

THE "NAMELESS CHILDREN OF ROMANIA"

Ministry-Sponsored Fund Helped Disabled Orphans In Former Iron Curtain Country

BY DAVID J. SAUER



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Why should the Catholic health ministry in the United States share its resources with people in other countries? In the case of one nation, Romania, aid from our ministry helped change the way people perceived disabled orphans. Formerly seen as hopeless, even disposable, such children are today benefiting from a more open and accepting attitude.

The ministry has benefited as well. Through its efforts in Romania, it has learned valuable lessons about working in other cultures and countries and heeded the biblical admonition to be "my brother's keeper."

THE "NAMELESS CHILDREN"

The story began in July 1990, when the U.S. State Department and Caritas Internationalis, Rome, invited the Catholic Health Association (CHA) and representatives of other healthcare and social service organizations to join a team that would assess conditions in orphanages in Romania. I was one of two CHA representatives on the team.

Romania was still recovering from the December 1989 revolution that had overthrown its 44-year-long Communist dictatorship. The new government had done little to provide care for thousands of children warehoused in orphanages. Conditions were particularly bad for children whom, because they had physical or mental disabilities, the government had deemed "irrecoverable."

Near Bucharest, Romania's capital, our team visited an institution consisting of several connected concrete buildings that turned out to be the home of 200 disabled orphans, along with some 220 mentally ill adults. The institution, we were told, was badly heated in winter and

had only one source of water—an outside cold water tap.

Inside the smell of so much unwashed humanity was all but overpowering. We found some 30 children in the first room we entered. Most lay in steel cribs, their skin ashen, their limbs so atrophied they appeared to be stems covered with skin. These children lay very still, making no sound, unable even to brush away the flies that were everywhere, including in their eyes and mouths.

As we moved among them, we saw a boy of five or six years who was trying to stand in his crib. As he struggled, his diaper fell away, revealing a horribly emaciated body. We asked the institution's medical director what the boy's name was and where he was from. She shrugged her shoulders, indicating that she knew the names of none of the "irrecoverable" children in the ward. We had come upon a room full of starving children whom no one touched, to whom no one spoke—children so deprived they no longer even had names.

THE MINISTRY STEPS IN

That awful scene—and those like it in many other Romanian cities and villages—made a profound impression on us. Because of it, the Catholic health ministry decided that year to organize the Fund for the Nameless Children of Romania.

Those of us who launched the fund realized that its scope had to be limited. In 1990 many Romanians were in need. We knew that other relief organizations were much better than ours at providing food, clothing, and general medical assistance. But we also knew that no other organization was targeting Romania's "irrecoverables." Having visited those orphanages, we felt we had to do something to help that country rebuild its capacity to provide care for such kids.

We decided that the fund should follow two guiding principles:

- Most of the money we raised would be earmarked either for abandoned disabled children or for families with disabled children.

- The money would be funneled through Romanian organizations that had demonstrated a desire to build on their own capabilities and limited resources.

THE FUND'S PROJECTS

The fund became involved in a variety of projects.

Rehabilitation Unit The fund created and built a rehabilitation unit in the state-run Budimex Children's Hospital in Bucharest. On the understanding that at least half the patients admitted to the ward would be orphanage residents, the fund agreed to provide equipment and training for the hospital's physical therapy staff. The training was given by Gary Nederveld & Associates, a Grand Haven, MI-based Sisters of Mercy rehabilitation agency.

Down's Syndrome Facility The fund equipped and paid staff salaries at Romania's first facility for the education of children with Down's syndrome. Caritas Bucharest, a Church-sponsored social services organization, hired the staff members.

Short-Term Group Homes A congregation of Eastern-rite Romanian women religious wanted to open group homes in which abandoned children could live until they were adopted, placed in foster homes, or returned to their natural families. Unfortunately, the congregation had been stripped of its property by the country's former Communist government. The fund gave the congregation the help it needed to acquire, renovate, and open the first two of its group homes.

Day School for Disabled Children Working with a foundation headed by a Romanian orthopedist and a group of rehabilitation therapy volunteers, the fund opened a day school for disabled children in Cluj, Romania.

Other Projects The fund also helped establish day care centers, developed a school of nursing, and equipped and opened two laboratories for orthotics and prostheses.

LESSONS LEARNED

Although the U.S. Catholic health ministry has more than enough to do at home, it is important for it to remain open to the missionary spirit and seek out people to work with in other parts of the world. Whether the people aided are Romanian, Rwandan, Bosnian, or Kosovars, they desperately need the knowledge, resources, and philosophy Catholic healthcare has to share.

In sharing with others, however, leaders of U.S. Catholic healthcare should keep the follow-

ing points in mind:

- Establish relationships with credible local agencies (e.g., church-sponsored health and social service groups, healthcare facilities, and schools).

- Keep the resources and training offered simple and relatively low-tech, even though local medical staff might prefer state-of-the-art diagnostic and treatment equipment.

- Follow through on any commitment made. We saw many well-meaning individuals who, having seen the horrors of the children's circumstances, made promises in the passion of the moment they later found impossible to keep.

- Rely on local people for advice; trust their judgment. We realized early that we didn't have all the answers; we were from a different culture. If we hoped to leave an ongoing project behind us, we had to make it one that the local people "owned."

- Hire local people when possible.

- Keep projects—and expectations concerning them—modest. Stay focused on what is doable and fight the temptation to impose U.S. know-how and the desire to make grand statements about accomplishments.

- Seek involvement and input from the people who will be the project's beneficiaries (e.g., parents of children with Down's syndrome).

- Give financial resources directly to the local agency or organization when appropriate, though only after building in safeguards to protect the project.

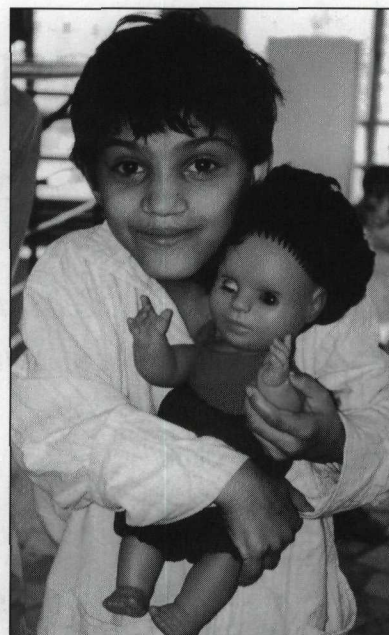
- Be slow to judge the motives of the recipient organization; on the other hand, do not be naïve. Cultural differences do make a difference!

- Be patient.

SEEDS OF CHANGE

Between 1990 and 1995, when Romanian organizations began directing the projects themselves, the fund transferred \$2 million to that country. Because CHA provided the infrastructure and staff for the fund raising, nearly all the money collected went directly to the projects.

Through the fund, the U.S. Catholic health ministry was able to plant seeds of change in Romania. In doing so, we have helped give a brighter future to many hundreds of children who, without the fund's intervention, would have led brief, grim lives. □



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☎ For further information, contact David Sauer at 414-790-5228.