Team Schweiz-Russland, St. Gallen, 26.09.06.

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cialist in pediatrics and was medical director of the Zurich children's hospital until his retirement. On June 1, 2005, the Carol Davila University in Bucharest conveyed an honorary doctorate on him in

appreciation of his dedication to the Sighet hospital in Transylvania. Since 1988, he has been President of the Swiss AIDS & Child Foundation.

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