

# Transitions

Minorities, Romania, Society, Southeastern Europe

## Intensive Care

by **Barbara Frye**

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*Making the rounds with health mediators in a Romani village: birth, death, and everything in-between.*

DIOSIG, Romania | Kati Gurbai and Tunde Makai gingerly pick their way through ankle-deep mud until they reach the home of Argentina Kanalas. It's a cold mid-December afternoon, but Kanalas is standing outside, clad in a thin, long-sleeve shirt and full-length skirt. She has finely arched eyebrows, plum cheeks, pretty brown eyes, and brown hair, pulled back, that falls in wisps around her face. In another place and time, she might be a photographer's or artist's model. Instead, she is a poor 16-year-old, five months pregnant with her second child and afraid to go to the doctor. "Y

Privacy - Terms

have to go to the doctor. She needs to see how you are,” Makai tells her. “It’s for your health, for the baby’s health.”



Argentina Kanalas, center, talks with Kati Gurbai, left, and Tunde Makai, second from left, as Argentina’s boyfriend’s mother looks on.

Kanalas shyly holds her hands behind her back and protests mildly. “I had the baby at home last time and it was fine,” she says. A neighbor, also a teenage girl, interrupts with a tale of her own: she gave birth in a hospital, she says, and when her baby needed an intravenous injection, the nurses put the needle into the baby’s head. Now the spot is infected, she says.

It’s nothing Gurbai and Makai have not heard before. The two women are health mediators, trained by social workers and medical professionals to reach out to members of this Romani settlement in the town of Diosig, a Hungarian-speaking part of northwest Romania. Each day, they walk from their

houses nearby through this community of 1,500 people. Their rounds can take a day or a few hours. Sometimes they have certain people they want to check on. Other times, the people along the way call them into their yards. They also sometimes accompany people from the settlement on doctor’s visits, which can be a difficult experience for patient and doctor. Gurbai and Makai, who have been mediators for five years, were chosen after Makai’s father, a Rom who sat on the local council, nominated them. Each earns a salary of 150 euros per month.

The women said it took about six months for the Roma here to accept them. “The first problem when we came was nobody understood what we wanted,” Makai says. “They didn’t know how to go to the doctor, where to go to the doctor ...” she says, her voice trailing off. “They were afraid. They didn’t want to show us their papers or give their real names,” Gurbai adds.

The mediator program aims to improve health care in Romani communities by making sure Roma have better access to care, are better educated about their own health, and have smoother interactions with medical professionals. Some Romani communities have Romania’s highest rates of tuberculosis, hepatitis, and AIDS, and Roma, who often eat poorly and chain smoke, face high rates of heart disease and cancer. Romani CRISS, a Bucharest-based advocacy group, started the program in the late 1990s. A 2006 independent evaluation of the program called mediators “the most important driving force in spreading information and educating the Roma population, as well

as in creating the necessary environment for a trust-based relationship between Roma patients and health service providers.”

For Gurbai and Makai, the first task was to make sure the people in the settlement had the required birth certificate and identification card in order to receive health benefits. Then each person had to be assigned a primary doctor and have a medical file created. The 2006 report estimated that mediators had helped 8,000 Roma get enrolled on family doctors’ lists but that more than 7,300 were still to be registered in communities where mediators worked. The women are now welcomed into the community, but with each new birth, those basic tasks must be attended to. Kanalas, for instance, lives with her boyfriend’s family because her father is out of the picture and her mother has taken Kanalas’ first child’s birth certificate in order to receive the state benefits that go to poor children, about 70 euros per month. There isn’t much Gurbai or Makai can do but tell Kanalas that she must be firm with her mother.

The concerns are more dire at the next house. Erzsebet Orosz stands outside her two-room shack, one room of which is a corrugated tin enclosure draped with blankets. She is tending to a pile of tree branches for which she has just paid 50 euros for firewood and cooking.



Erzsebet Orosz, 38, is expecting her 10th child.

Gurbai and Makai want to check on Orosz, who is 38 and pregnant with her 10th child, and to see if she has gotten a birth certificate yet for her 1-year-old infant. She has. But, she tells them, the baby she is carrying isn’t moving. She had wanted an abortion, she mentions, but because she has had 25 already, the doctor refused to perform the procedure. As for birth control, she says she doesn’t have the time or money to travel to the nearest town to get it – there is no family planning program in the community. And she can’t leave her children on their own. “They almost burned the house down one day because they weren’t careful,” Orosz says. (On a subsequent doctor’s visit, with Makai and Gurbai in tow, Orosz learns that her unborn baby is fine.)

This part of the settlement is the picture of Europe’s Third World poverty, full of makeshift housing, stray dogs, and underclothed babies. Nearly every woman of child-bearing age is



pregnant, holding a small child, or both. As they walk along, a man stumbles into his house. “I’m healthy, but I’m a little drunk,” he yells out to Makai and Gurbai. Another man catches the eye of a visitor and points, half in exasperation and half in apology, to the muddy road that makes movement here so difficult.

## RIGHT SIDE OF THE TRACKS

But when Gurbai and Makai reach the community school, things change. It is well-kept and warm. The walls are painted in cheerful pink and white, and covered with the students’ artwork. Students in kindergarten and grades one through three attend this school with its new windows and desks. Gurbai and Makai stop by regularly to talk about hygiene and nutrition. On this day, the third grade, which is learning English, serenades a visiting Anglophone with *My Bonny Lies Over the Ocean*.



The community school is warm and cheerful.

It is as if the school separates the two parts of the community. Past the school, the houses are more substantial and cleaner. The road is still muddy, but less so, and a sidewalk is always available. An obvious class difference exists here. Most striking is an immaculately kept, picket-fenced compound of two peach-colored houses, joined by a grapevine-covered courtyard. It could well be on a Mediterranean island. Gyorgy Varga, the owner, comes out to chat with Gurbai and Makai. Varga, 70, was a bricklayer in a nearby town for 35 years and retired with a pension. He grumbles that the poorer Roma here are simply unwilling to work.

In the midst of the conversation, a group of women carrying children approach. They are anxious about an outbreak of hepatitis in the community that they say started with the death of one man. Hepatitis and tuberculosis are common diseases here, Gurbai says. Residents here have received pills, but not shots to ward off hepatitis, Makai says. “We told you and we told you to wash your hands,” Gurbai tells them gently. “Tell your children they have to wash their hands.” A young woman, pregnant, protests. “I wash all the time! Look at me, I’m not dirty,” she exclaims.

Another young woman says she went to the doctor for shots, who she says told her, “You don’t need shots. You just need to wash yourselves.” “Gypsies are like other people,” says one older woman,



A group of parents and children approach Gurbai and Makai to talk about a recent case of hepatitis.

who suggests the source of the hepatitis outbreak is on the other side of the tracks. “We live well, we don’t live well. We’re clean but our children play with the other children. If my child gets hepatitis, I’ll kill them.”

Another woman joins the discussion from a distance, shouting, “They say we aren’t civilized people, but look at these conditions! I paid for pipes to bring water to my house, but the mayor wouldn’t approve it.” Now water is fetched from a common pump that constantly trickles into the road. Gurbai and Makai agree to tell the local council. Makai explains later that water and sewer pipes have been approved

for the community. A site for a water tower has already been excavated but work cannot move forward in the winter, she says. So, maybe, by this time next year, things will be different. And there will likely be a few more children scampering through the mud.

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