The Rights of Elderly from Romania during the Pandemic Period

ხანდაზმულთა უფლებები პანდემიის პერიოდში რუმინეთში

Chirugu Gianina Mădălina
PhD in Sociology,
Lecturer at Ovidius University Constanta, Romania
ORCID: https://orcid.org/0009-0006-2836-4254

Abstract: The purpose of the paper is to highlight the impact that the pandemic had, from a legislative point of view, on the elderly in Romania. In order to outline this idea among the proposed objectives, we highlight the analysis of the legislative changes in Romania, the analysis of the influence of these changes on the quality of life of the elderly and what were the main restrictions imposed and whether they affected the rights of the seniors in Romania. The theoretical study will show that the pandemic has led to the violation of several rights of the elderly, especially the right to health.

Key words: elderly, rights, pandemic, restrictions, limitations

ჩირუგუ გიანინა მადალინა
სოციოლოგიის დოქტორი,
კონსტანცას ოვიდიუსის უნივერსიტეტის ლექტორი
ORCID: https://orcid.org/0009-0006-2836-4254

ანოტაცია: ნაშრომის მიზანია წარმოაჩინოს პანდემიის გავლენა რუმინეთის ხანდაზმულ მოსახლეობაზე საკანონმდებლო კუთხით. ამ იდეის განსახორციელებლად, კვლევის ძირითადი ამოცანებია: რუმინეთში საკანონმდებლო ცვლილებების ანალიზი, ამ ცვლილებების გავლენა ხანდაზმულთა ცხოვრების ხარისხზე, ასევე იმ ძირითადი შეზღუდვების შეფასება, რომლებიც დაწესდა და რამდენად შეეხო ისინი რუმინელი ხანდაზმულების უფლებებს. თეორიული კვლევა აჩვენებს, რომ პანდემიამ გამოიწვია ხანდაზმულთა რამდენიმე უფლების დარღვევა, განსაკუთრებით კი ჯანმრთელობის დაცვის უფლების შეზღუდვა.

საკვანძო სიტყვები: ხანდაზმულები, უფლებები, პანდემია, შეზღუდვები, ლიმიტაციები

***

Introduction. On February 26, 2020, the first case of COVID-19 was confirmed in Gorj County, in southwestern Romania. The infected person was in direct contact with an Italian who visited Romania between February 18 and 22 and tested

positive on his return to Italy. Indeed, the Italian authorities alerted Romanian counterparts, thus facilitating the rapid identification and isolation of contacts, some of which were subsequently tested positive for SARS-CoV-2. In addition, as the first patient did not show any symptoms of COVID-19, a potential overpropagation scenario was avoided. Although the "zero patient" was quickly identified in Romania, other cases followed. By March 14, Romania had exceeded 100 confirmed cases, most of them being Romanian citizens returning from severely affected areas. On March 25, Romania increased these restrictions by establishing a military ordinance. The new measures have included isolating citizens over the age of 65 in their homes and reducing the daily movement of the population to a minimum, such as essential shopping and visiting pharmacies or hospitals. Indeed, the country has begun to face serious problems in managing the growing number of patients with COVID-19. Romania has one of the largest diasporas in the European Union (EU), with over three million citizens living abroad. Due to the economic uncertainties and the atmosphere of panic associated with the COVID-19 pandemic, many have returned to Romania, especially from severely affected countries such as Italy or France. As the human migration movement proved to be a good predictor of an epidemic, successive waves of returning citizens posed a huge challenge for border control and healthcare authorities.

This problem had to be resolved quickly, as at present the stages of spread were crucial in determining the results of epidemic control. In addition, public concerns about these issues required careful management, as an inadequate approach has the potential to lead to a stigmatization of those returning. In March 2020 alone, more than 250,000 Romanians returned from abroad, and their number was expected to increase in the weeks before Easter. In response, all Romanian citizens returning from the regions affected by COVID-19 were forced to sign a 14-day self-isolation declaration. However, many citizens did not honestly report where they were returning, some of them even taking deviated routes to enter Romania.

The dramatic example was the case of a retired officer who lied about traveling abroad when he was hospitalized (Rădulescu, 2020). By the time he was diagnosed with COVID-19, he had infected at least 30 people, including medical staff. In addition, there have been countless examples of people who have not taken into account the official guidelines by attending large social gatherings. This led to hundreds of people quarantined after coming into contact with confirmed patients. In response to widespread non-compliance with official guidelines, the authorities have introduced mandatory self-isolation or institutionalized quarantine for those returning from countries with a moderate and severely affected level, respectively. An important aspect is that the police escorted most citizens returning to

quarantine units in their counties of origin, thus avoiding an overload of infrastructure in border regions.

The answers of the Romanian authorities to the pandemic. Romania has the lowest level of health of all EU countries (WHO, 2022) and faces the problem of staff shortages due to the continued emigration of medical staff. As a result, many rural areas do not have access to healthcare facilities, with the nearest medical units often being located at considerable distances. These pre-existing problems have exacerbated the challenges posed by the COVID-19 pandemic. By the end of March 2020, an increasing number of hospitals in Romania were dealing with cases of COVID-19. As infections began to be reported among medical staff, many departments were closed and patients with other conditions were transferred to either the same hospital, or to other medical units. However, in many cases, this type of response was not used early enough. As a result, infections began to spread rapidly among medical staff and patients, leading to hospitals and even entire cities to be quarantined.

A dramatic example of such a scenario took place at the county hospital in Suceava, in northeastern Romania. There, inadequate management, along with a lack of protocols and inadequate protective equipment, led to an explosion of COVID-19 cases. In addition, the hospital management tried to hide the irregularities and not report the initial cases among the medical staff. Unfortunately, patients with the condition were infected and many of them died due to complications associated with COVID-19.

Consequently, on March 30, as more and more cases were reported, the government decided that Suceava and several neighboring localities should enter into total isolation. In addition, the administration of the county hospital was taken over by the army, which purchased adequate protective equipment and established strict protocols for all medical staff. The unfortunate series of events that took place in Suceava demonstrates the crucial role of health authorities. As a result, due to the dangerous conditions in which they had to work, several doctors and nurses from across the country resigned officially. Their concerns were not limited to the safety of health care for health workers themselves, but also included the well-being of patients who were not yet infected with SARS-CoV-2. As some of these resignations entered into force, alarm signals were sounded at national level, which led local and national authorities to accelerate the provision of the resources needed to deal with the epidemic.

At the same time, concerns have arisen about the effects of large-scale resignations on already insufficient staff. These waves of resignations, which were meant to

raise public awareness of health problems, created a wave of public protests. Indeed, these actions gave the impression that patients were abandoned in a difficult period. As a first response, government officials discussed the withdrawal of the rights of resigning medical staff to practice medicine.

This highlighted the challenges facing medical staff in reporting problems in the health system. It has also shown that hasty and uncoordinated actions can lead to public unrest, thus emphasizing the responsibilities of medical staff. From the restrictions on hospitality (where people had to find innovative solutions and make difficult decisions for their employees and businesses), up to legal provisions that have had an impact on professional life. At the beginning of the pandemic, the legal provisions have made workers in the care system (including elderly care centers) forced to spend 14 days in solitary confinement at work.

A preventive measure of isolation at work for two weeks has been implemented by the government for people employed in social assistance and child protection units. They were the only workers forced to leave their families and homes for such a period, and later they were forced to isolate themselves for two weeks when they returned from work. The government has tried to compensate for these strict measures by providing a risk incentive. However, the payment for workers was expected to be approved, which in turn is dependent on the reimbursement of European funds. It is recognized that the elderly remain at increased risk of COVID-19.

Socio-cultural importance in controlling the epidemic. Romania-specific socio-cultural determinants influenced the management and control of the COVID-19 pandemic. Corruption has affected the Romanian health system for years, which has led to a loss of public confidence in its services. Consequently, the prospect of being deprived of essential care and / or acquiring nosocomial infections following hospitalization has discouraged people from seeking medical help. In order to raise awareness about COVID-19, the Romanian authorities have initiated an information campaign at national level through various media channels, including television and social networks. Thus, preventive measures were encouraged, such as social distancing, wearing masks and using disinfectants. However, the many fines given by the authorities during the epidemic have illustrated the reluctance of many citizens to comply with the restrictions imposed on their daily lives. Situations of public unrest have also become apparent, especially where quarantine centers for people suspected of COVID-19 have been opened. These situations were mainly caused by confusing and often poorly transmitted information, which did not take into account specific socio-cultural determinants.

Romania has one of the highest levels of poverty, social exclusion, and limited access to education in the EU, and any public information campaign should have taken these issues into account. Romania is also one of the most religious countries in the EU, with over 80% of its population identifying as an Orthodox Christian. While most major religions and other Christian denominations in Europe quickly announced measures in response to the pandemic. European Orthodox churches have been among the slowest to respond, in part because of their extremely conservative doctrines. Indeed, Orthodox rituals and ceremonies have had the potential to dramatically increase COVID-19 transmission events, because they often involve large gatherings of people and close contact between believers. However, despite the shortcomings and delays, the Romanian Orthodox Church followed the recommended measures. These communications and other efforts were the result of an active dialogue between high-ranking Church experts and officials. In addition, to support collective efforts to reduce the burden of the pandemic, The church has adapted pre-existing structures to provide charitable help for vulnerable people and has even created quarantine centers for patients with COVID-19. This demonstrates that health authorities establish effective communication channels that penetrate all strata of society and subsequently exploit them during public health crises. When combined with conventional control measures, these approaches will simultaneously inform and guide public opinion on health issues.

The situation of the elderly during the pandemic in Romania. In Romania, the COVID-19 pandemic has further aggravated the situation of the elderly, who are already facing a series of social problems. General economic and social vulnerability, poor access to infrastructure and health services, especially in rural areas, as well as the inadequacy of dynamic and integrated measures to protect the elderly are the main obstacles to ensuring a dignified life for this category of population.

The studies reveal several problems faced by social workers in Romania, these problems being identified in the period before the COVID pandemic 19. The main problems concern the insufficiency of human resources and the employment of people without special training in the field, the large workload, the large number of cases and their increase in complexity, a low level of understanding from heads of institutions and colleagues with other qualifications on the priority needs of customers, bureaucracy, too many forms to fill out, insufficient material and logistical resources, lack of adequate working space, difficulties in cooperating between institutions and also within the same institution, lack of uniform working methodologies, concerns about personal issues, personal safety at work, reduced

access to vocational training, emotional and mental problems, emotional and mental stress, lack of professional supervision, job insecurity.

To all these issues, legislative changes are added and the fact that part of the legislation and methodologies allows interpretations of how procedures can be applied in field work. Social workers note that all these are obstacles to effective intervention. In addition, the unequal distribution of social services in communities increases social inequalities, making certain sections of the population more vulnerable. Any crisis situation highlights weaknesses and brings vulnerabilities and instabilities of operation to the surface, at a personal level but also at the level of group, community and society. However, strengths and more positive aspects can also be brought to attention and available resources can be (re) discovered.

The activity of social workers has undergone substantial changes due to the restrictions imposed to limit the transmission of SARS-CoV-2 virus. All restrictive measures were necessary and beneficial for the safety of professionals and customers. The implementation of social spacing measures has generated limitations on the work of social workers, who usually work directly with socially disadvantaged groups and people who do not have many resources. In Romania, the state of emergency was established for a period of 30 days on March 16, 2020, by Decree no. 195/2020 and was extended for another 30 days by Decree no. 240/2020. In accordance with Article 10, row 1 of the Military Law Ordinance no. 8/2020, during the state of emergency, a preventive isolation measure was imposed at work or in special areas dedicated to employees in residential social centers. On May 15, 2020, the Emergency Situations Committee declared the alert state, according to Decision no. 24 / 14.5.2020. Subsequently, the alert status was extended for additional periods of 30 days to date. In order to maintain the health and safety of beneficiaries and employees of social services, the Ministry of Labor and Social Solidarity and its subordinate institutions have developed instructions and recommendations such as: replacement of monitoring visits, with telephone or digital technology monitoring, online (by e-mail), where possible, telephone and online, members of integrated teams, with other local professional teams, families of beneficiaries, temporarily unavailable staff, authorities, adoption of a flexible work schedule / establishment of individualized work programs; hiring additional staff without competition; suspension of social services; identifying volunteers to support staff; identifying volunteers to support staff; identifying, as a matter of priority, families / relatives who can take over their beneficiaries at home during the state of emergency. The recommendations also emphasize that, in this context, the need for specific training and supervision is imperative for social services, social service employees, in order to provide psychosocial support to beneficiaries.

The National College of Social Workers of Romania (2020) has developed sectoral recommendations that include: making a more flexible program, working from home, when possible, limiting as much as possible the population's access to the institution's offices, limiting field activity and using alternative solutions, such as telephone and video calls, sending documents by e-mail, WhatsApp and so on.

The recommendations of the Ministry of Labor and Social Protection (2020) also aimed at establishing up-to-date procedures for regulating access for residents, staff in centers, volunteers and representatives of the authorities, isolation for 14 days upon admission to the center, depending on the epidemiological assessment, interruption of access to new beneficiaries during the state of emergency, providing detailed procedures for various activities (collecting medical information, medical waste, special access and exit routes for staff, purchasing the necessary materials, postal services, compliance with hygiene rules and disease control, maintaining social distance).

Military order no. 8 (Articles 9 to 12) contains measures with a direct impact on the protection of the elderly: banning the closure of public and private care centers for the elderly and supporting the human resources involved in the care of the elderly. These measures were welcome, given the closure of old people's homes (ex. Râmnicu Vâlcea) and the illness of some residents (ex. Galați).

In addition to the general health and hygiene measures imposed by the pandemic, there are specific care measures, especially for people with reduced mobility or even for patients immobilized in bed. Older people who do not have a companion or who have reduced mobility in both spouses are particularly vulnerable. For example, the limited availability of public transport can cause travel problems for some chronic patients (for example, dialysis treatment, oncological treatment in a city other than the city of residence). Reducing funding for private social service providers (for example, home care) can lead to a reduction in the number of beneficiaries, limiting their access to the care they need (Voicu, 2020).

On a generally precarious health and characterized by age-specific vulnerabilities, on an existing situation of limited access to health services, a threat has been overcome which has led to further restriction of health services. Ambulances were closed, and hospitals limited treatment and intervention to urgent cases only. At the beginning of the pandemic, many patients were discharged, including oncological ones. Patients with chronic, oncological, autoimmune diseases were generally abandoned, and all efforts were directed to treat patients with Covid-19. This situation posed a risk for several categories of patients: patients with chronic diseases, cancer patients who could not be operated on and treated if no medical emergencies were considered, patients with current problems who could not

address the specialist doctors under the conditions of restricting the medical services offered.

The access of oncological patients to treatment was limited and transformed in the context of the pandemic: interventions at the largest oncological center in the country decreased by almost half, access to life through radiation therapy and chemotherapy was only done with testing for Covid-19, treatments with radiation therapy and chemotherapy decreased dramatically, and some patients discontinued treatment for fear of infection. In all hospitals, the number of hospitalizations compared to previous years has decreased. Lack of access to healthcare is also reflected in the increase in mortality compared to previous years.

In Romania, due to the high risk of infection with COVID19 for people over 65, military decree 3 established a time interval of 11-13 years for their movement outside the home (article 2). The measure has been criticized as discriminatory by pensioners' organizations that are part of the National Council for the Elderly. According to the amendments published in Military Order 4, travel outside the originally established time intervals is possible "if performed for medical reasons, such as planned oncological treatments, dialysis, etc., using their own means of transport or family / caregivers or, if necessary, a specially planned medical transport "(Article 1). In accordance with the Military Order no. 10, persons over the age of 65 may travel outside the home in the following hours: 7-11 a.m. and 7-10 p.m. (Voicu, 2020).

As the geriatrics predicted it would happen, being locked up at home for long periods of time has caused a significant number of elderly people to have reduced mobility and experience muscle weakness and joint pain. Everyday activities, such as climbing stairs or washing, have suddenly become difficult, and previously independent elderly people have come to depend on walking aids to travel short distances.

Reduced mobility has a chain effect, and the elderly have stated that they have gained weight, that they have joint and muscle pain and that they feel constantly weak. Low mood, lack of support for meal preparation, deterioration of physical health and increased pain had an impact on the appetite and nutrition of older people. This pandemic is a disease lived socially, in several layers, from the structural exterior imposed by social isolation to inner psychological isolation. As self-isolation is one of the main recommendations during the COVID-19 pandemic, being adopted as a social policy by the vast majority of affected countries, this raises the question of whether it should be treated as a private matter or a matter for society. Socially isolated people are correlated with low levels of well-being.

From a functionalist perspective, social isolation is a form of social exclusion, which directly affects welfare and social cohesion. Thus, it cannot be labeled as a private matter but rather as a public issue. Social isolation is the outward aspect of loneliness. Loneliness can be considered as social suffering - not just metaphorically - because magnetic resonance examinations show a brain activation in the same region when experiencing pain or rejection (Wu 2020). Social isolation disproportionately affects the elderly, turning it into a serious public health problem.

The current COVID-19 pandemic has witnessed ageist discourses in the media that further complicate the social experience for the elderly. Suggestions not to panic, because the disease mainly affects the elderly raise the ethical issue of the value of life. Painful decisions to prioritize the ventilation of younger patients when beds in the intensive care unit or fans are limited have deepened the feeling of anxiety and despair, although gerontology has long advocated for alternatives in choosing treatment. Another topic of ageism is the general discussion about the "gray tsunami" - the pressure on medical systems by the growing number of elderly in developed countries. Eventually, self-isolated elderly people suffer from ethical loneliness. It is about the inner isolation felt when you are abandoned by humanity or by those in power, to which is added the experience of your own voice or the need to express yourself not being heard.

During the COVID-19 pandemic, the elderly, especially women, are more at risk of domestic violence. Concerns about the increase in domestic violence have been raised by the increase in the number of coercive measures, such as locks and recommendations to stay home. Indeed, since the first months of total isolation, the country's main institutions specializing in violence have collaborated to find solutions and provide assistance to people affected by violence.

The degree of violence against the elderly during the pandemic is difficult to assess for several reasons, including the closure of centers for victims of violence and the lack of age and sex-specific statistics. The increased risk of COVID-19 infection in the elderly and the restrictions imposed by the authorities to limit the virus have also exposed the elderly to violence and abuse.

Travel restrictions, protection measures (use of masks, gloves), daily negative media reports and economic instability increased psycho-emotional stress and fear among the population, which has contributed to violence and discrimination against the elderly. The COVID-19 pandemic has led to an increase in psychological, physical and economic violence. Economic violence is caused by the loss of jobs and income during the pandemic for young people living with the elderly. Physical violence and abuse have been exacerbated by psycho-emotional stress caused by the crisis

caused by the COVID-19 pandemic. Verbal violence and discrimination in the workplace have increased among working seniors.

The impact of the COVID-19 pandemic differs depending on the social and economic characteristics of countries, in low- and middle-income countries, the implications are deeper because grandparents still have/plays an active role in raising grandchildren; therefore, isolation or infestation with SARS-CoV-2 affects the whole family. In addition to the significant social and human impact, the Coronavirus pandemic is a major economic shock to the EU, with the spread of the virus leading to disruption of global supply chains, volatility in financial markets, consumer demand shocks and the negative impact in key sectors such as travel and tourism.

The global pandemic has led to deficits in the collapse of economies, as well as to increased public debt. World government governments have tried to find measures to reduce the impact of the Covid-19 and on public pension spending. In Romania, during the pandemic, the same thing happened. The medium-term solution proposed by some economists was to increase taxes, increase prices and stagnate the increase in pensions.

In order to intervene and take concrete action to minimize the major implications of this global phenomenon (declining wages, rising unemployment, Temporary decisions on stagnant growth of small pensions), a number of experts conducted statistical analyzes on the assessment of the pandemic situation in the world. In the short term, some governments have implemented several systems to support companies and their employees in times of pandemic. Experts also showed, among other things, in their analyzes and the strong impact of the pandemic on the quality of social contacts, physical activity and the psychological state of individuals.

Conclusions. Therefore, the economic crisis caused by Coronavirus has negative effects on the labor market and pensions, acutely felt by the low and middle income sections. Unfortunately, people who live alone „ slip" into poverty and face poor health remain elderly people living alone (unmarried, divorced or widowed). Walking through the park, meeting friends, participating in activities carried out in the study centers of the elderly before the pandemic, but during the lockdown and in the senior clubs but also the participation in religious services were the main too quarantine became impossible to achieve. Loneliness and isolation have been shown to have a significant impact on elderly people both emotionally and physically.

Older people have also been affected by ageist discourses that say that "losing the elderly is not as important as losing the lives of other age groups". Elderly patients

are denied fans and are allowed to die due to the overwhelming number of hospitalized patients, especially those in need of mechanical ventilation. People are not even allowed to hold funeral ceremonies for relatives who died alone in COVID-19 units. This dramatic situation significantly induced fear among the elderly around the world (Finnegan, 2021). All these are reasons why grandparents need spiritual support more than ever and the measures taken to deal with the pandemic must also take into account this need (Status, 2021).

Social support from a religious person in the religious community and the development of a relationship with God are also essential components of coping. Religion can provide a resource that helps in finding meaning and overcoming loneliness. Faith in Divinity gives the individual a philosophy of life and a whole series of attitudes, values, and ideas that help him interpret and understand himself. At the same time, churches offer a social and community sense of integration, very well correlated with a sense of personal well-being. Churches usually offer, also older members a wide range of social activities that tend to attract the elderly to other people and reduce the possibility of social isolation and loneliness.

During periods of social isolation, there are some ways to help religious seniors use their faith to ease their anxiety during this COVID-19 pandemic as well as to spend time praying, listening to religious services or taking care of neighbors, meeting their emotional needs/physical needs - there is no better way to reduce anxiety and social isolation than by extending a helping hand to other people in need (Koenig 2020).

Bibliography:

1. Finnegan, (2021), Romania's COVID-19 vaccine goes off the rails", disponibil la: https://www.vaccinestoday.eu/stories/romanias-covid-19-vaccine-goes-off-the-rails/, accesat la data de:13.01.2023
2. Koenig HG., (2020), Ways of protecting religious older adults from the consequences of COVID-19. Am J Geriatric Psychiatry;
3. Rădulescu A., (2020), Retired Police Officer That Quarantined an Entire Hospital Is Now Under Investigation. Radio Free European, Disponibil online at: https://romania.europalibera.org/a/coronavirus-romania-pacient-cudosar-penal-politist-israel-spital-carantina/30481648.html, accesat 29.12. 2022
4. Statement, Older persons need more support than ever in the age of the Covid-19 pandemic. Disponibil la: https:// www.coe.int/en/web/commissioner/view/-/asset_publisher/ugj3i6qSEkhZ/content/older-persons-needmore- support-than-ever-in-the-age-of-the-covid-19- pandemic. Accesat: 19.11.2022.
5. Voicu, M., (2020), Pandemia COVID19 din perspectivă demografică. Raport Social al ICCV .

6. World Health Organization (WHO), (2022). WHO Coronavirus Disease (COVID-19) Dashboard. Disponibil la adresa:: https://covid19.who.int/. accesat la data de: 2.2.2023
7. Wu, Z.; McGoogan, J.M. , (2020), Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: Summary of a report of 72,314 cases from the Chinese Center for Disease Control and Prevention. JAMA, 323, 1239–1242.