LABOR AND SOCIETY IN THE JIU VALLEY AND FAGARAS REGIONS OF ROMANIA, PART II: HEALTH PERCEPTIONS AND LABOR CONDITIONS

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TITLE VIII PROGRAM
Project Information

Principal Investigator: David Kideckel
Council Contract Number: 815-18g
Date: May 11, 2001

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* The work leading to this report was supported in part by contract or grant funds provided by the National Council for Eurasian and East European Research, funds which were made available by the U.S. Department of State under Title VIII (The Soviet-East European Research and Training Act of 1983, as amended). The analysis and interpretations contained herein are those of the author.
Executive summary

This report compares the relationship between labor conditions and health perceptions in two Romanian regions, the Jiu Valley hard coal mining area and the Făgăraș zone with its concentration of chemical factories. An earlier report has described regional variations in labor conditions, as well as each region's social and cultural responses to Romania's economic decline. Building on these findings, this report depicts the nature and extent of the relationship between labor conditions and some of the health conditions and perceptions of post-socialist working people in Romania.
Introduction: research concepts and processes

This report compares the relationship between labor conditions and health perceptions in two Romanian regions, the Jiu Valley hard coal mining area and the Făgăraș zone with its concentration of chemical factories. To consider the relationship between labor and health perception, I devised a three-part, ninety-nine-item questionnaire (Appendix A). Part One defined respondents in terms of age, gender, work status, household status, and union membership and participation. Part two focused on individual job satisfaction, labor activism, and beliefs related to a sense of control over life and labor. It considered the extent to which individuals identify with their labor and work-place and elicited attitudes toward work and colleagues. Part Three consisted of the Wahler Physical Symptoms Inventory, a psychological instrument measuring the intensity of somatic complaining, i.e. perceptions of health status.

Aided by two Romanian anthropology graduate students and one undergraduate, the questionnaire was administered to 354 individuals in the two zones, distributed relatively equally at each of the following locations:

- Jiu Valley mines: E.M. (Explotarea Miniere) Aninoasa, Lonea, and Lupeni
- Jiu Valley unemployment offices: D.M. Lupeni, D.M. Petria, and D.M. Petroșani
- Făgăraș area factories: S.C. (Societate Comercială) Nitramonia (Făgăraș), UPRUC-Făgăraș (factory for chemical outfits), and Viromet (Orașul Victoria)
- Făgăraș area unemployment offices: D.M. Făgăraș, D.M. Orașul Victoria

Because of our concern about declines in health among middle-aged men, the research sample was skewed toward that category. The distribution of respondents by age and sex is summarized in Table 1 and by work site and employment status in Table 2. As indicated in Table 2, 192 active workers and 162 unemployed people completed the questionnaire.
Table 1: Sample Size by Gender and Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Men</th>
<th>Women</th>
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</tr>
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<tr>
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<td>39</td>
<td>18</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
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<td>41</td>
<td></td>
<td>164</td>
</tr>
<tr>
<td>51+</td>
<td>14</td>
<td>0</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
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<td>97</td>
<td>3</td>
<td>354</td>
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</tbody>
</table>

Table 2: Sample Size by Work Place and Employment Status

<table>
<thead>
<tr>
<th>Work Site/Work Status</th>
<th>N</th>
<th>%</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lona Mine</td>
<td>33</td>
<td>9.3</td>
<td>9.3</td>
</tr>
<tr>
<td>Lupeni Mine</td>
<td>36</td>
<td>10.2</td>
<td>19.5</td>
</tr>
<tr>
<td>Aninoasa Mine</td>
<td>28</td>
<td>8.0</td>
<td>27.5</td>
</tr>
<tr>
<td>Nitramonia</td>
<td>36</td>
<td>10.2</td>
<td>37.7</td>
</tr>
<tr>
<td>UPRUC</td>
<td>31</td>
<td>8.9</td>
<td>46.6</td>
</tr>
<tr>
<td>Viromet</td>
<td>27</td>
<td>7.6</td>
<td>54.2</td>
</tr>
<tr>
<td>Petroşani DM</td>
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<td>7.6</td>
<td>61.8</td>
</tr>
<tr>
<td>Petrila DM</td>
<td>29</td>
<td>8.2</td>
<td>70.0</td>
</tr>
<tr>
<td>Lupeni DM</td>
<td>33</td>
<td>9.0</td>
<td>79.0</td>
</tr>
<tr>
<td>Făgăraș DM ²</td>
<td>53</td>
<td>15.0</td>
<td>94.0</td>
</tr>
<tr>
<td>Or. Victoria DM</td>
<td>20</td>
<td>5.7</td>
<td>99.7</td>
</tr>
<tr>
<td>Missing Cases</td>
<td>1</td>
<td>.30</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>354</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>
**Labor and its discontents in contemporary Romania**

These are not good days to be a Romanian worker. National unemployment is officially 16% and is slated to rise to 20% by the end of 2000. Inflation continues to rage, last year at 55%, forcing many workers to seek extra-legal employment to maintain accepted standards of living and nearly all working people to economize in one way or another. The Romanian state, for lack of budget and perhaps interest, continues to abdicate many labor oversight activities, making workplaces that much more dangerous and less secure. Corruption is rampant, and the flamboyant life styles of the Romanian wealthy stand in sharp contrast to workers' hardscrabble circumstances. As workers' lives decline, strikes and walkouts increase, encouraging the general disregard in which workers are held (Kideckel 1999, 2001) and contributing to declining self-perceptions.

As discussed in the first report, labor conditions are especially tense and uncertain in the two zones that are the focus of this study. The Jiu Valley mining industry (minerit), abbreviated here as JVM, has been rocked by two rounds of mass layoffs, or “disponibilization” (disponibilizarea), closure of two of thirteen mines, and threatened closure of an unspecified additional number (Government of Romania 1997b). The largest part of this former labor force sits idle in the Jiu Valley with their benefits having run out in December 1999. Similarly, in three of the main factories of the Făgăraș chemical industry (FCI), the number of employees has declined precipitously from a total of 17,239 in 1989 to 5,636 today. Many of those laid off have migrated both legally and illegally – mainly to Italy – as guest workers. The inability to replace the aging work-force to keep the plants running in the future is a local metaphor for the end of the Făgăraș working class, and looms as a large concern among the region’s workers.

These labor circumstances are detailed in the first report. Despite broadly similar regional circumstances, this research suggests that the health perceptions of workers depend as much on the specific conditions of labor found at one’s factory or mine, as they do on regional conditions (see also Kideckel et al 2000). Specific factors include job security, the position of the health clinic and health personnel in the enterprise, workers' relations with
their unions, the position of the enterprise in the current economy and its likely survival in the future, and even a worker's ability to secure additional resources from other economic sectors. These conditions and others will be evaluated below in my analysis of current health perceptions of workers and former workers in the JVM and FCI.

**Health and labor: a general approximation**

Whatever the particular factors influencing workers' health perceptions, the general conditions of life and labor in both regions, and throughout Romania for that matter, are not conducive to good health. As detailed later, working conditions in Romanian factories and mines remain sub-standard with persistent effects on workers' health (cf. Gâf-Deac 1994). Such conditions occur, furthermore, in a deteriorating general economic situation. As a consequence, stress is enormous in society, at work, and by extension in the home. Furthermore, these general circumstances are intensified by various culture-bound practices, such as heavy use of alcohol and tobacco, high fat diets and generally poor nutrition, and lack of concern for (and the inability to afford) preventive health care (cf. Stone 2000, Watson 1995).

Given these conditions, it is surprising that Romanian health perceptions are as positive as they are. As indicated by their scores on the Wahler Physical Symptoms inventory presented below, Romanian workers generally have less somatic complaining behavior than all groups of Americans excepting university and seminary students (Wahler 1983:4). These not-so negative health perceptions probably partially derive from emphases in Romanian culture. Romanians, like other East Europeans, pride themselves on their patience (cf. Rose 1997), their ability to "get by" (sa descurca), and to make due with meager resources in difficult or challenging circumstances. This quality contributes to a sanguine view of health, even as it likely discourages individuals from seeking out timely preventive medical interventions.³ However, patience and perceptions notwithstanding, the health of Romania's workers is not good and will continue to worsen given the twin crises of confidence and stress that current conditions produce.
In so far as workers' health is concerned, about the only good thing that can be said of Romania's economic crisis is that it has contributed in a small way to keeping the health problems relatively in check. Because of increasing unemployment there are fewer individuals working in the mines and factories and many of those who continue to work are working fewer hours. The cutback in labor and production means that some dangerous mine galleries have been shut and factory production processes terminated. Still, these small "achievements" belie the severity of the crisis of physical and psychological health in Romania today. For, despite their fabled patience and positive health perceptions, when they are questioned about their lives, Romanian workers speak of despair, death, and decay. It was the rare interview, indeed, that did not linger on the difficulties of the current moment, raising them to a level of concern that overrode virtually all other issues.

The trope of stress in the Romanian health crisis: Though social science theorists are just now coming to concern themselves with the social basis of the East Central European health crisis, Romanian workers recognize this in a precise and indelible way. In almost all the interviews we conducted, "stress" was the one concept that came up with greatest frequency. Generally people attributed this stress to the various aspects, national and local, of changing economic, social, and political conditions.

"Stress" is related to generally widespread conditions in Romanian society, specific conditions deriving from the circumstances of one's region and industry, and what might be called positional-related conditions that derive from diverse expectations that fall on people depending on their gender, region, or other features of their identities. Generally, people were stressed due to the economic scissors of declining employment and ever-increasing inflation that have ravaged Romania since the 1989 revolution. Both active and "disponibilized" Jiu Valley miners and Pâgârașeni workers discussed how this condition affects their abilities to care for their families and maintain their social relations (though these things have different meanings in the two regions).
More than such general stress, workers in each region refer to local conditions that pressure their health and well-being. In the Jiu Valley stress has always derived from the perils of coal-mining itself. One miner described mining-related stress, saying:

After five years in the mines you are crazy with nerves. When you enter the mine you never know if you will see daylight again and there is not a single miner who does not know someone killed in a mining accident. In the mine there is noise all the time. Fans are blowing, and there is much screeching of the carts as they clang into each other. You can't hear and you become very nervous.

To a certain extent, those who work under the earth have become inured to mining's physical stresses. Such stress is even a somewhat salutary feature in the miners' lives as it encourages their identity, unity, and social affect. More significantly, notions and experiences of "stress" in the Jiu Valley today especially give voice to peoples' fears of losing their jobs in the next round of layoffs, the problematic social relations which have grown on the cusp of these layoffs, and the pressures people feel related to economic decline and the possible end of mining altogether.

These uncertainties have especially generated a significant increase in mental health conditions and consultations. A miner from Dâlja mine who was an in-patient at the Petroșani community mental health facility provides one example. This man had no history of mental illness but experienced his first "break down" as he worked on dismantling the mine to prepare it for closing. These incidents occurred in the mine gallery as he was working and then again as he dressed to leave work. As one of those who had arrived in the Jiu Valley from Moldavia in 1980, he felt the pressures of the layoffs even more. He was one of a group of ten working in the mine, when suddenly he felt faint, began to perspire, and had trouble breathing. He said:

Lately I am too agitated since they officially closed the mine. The incident happened in the mine and then again after they took me out of the mine when I was showering. My fellows (ortaci) helped me then. They were very good. They will even visit me here. We are good guys. We are not crazy like people make us out to be. Our country's leaders know this and so do the mine administrators. Things have been bad for us miners ever since they arrested Cosma.

Beyond this basic stress, miners also mention their lack of equipment, and the frequent break-downs in machinery that impede production, erode their pay, and pressure their emotional health. Finally, miners are also stressed by what they feel to be their ill treatment by
their fellow countrymen due to their participation in the excessive political protests of the various *mineriade*.

The stress of the unemployed in the Jiu Valley is less pronounced, but perhaps even more insidious than their active colleagues. Here the chief factor is torpor and a life of complete detachment, loss of self-respect, loss of colleagues, and loss of identity. People sit at home with few resources, no longer feeling welcome among those with whom they worked, and rejected by their families of origin.

In Făgăraș chemical factories, as in the Jiu Valley, the prime source of stress is worry about one’s employment and an intense concern about having sufficient resources with which to survive. However, given that some in the Făgăraș region prosper through work abroad or through the myriad strategies that a large household can put into play to make a living, others are stressed by their falling position relative to these regional success stories. Thus Făgăraș stress also grows from the never-ending strategizing for minuscule sources of income, from agriculture, the labor black market, or petty commodity trading. At work itself, given the decline in the effective laboring population and the general aging of the workforce, stress grows from the increased demands placed on workers, such as being expected to work at two or three machines and/or processes simultaneously.4

The stress on women is particularly pronounced in both regions. Jiu Valley women have essentially lost their main purposes in life by the decline and/or loss of income from their husbands’ work. They are no longer able to maintain the standards of consumption for their family and no longer are intensively involved in the social life of their apartment and neighborhood. Meanwhile, women whose husbands were “disponibilized” have an even more difficult situation, as they must deal continually with their frustrated husbands who rarely leave home. As one woman said of her situation: “when I see him so sick and nervous all the time, it makes me sick and nervous.” In Făgăraș, on the other hand, the pressure on women is to continue to contribute to the economic circumstances of their households even though the jobs and resources are no longer there. Taken together, then, Romanians in both regions
succumb to the constant worry and recrimination of the stressful life. How these sentiments translate into particular views and responses in the two populations is discussed below.

**Regional variations in health and labor**

Overall the health perceptions of Jiu Valley miners, active and unemployed, are more negative than those of the vast majority of people in the Făgăraș region. This seems due, in the first place, to the stresses of mining and the declining minerit, and the social conditions of mining communities. Figure 1 and Table 3, illustrating scores on the Wahler Physical Symptoms Inventory at diverse work sites, clearly show that Jiu Valley miners score higher in somatic complaining behavior than all their Făgăraș counterparts, with the slight exception of UPRUC workers. Jiu Valley unemployed also have a slightly higher Wahler scores than Făgăraș unemployed. At the same time, as indicated in Figure 2, miners also score lower than Făgăraș workers on sentiments of job satisfaction and labor activism. The latter variable measured the respondent's sense of the likelihood that organized labor actions would have effective results in their lives. Only in the measurement of locus of control and the degree to which respondents put their trust in their colleagues, did miners scores come close to Făgăraș workers, but even here their scores were marginally lower.
These data immediately suggest that the main hypothesis of the original research proposal does not test out. This hypothesis was that miners, because of their greater degree of labor activism expressed in sentiments of group belonging/locus of control, would also have
more positive views of their health circumstances. Activism and group identity were assumed by virtue of past miner behavior in the various mineriaden (Gheorghe and Huminic 1999) and the organization of work in the mines. However, in fact, the realities of miner labor and politics are expressed in generally lower levels of activist and group sentiment and poorer health perceptions than workers in the Făgăraș region. These views clearly result from the political economic contexts in which these perceptions are formed, and actually dampen miners’ senses of the ability to change things in their lives through labor activism even as they subvert their reliance on their fellows. Labor activism and strong senses of belonging do not facilitate positive health perceptions, but rather tensions in labor relations explain negative ones.

Figure 2: Job Satisfaction, Control, and Activism of Active Workers

![Figure 2: Job Satisfaction, Control, and Activism of Active Workers]
Data from three of the work sites examined provide a clearer illustration of the worth of the revised hypothesis. Thus, the miners of Aninoasa have better health perceptions than others in the Jiu Valley, while the machinists of the Făgăraș UPRUC Chemical Outfits plant have one of worst and the chemical workers of Viromet the absolute best health perceptions among all other work and unemployment sites. Ethnographic knowledge of these three sites—Aninoasa and Viromet were relatively peaceful and UPRUC was seething in its labor relations much as a typical mine—supports our turning the general hypothesis on its head.

Aninoasa is one of the smaller mines in the JVM. Set "off the beaten path" at the end of a cul-de-sac in the small town of the same name, it has seen relatively few strikes and walk-outs, compared to Lonea or Lupeni. At the same time, there was a somewhat closer relationship between the mine administration and the surrounding town and with the miners themselves than in the other two mines researched. For example, the former mine director, who retired in early 2000, had been in his post since before the 1989 Revolution, excepting one brief stint in the main Petroșani office of the National Anthracite Coal Company (CNH). Furthermore, Aninoasa's miners were drawn from a smaller area than most other regional mines and the administration also had a close working relationship with the local branch of the miners' union, which also tended to dampen workplace activism.

Exceptions are also telling in the Făgăraș region. UPRUC workers have Wahler scores that approximate those for Jiu Valley mines and, in fact, are considerably higher than scores from Aninoasa. The Orașul Victoria, by contrast, has the lowest Wahler score of all groups questioned. In keeping with our revised hypothesis, closer examination of these two factories shows the degree of tension in the labor environment to be especially significant in shaping people's health outlook. This is especially clear in light of the fact that, in terms of overt health circumstances, many sections of the UPRUC are better off than those at the Viromet-Victoria plant or the Nitramonia chemical plant, one kilometer across an expanse of Făgăraș meadow from UPRUC. However, for the last few years, and even during the socialist epoch, UPRUC workers generally had far greater number of sick leave applications and sick leave days than
workers in the former Combinatul Chimic Făgăraș and Combinatul Chimic Orașul Victoria, i.e. Nitramonia and Viromet respectively.

In autumn 1999, when the bulk of this research was carried out and the questionnaire administered, of the three Făgăraș zone factories studied, only the UPRUC was under the gun of a tense privatization process. Both Nitramonia and Viromet continued to be supported by state budget interventions and their workers assured of a greater likelihood of job security. Although Nitramonia and Viromet are also soon to privatize, they are among the 64 enterprises recommended by government and the World Bank for favored treatment in this process (Anonymous 1999).

In contrast, UPRUC in autumn 1999 was in the midst of an extended conflict where different interests fought over the process whereby the factory was to be broken into six separate sections, each expected to find its own “white knight” to lead it through privatization. Even in relatively profitable sections facing privatization (e.g. “Polyestir,” which makes diverse objects from resins and fibers), some workers said that foreign patrons would probably purchase the section and close it to keep it from competing. UPRUC, too, it is remembered, was the site of the conflict between the Independence and Unity unions, as discussed in the first report.

In contrast to UPRUC, Viromet in autumn 1999 appeared almost heavenly. Located in a park-like setting just to the south of Orașul Victoria, the Viromet factory, like Aninoasa in the Jiu Valley, was notable for its absence of labor strife, though it has suffered the same production and employment problems as all other FCI institutions. Since the Revolution, Viromet has had only two labor walkouts. The first was right after the Revolution where workers demanded a change in factory administration. However, in retrospect, this seems more theatre than substance since that demand was quickly rescinded. The other manifestation was a spontaneous strike by workers in March 1999 over administrative plans for a 15% across the board reduction in pay due to a drop in the methanol market and corresponding increases in factory debt. Union leaders were opposed to the strike that, in any case, was quickly settled in compromise fashion.
Whether or not the original hypothesis is valid, the poorer health perceptions of workers in the JVM compared to Făgăraș chemical plants still call out for explanation. Subterranean mining, of course, is a potentially unhealthful and dangerous occupation and is both physically and psychologically taxing. As miners say, they enter the mine every day uncertain if they will return to the earth’s surface. However, the Aninoasa exception suggests that it is not so much these conditions as it is conflict-ridden labor environments and waning group solidarity, that encourage miners’ more negative views of the health and safety systems related to their workplaces.

Thus miners have more tense and contradictory relationships with health practitioners. They are suspicious of and frequently reject recommended health practices and also regularly engage in other contradictory health and body-related behavior. For example, though miners frequent mine clinics and also seek out care to a much greater extent than Făgărașeni, they are more displeased with the care they receive. Miners and Jiu Valley health officials often criticize each other over the availability and efficacy of health care at the mines. They see each other in caricatured ways. A Lupeni doctor and a Hunedoara County public health official, for example, claimed that miners were afraid of injections. Not a single miner, however, expressed any concern to me about such procedures, and one miner even said that the reason the doctor feels this way is that “he is never there to see us.”

Some miner behavior clearly contradicts the health advice they receive. They are known for their excessive use of alcohol and tobacco, which play important roles in creating and maintaining identity boundaries between miners and other groups and between different miner work teams. Furthermore, miners are intensively concerned about dress and presentation of self, though they can ill afford it in the present economic climate. How their children dress at school especially indicates their worth and economic capabilities. Young miners are also much more likely to sport tattoos, long hair, and earrings than are Făgărașeni of the same age. Miner behavior thus clearly indicates their antagonistic approach to health and the body (predicted by the original hypothesis) even though their general health perceptions remain poorer than workers in the Făgăraș zone.
Compared to miners, Făgărașeni have great appreciation of health personnel. They develop personal relations with them and, related to the recent reforms in the health care system, bemoan the loss of the clinics or particular health personnel. Though Făgărașeni also complain of bribes needed to pay health personnel, they are much more accepting of the worth of such payments and the quality of medical care generally.

Health, labor and individual variation

Though the original hypothesis requires revision, Wahler scores at various work sites still indicate a significant relationship between social conditions and health perceptions. Comparison of Wahler scores for employed and unemployed workers bears this out, as do individual scores correlated with labor activism, job satisfaction, and locus of control. Thus, as the positive orientation to each of these conditions increases, somatic complaining behavior mainly declines. As Tables 5, 6 and 7 indicate, the correlations, though somewhat weak, are nevertheless apparent and statistically significant.7

Table 4: General Relationship between Health Perceptions and Labor Activism

<table>
<thead>
<tr>
<th>Labor Activism8</th>
<th>Mean Wahler Score</th>
<th>N</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>.9862</td>
<td>62</td>
<td>.6298</td>
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<tr>
<td>2.0</td>
<td>.8142</td>
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<td>.6105</td>
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<tr>
<td>3.0</td>
<td>.9796</td>
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<td>.7027</td>
</tr>
<tr>
<td>4.0</td>
<td>.6202</td>
<td>64</td>
<td>.5480</td>
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<tr>
<td>5.0</td>
<td>.5238</td>
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<td>.3744</td>
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<tr>
<td>6.0</td>
<td>.7689</td>
<td>34</td>
<td>.6663</td>
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<tr>
<td>7.0</td>
<td>.1310</td>
<td>2</td>
<td>.1515</td>
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<tr>
<td>8.0</td>
<td>.2540</td>
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<td>.2612</td>
</tr>
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<td><strong>Total</strong></td>
<td><strong>.7688</strong></td>
<td><strong>306</strong></td>
<td><strong>.6086</strong></td>
</tr>
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\[ r = -.22 \ (p < .01) \]
### Table 5: General Relationship between Health Perceptions and Job Satisfaction

<table>
<thead>
<tr>
<th>Job Satisfaction</th>
<th>Mean Wahler Score</th>
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<th>Std. Deviation</th>
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<tr>
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<td>7.0</td>
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<tr>
<td>8.0</td>
<td>0.7029</td>
<td>46</td>
<td>0.5917</td>
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<td>0.7756</td>
<td>321</td>
<td>0.6063</td>
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$r = -0.22$ (p < .01)

### Table 6: General Relationship between Health Perceptions and Locus of Control

<table>
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<tr>
<th>Locus of Control</th>
<th>Mean Wahler Score</th>
<th>N</th>
<th>Std. Deviation</th>
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<tr>
<td>1.0</td>
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<td>0.7576</td>
<td>33</td>
<td>0.5831</td>
</tr>
<tr>
<td>4.0</td>
<td>0.7057</td>
<td>61</td>
<td>0.5495</td>
</tr>
<tr>
<td>5.0</td>
<td>0.6261</td>
<td>27</td>
<td>0.4923</td>
</tr>
<tr>
<td>6.0</td>
<td>0.7010</td>
<td>26</td>
<td>0.7808</td>
</tr>
<tr>
<td>7.0</td>
<td>0.9444</td>
<td>3</td>
<td>0.5442</td>
</tr>
<tr>
<td>8.0</td>
<td>NA</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>0.8070</td>
<td>243</td>
<td>0.6369</td>
</tr>
</tbody>
</table>

$r = -0.16$ (p < .05)
Regarding the unemployed, recent research in the USA and other advanced industrial countries (see, for example Catalano et al 2000, Nordenmark and Strandh 1999, Straussner et al 1999) suggests that the lives of the unemployed are generally more stressful and problematic in terms of health and psychological well-being. Statistics from Făgăraș show that the unemployed have a slightly higher degree of somatic complaint than active workers. However, active Jiu Valley miners' health perceptions are significantly worse than the unemployed from the region. Regarding this datum, I would suggest that labor stress is so high in the mines, it is somewhat of a respite to leave active employment for the dole.

**The significance of gender and age for somatic perception**

As much as specific work sites and degrees of tension in labor relations figure into health perceptions, so too does gender (Weidner 1998). Tables 9 and 10 illustrate the greater degrees of somatic complaint on the part of women. Women in the Jiu Valley have a considerably higher level than do women in the Făgăraș region.

**Table 7: Mean Wahler Score Correlated by Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Mean Wahler Score</th>
<th>N</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>.7163</td>
<td>235</td>
<td>.5847</td>
</tr>
<tr>
<td>Women</td>
<td>.9426</td>
<td>90</td>
<td>.6368</td>
</tr>
<tr>
<td>Unknown</td>
<td>.1667</td>
<td>1</td>
<td>---</td>
</tr>
<tr>
<td>Total</td>
<td>.7771</td>
<td>326</td>
<td>.6071</td>
</tr>
</tbody>
</table>

**Table 8: Wahler Scores for Women by Region**

<table>
<thead>
<tr>
<th>Region</th>
<th>Mean Wahler Score</th>
<th>N</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jiu Valley women</td>
<td>1.0688</td>
<td>36</td>
<td>.7056</td>
</tr>
<tr>
<td>Făgăraș women</td>
<td>.8585</td>
<td>54</td>
<td>.5781</td>
</tr>
<tr>
<td>Others</td>
<td>.7140</td>
<td>236</td>
<td>.5845</td>
</tr>
<tr>
<td>Total</td>
<td>.7771</td>
<td>326</td>
<td>.6071</td>
</tr>
</tbody>
</table>
Clearly both Jiu Valley and Făgăraș women are more troubled about their health than their men folk. However, like men's, women's sentiments in both regions also articulate with labor-related conditions (see Bacon and Pol 1994). Jiu Valley women, most of whom are and have been unemployed, are generally restricted from the region's one-dimensional labor market. However, until the current crisis, they had significant social responsibilities for maintaining their family's consumption standards and representing the family in informal gatherings in the market and on apartment benches. However, “disponibilization” and inflation together have largely decimated these possibilities. Thus, Jiu Valley women have few alternatives to occupy their time besides worrying about themselves, their families and children.

Women interviewed from Făgăraș were both active workers (N=15 or 28.3%) and unemployed individuals (N=38, or 71.7%). This group was also beset by stress emanating from labor processes. They were all expected to continue to earn a living in an intensely declining economic situation where women's work was increasingly and especially devalued. As a Făgăraș woman's leader said:

We women have no respect in society, in our families, in our work. No one takes our needs into consideration. After the revolution, I organized the women in the UPRUC, and told them they would soon experience dark days (i.e. of unemployment, d.a.k.). We are protected by few laws and so are exploited everywhere...the ones (who work) on the Black Market are exploited most of all since women here will work anywhere. By hiring a young woman, an owner kills two rabbits with one cartridge (i.e. getting sex and a low-wage worker at the same time. d.a.k.). Look at how women dress here, in such dark colors. This shows something about our psyches.

Health perceptions also vary significantly with age, at least among women. As seen in Figure 3, male perceptions remain consistent from age group to age group, while women experience a steep increase in somatic complaint in their middle years, when their responsibilities are at their height, and then a rapid decline as they age and leave the work force. That male Wahler scores are so consistent from age group to age group is quite significant, especially since men experience such a rapid decline in their health in their middle ages. It seems clear that men experience a continual stress throughout their post-
socialist working lives, though they seem prevented by cultural factors from expressing this in somatic complaint.

Figure 3: Gender and Age Variations in Wahler Scores

The protection of labor in Jiu Valley mines and Făgărăș factories

The statistical picture suggested by these correlations, especially those of the Aninoasa mine and UPRUC and Viromet in the Făgărăș region, is clear. The extent of somatic complaint is directly related to labor tensions in particular economic entities. But to consider the implications of this relationship, the nature and production of those same labor tensions in relation to health issues must be examined. In this regard, one of the greatest concerns of workers is workplace health and safety conditions and the extent to which local factory or mine administrations attend to these same concerns.
Thus, activities devoted to occupational safety and health (OSH), in Romania defined as the protection of labor (Protectia Muncii), need closer scrutiny. Worker perceptions about OSH practices vary according to the specific conditions of labor in particular mines and factories. However, in a general sense, the actual conditions of stressed production (spurred by recent large-scale unemployment), declining state and enterprise safety budgets, and pressure on both administrators and workers to increase production to prove the worth of their enterprise or sector, all result in declining attention to and greater contestation over occupational safety and health.

Since the end of socialism, OSH activities in every institution under study here have been in decline despite state ideological commitment to workplace safety. OSH activities include the supervision and remediation of unhealthful working conditions (including adverse environmental practices); the enforcement of proper work practices to lessen the effects of unhealthful conditions; the availability of workplace health personnel and institutions like clinics and emergency services; the frequency and effectiveness of health examinations; the provision of safety clothing and equipment; and the subsidization of quality-of-life conditions such as meals, vacations and health leaves. Many of these practices have decreased due to declines in the extent of production, still others have been substituted for by other practices, and workplace health personnel are becoming practitioners in a system of family medicine. Still, this transition is only incipient and the stresses of job insecurity force workers to interpret such change in a wholly negative way.

In interviews in both regions, management placed great formal emphasis on occupational safety and health activities and spoke enthusiastically of the steps they take to ensure workers' health under adverse production and budgetary conditions. Again, however, these concerns are expressed in an uncertain economic environment, where the sheer survival of the enterprise is of greater ultimate concern than occupational safety and health. Where labor conditions are tense and the social supports of the work group are on the wane, perceptions of OSH are also negatively charged.
In this regard we see that OSH practices in the JVM have always been more contentious than those in the FCI. Though miners work with the daily knowledge of possible death, in the mines they are not terribly focused on issues of health and even some of their safety practices are questionable. Nonetheless, once outside the mine, health and OSH conditions become an overriding concern and are frequently raised by miners to indicate their frustrations and concerns about their jobs. In fact, since Jiu Valley mines are the most dangerous in the country with the highest methane concentrations and the greatest frequency of cave-ins, miners have some reason to be concerned about the care mine administrators take in devising appropriate work practices.

To their credit, the National Coal Company and its constituent mines have had a measure of success in preventing and limiting the seriousness of accidents over the last years (Table 9). In each of the three mines under study the frequency of all accidents has steadily declined over the last two decades. Though the declines in 1998 and 1999 can be partially attributed to the “disponibilization” of one-third of the JVM labor force and the decline in the extent of galleries worked, the improved accident rate is still testimony to administrative concern for worker safety.

<table>
<thead>
<tr>
<th>Year</th>
<th>Accident Type</th>
<th>E.M. Lonea</th>
<th>E.M. Aninoasa</th>
<th>E.M. Lupeni</th>
</tr>
</thead>
<tbody>
<tr>
<td>1976</td>
<td>Temp. Incap.</td>
<td>142</td>
<td>--</td>
<td>329</td>
</tr>
<tr>
<td></td>
<td>Full Incap.</td>
<td>9</td>
<td>--</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Fatal</td>
<td>3</td>
<td>--</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>154</td>
<td>0</td>
<td>344</td>
</tr>
<tr>
<td>1989</td>
<td>Temp. Incap.</td>
<td>74</td>
<td>125</td>
<td>322</td>
</tr>
<tr>
<td></td>
<td>Full Incap.</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Fatal</td>
<td>5</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>80</td>
<td>131</td>
<td>337</td>
</tr>
<tr>
<td>1995</td>
<td>Temp. Incap.</td>
<td>133</td>
<td>67</td>
<td>288</td>
</tr>
<tr>
<td></td>
<td>Full Incap.</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Fatal</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>133</td>
<td>67</td>
<td>290</td>
</tr>
<tr>
<td>1998</td>
<td>Temp. Incap.</td>
<td>121</td>
<td>106</td>
<td>157</td>
</tr>
<tr>
<td></td>
<td>Full Incap.</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Fatal</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>121</td>
<td>106</td>
<td>157</td>
</tr>
<tr>
<td>1999*</td>
<td>Temp. Incap.</td>
<td>65</td>
<td>50</td>
<td>106</td>
</tr>
<tr>
<td></td>
<td>Full Incap.</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Fatal</td>
<td>0</td>
<td>0</td>
<td>0^11</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>65</td>
<td>50</td>
<td>106</td>
</tr>
</tbody>
</table>

* January through August

Nonetheless, these relatively salutary statistics do not match miners’ perceptions. They suggest, in fact, that mine administrators generally ignore national OSH regulations, and administrative pressure to produce contributes to worker negligence, the chief cause of most health problems and accidents in the JVM. For example, one Lonea electrician referred to
workplace rules that say that work must stop when the heat in a gallery reaches 38 degrees Centigrade. However, he maintains, at Lonea they regularly work in heat that often rises to 40-42 degrees. Another Lonea miner said:

Not even 10% of workplace rules are respected (by administrators). If workplace rules were respected we'd only produce about 10% of the coal we produce now. There are many, many regulations (norme) that are not respected. Coal dust is pulverized without being treated first. Stairs in the mines are flimsy, and you go down tens of meters (hanging on to) cables. If you respect all the work norms you can't do anything.

Furthermore miners believe that when they try to prevent the flouting of OSH practices, they will be sanctioned or fined for their actions. They will be interrogated by administrators and asked: "Why don't you want to work?' But if you respond that you won't work in such a methane-rich environment, they'll tell you, 'Ok. We'll meet you outside (i.e. you will lose your employment)."

In contrast to miners' perspectives, mine administrators are adamant that all International and European standards for OSH are maintained. According to administrators at Aninoasa mine, for example, all basic systems, such as electricity, aeration, or water pumping, are duplicated in case one fails. There are also automatic collectors of methane levels at various locations in the mines that send information to a surface station. When levels exceed 1.5% an alarm sounds and workers are evacuated. The mine also cuts off the electricity to an area to both force evacuation and protect against combustion.

Most mine administrators consequently see accidents as resulting from workers not taking sufficient care during work, which they blame on miner culture. One engineer suggested that part of the problem comes from miners who have worked in the underground for too long. They tend to be too courageous and not safety-conscious enough. According to a mine safety instructor, this bravado shows in that most accidents occur with individuals between 38-45 years. He says that this happens to miners who try to become "the chief of their tribe." "After 38, a man doesn't have too much to learn in mining. He thinks he knows almost all. But in each miner there exists a large dose of false pride."

That there is such a gulf between miners and administrators speaks more to the tense labor environment than to OSH practices per se. Consequently, any attempt to intervene to
improve the safety practices in the JVM is irrelevant without a concerted effort to adjudicate on-going labor tensions. To briefly illustrate, many negative attitudes toward occupational safety and health issues emerge in interviews contrasting miners’ current health circumstances with those when Miron Cosma led the Jiu Valley League of Miners. Cosma legitimized himself by personally dispensing “quality of life” assistance to union members, like money for excess medical expenses, donations of food and clothing to needy families, and reservations in health spas and treatment centers for miner union members. Since Cosma’s arrest and the change in union leadership, JVM workers complain bitterly of the lack of attention and concern expressed about their quality of life by current union leaders.

One major change in workplace OSH has been the decrease in on-site medical institutions like dispensaries and/or the decreased availability of medical personnel to staff them. By law, all large enterprises (50+ employees) must have emergency medical facilities available. However, the law does not speak to the effectiveness of such facilities or the availability of appropriate personnel. In fact, there has been a decline in number of personnel and their hours at the clinics, the range of specific services they cover, and the extent to which they serve other worker family members and other community citizens. For example, an Aninoasa miner’s simple cut finger could not be cared for by the emergency technician in charge, who referred him to the Lupeni hospital.

The same is also true in many enterprises in the Făgăraș region. Today the clinic at Viromet, for example, only serves as a records repository and gate-keeping facility for factory health events. The elderly woman physician there, who claimed to know most of the workers and their families, was soon to retire. She bemoaned the state of the clinic and what would happen to the community that she served for so long.

Changes in access to work site medical care are taking place in the context of the large-scale reform of the Romanian health care system. Implementation of Law No. 145, the Law on the Social Assurance of Health (Government of Romania 1997a), which became fully in force in January 2000, is resulting in the formation of a capitation system in Romanian health and health remuneration. Most doctors will become “family physicians” and receive a small stipend
for each of up to 2,000 individuals enrolled with them for their basic health care. This will derive from the new Health Assistance Program (CAS, or Casa de Ajutor Sanătății). Doctors will also receive payment for medical procedures performed from the Ministry of Health budget. Workers, who previously had their health needs attended to at work-site clinics, will now be expected to see their family physician. Most important for workers, workplace clinics will no longer approve or disapprove of medical leaves, which will also be the function of the family doctor.

Workers are of different opinions about the shift to a family health system. For the most part, access to onsite medical care was one feature of socialist work life that workers, miners included, considered most favorably. However, as economic circumstances declined, the clinics came in for more than their share of criticism. Both Jiu Valley miners and Făgăraș workers often mention the demand for bribes by health officials to ensure workers and their families timely, favorable, or any treatment for that matter. Miners were especially critical about doctors’ demands for bribes since they were dependent on doctors for approval of sick leave or other non-emergency treatments. Previously, miners said, obtaining permission for sick leave, cost from 50-100,000 lei at Aninoasa, and was rumored to cost twice as much at the Vulcan mine.

According to health officials and workers alike, since doctors will be better remunerated in the new family health system, bribery should be eliminated in the sick leave approval process. However, worksite clinics, like the mine dispensaries, will now only be available for emergency medical care related to workplace accidents. They will also dispense medical treatments prescribed by one’s family doctor and organize periodic health controls for workers. In any case, the newness of the reform regulations has ushered in a period of uncertainty where there will be far fewer physicians and medical assistants available at workplaces during working hours.

For example, the Nitramonia doctor is still salaried by the factory but has applied to become a family doctor and so will spend even less time in the factory than previously. Similarly at the UPRUC, the one doctor who remains from the end of socialism, when there
were two doctors, two dentists, and one dental technician on staff, is also moving into a family
doctor position. For all but the most urgent of cases, UPRUC workers are sent to the main
Făgăraș hospital. All the mine clinicians, too, are hoping to become family doctors. There is
some debate at CNH headquarters as to whether the mines should replace them with other
emergency medics or allow the “new” physicians to work half-time at the mine. Whatever is
decided, the potential quality of medical care seems likely to improve, if and when people make
use of these services. However, given the disarticulation of medical care from the workplace,
these changes are unlikely to affect health outlooks and proactive health behavior in any
significant way.

The changing organization of health services may also limit the frequency and
effectiveness of factory health controls, previously under the purview of the workplace clinics.
In the FCI over the last years there has been a decline in workplace health controls, and
workers suggest they are far too few. FCI workers have comprehensive health exams when
they are first hired, including EKGs and Wasserman tests. But, subsequent to hiring, workers
in all the FCI factories are only very rarely re-controlled, and then only at sections with critical
responsibilities like the UPRUC's crane section and electricians generally. One UPRUC worker
who complained about a serious and long-standing cough (he was working without a mask in
the factory foundry) has not gone for medical control for almost two years. According to his
foreman, people who work in the foundry should go for control twice a year, but they haven’t
called anyone in months. The man himself indicated, “I would go if I were called, but they
haven’t called me. It would make no sense for me to ask them to call me, since they will not
listen to me in any case.”

In the JVM, health control is closely bound up with one's pay and is therefore
particularly problematic. Given the nature of mining there is much more stringent medical
control over miners than in other labor institutions. Medical exams are given miners when
hired, and again five years after they first begin working in the mines. The Ministry of Health
has established procedures stipulating that miners should be examined every three years after
that or annually for those who work underground. Those who suffer from Discrete (Grade I)
Pulmonary Fibrosis (fibroza), one of a variety of Chronic Obstructive Pulmonary Diseases, must also have an x-ray every two years. Fibrosis derives from breathing coal dust. Those with moderate fibrosis are x-rayed every year, and those with critical fibrosis every six months. In addition, those with critical functions in the mines like salvatori mineri or artificieri are required to have EKGs, EEGs, audiometric, and ophthalmologic exams once per year.

On the basis of these tests, mine administrators justify removing active miners from work underground and placing them in less taxing, but also less well-remunerated, positions. Though their base salaries remain the same, with such a change in work-site they lose many of the salary supplements that come with underground work. It is not unusual, for example, for half a miner's monthly pay packet to derive from such supplements.

Given the potential loss in pay that acknowledging certain medical conditions represent, miners' attempts to manipulate information about their health has clearly increased in this current "stressful moment." They try to keep quiet about their ailments, avoid medical controls by missing appointed health exams, or bribe officials for clean bills of health. Similarly, nearly all health officials questioned suggest there has been a definite proportional decline in the number of sick leave applications as well as requests for hospital internments in the JVM since the "disponibilizations" of 1997 and 1998.

As indicated above, mental health consultations have increased precipitously, but self-commitments are way down (forced commitments remain at roughly the same levels as before the "disponibilization"). Such changes relate to workers' fears about job security and pay levels. Many workers feel that making a health claim today causes one to be considered a slacker or complainer and threatens one's employment status. This is so both in the minerit and in Făgăraș chimie, but in the former it is exacerbated as miners already had a healthy dose of suspicion of health processes.

In sum, then, the increases in labor tensions have deleterious influences not just on health perceptions, but also on preventative attitudes and practices. As the director of a county health office suggested:
Another issue is that people don't take sick leave when they should. They work hard at the factory, they work hard in the field, and work until they can't and then they go to the medic. There is little in way of concern for prevention. It's not that they can't afford the medic, since all have equal access to medical facilities at the factory. It's just that they try not to miss work because of their need for money and their fear of being "disponibilized."

Small-scale interventions designed to improve the quality of workers' lives have also declined lately, due to larger issues of Romanian political economy. In the JVM this is partially a function of the privatization of some services contracted out to the Servamin Commercial Society, Inc. (S.C. Servamin S.A.). Declines in food services, both qualitative and quantitative, are also a problem. In the FCI during socialism, factory cafeterias served hundreds of hot meals each day. Now, however, meals have generally stopped being served altogether. At UPRUC no meals of any sort are served and at Nitramonia only workers from special or dangerous sectors, such as the sector that manufactures explosives, have the right to a factory meal. The cantine continue to operate in the JVM, but miners suggest that the food served now is of poor quality and limited quantity. It is "food for sick people" as one Lupeni miner suggested. Nonetheless, many miners who work the first and second shifts, 6 a.m. until noon and noon-6 p.m. will often have a hot meal. Some in the second and third shifts will usually pick up a free packet of food for their lunch break, consisting of 100 grams of salami or slănina (pork fat back), a pepper or onion, and a piece of bread or a roll.

Workers feel that there are also declines in their access to protective clothing and equipment, though this is somewhat questionable. The miners I saw were equipped in functional and relatively well-maintained work clothing, even though a typical miner sometimes goes through three or four sets of clothing each year, including those stolen from the dressing area.

Views on the quality of equipment in the minerit today compared to the socialist period are equivocal. The Polish-made boots that replaced Romanian ones are lauded, but the Romanian lamps, replacing an East German model, are disparaged. Miners generally suggest that it is increasingly difficult to secure these necessities, whatever their quality, in a timely
way. One Lonea miner, speaking about the poor treatment miners receive at administrator hands suggested:

Yes. They are supposed to give you protective clothing twice a year, but it is sometimes so hard to secure these. why bother. Think about coming out of the mine, completely dirty, needing new equipment. First you have to go to the sector chief, who writes you up a ticket to attest that you need the stuff. Then you have to go to aeraj (the mine aeration section) to get permission from the Protectia Muncii supervisor. Then you go to the financial section to fill out a form and attest whether this is one of the free suits you get or you have to pay for it. Then you go the Head Accountant to register. Then you even have to go to the mine director to get his signature. And sometimes he is sitting there with visitors and drinking coffee and he sees you and says, “Please wait outside a bit. Can’t you see I am busy.”...all this after coming out of the mine where you have been working on your knees for six hours.

Even when given freely, workers often do not make sufficient use of protective clothing and equipment due to pressures for production, lack of supervision, ineffective state oversight of OSH practices, or the poor quality of the equipment or the restrictions on movement it causes. Those who work in excessively loud methane production at the Viromet plant, for example, rarely wear the headphones they are given, as they say they are too uncomfortable and that other workers would make fun of them if they wore them. Workers making tubs and vats and other items from resinous glues and fibers at UPRUC also never wear their protective gloves for exactly the same reasons. They claim that factory administrators put them in a double bind. That is, they both threaten them with fines if they do not wear gloves, but also demand increased production, which requires that they leave their gloves aside.

Even more significant than the decline in the provision of protective work clothing, there has also been a decrease in interventions to preserve the health of workers on the job. For example, in the FCI many workers are given milk regularly to combat the toxicity of the various gaseous environments in which they work. But now, as one worker said:

In the FCI to protect us against the toxicity, they used to give milk more often and in larger amounts. It was about 3-4 kg per shift of 7-8 guys, or about 250 grams per person. Now, it's about 100 grams...one single glass. We pretty much look out for each other so some people don't drink what they get, so others will be able to drink more than their share. Workers who live in the villages also don't usually drink their share so that people who live in the city can take the milk home to their children. You only drink if there is a gas event and something bad happens in the factory.

Treatment for various work-related illnesses is also increasingly problematic, due to political issues. First, there is a general lack of state budget to treat the severe health
problems of miners and others. Part of this problem is due to internal state political competition between the Ministry of Health, which currently administers these programs, and the Ministry of Labor, which is seeking to take them over.

Because of their own political restiveness, the miners have won a few concessions. For the treatment of fibrosis and silicosis example, the Jiu Valley miner health service, the Salvamin, has access to five beds per month at the Brukenthal center in Avrig (just to the west of Păgăraș) and another five at the Geoagiu sanatorium, in the Hațeg region, just to the north of the Jiu Valley. The latter hospital, however, is mainly for those suffering from TB and other respiratory illnesses. In a direct link between labor activism and proactive health behavior, these beds were a concession the miners say that Cosma won for them in previous labor actions. Even so, a highly placed administrator at the Salvamin suggested that miners are forced to wait an excessive time for access to those facilities and some miners say it is necessary to pay a large bribe for admission to either facility.

Related to declining budgets and treatments, there are also far fewer specialists at work in OSH. For example, the individual in charge of such instruction at Nitramonia has recently been pensioned and no one has been hired to replace him as yet. At Nitramonia one union official suggested that though the union makes frequent requests for assistance for OSH activities, “the Director General doesn't give us anything other than the bare minimum. Though we ask and they say they will give, they always end up backing off due to what they say is a lack of money.”

Alcohol use and other health-related behaviors

Workplace body and health perceptions and practices articulate directly with personal behavior. Drinking, smoking and diet are intensified, if not directly determined, by work conditions and relationships. However, as problematic as these behaviors are, one cannot state precisely how and to what extent they influence life expectancy and health perceptions.

Certainly, as this report suggests, these practices are all implicated, if only obliquely, in the health problems of Romanian workers. Diverse conditions influenced by such behaviors
include inter-personal and family violence, accidents, general public health, and workplace absenteeism. At the same time, however, all these practices also aid Romanian workers in shaping certain conceptions of self and other. They are the social glues by which people assemble and maintain networks, friendships, and other personal commitments. As such, these behaviors also facilitate a certain, if not quality, than at least certitude of life in uncertain times.

The ambiguity of such behaviors is especially noticeable among miners. Excessive drinking and alcoholism have long been considered a significant health and social issue in Romania. This is especially so among the Jiu Valley miners. Because of their propensity for drinking, many outsiders consider them, as a group, to be alcoholics. Summing this view up, a Lupeni mine official said, “Alcohol is not in the miner’s blood. Blood is in his alcohol.” According to health personnel at the Deva County Public Health Directory, alcohol causes many family problems like spousal abuse, the dissolution of families, and juvenile delinquency.

This official also claimed that many other illnesses and conditions were directly related to miners’ outsized drinking. The large number of children found frequently in mines’ families stem from lack of concern about contraception by miners under the influence. The health official also claimed increased alcohol-related rates of liver disease, HIV infections, and circulatory problems. Still, there are few statistics to back up this view and fewer public health campaigns about alcohol abuse except in mandatory hygiene courses for workers in the food and water industries.

Despite all the above conditions excessive drinking, when placed in cultural context, does not appear to constitute the extreme social and health problem that many observers of contemporary East and Central Europe assume it be *prima facie* (see, for example, Leon et al. 1997). For one thing, many estimates of miners’ alcoholism come from hyperbolic accounts by non-miners seeking to delegitimize miners’ political claims. To miners, themselves, drinking has always been an essential aspect of individual and group identities. Consequently, the decline of miner public drinking, coinciding with “disponibilization” and the cash crisis, is also
indicative of a breach in miners' social relations that suggest problems that far outweigh drinking.

To miners, drinking with work mates after a shift is a symbol of having left the mine, and hence an affirmation of life itself. Drinking also helps shape the social boundaries of the miner's world, through the elaborate etiquette it establishes between mine work groups. As a real miner, after the shift you mainly drank with your work team and rarely asked other individuals to join you. A mine safety instructor clearly said:

Miners do not drink alone. A miner says, 'Only cattle drink alone and (while drinking) have nothing to say to each other.' Miners drink in groups and beer from the house does not have anywhere near the value as beer from the bar. Drinking beer at home is not good for miners.

Miners also have other justifications for their fondness for drink. Most suggest that work in the mines is so hard, that they have to have something to calm them immediately upon leaving the mine; hence the mug of beer with a cigarette chaser. Furthermore, miners claim that they don't drink that much at all. They used to drink much more in the past, but now they can only afford to drink a lot right after paydays. And when they do drink they are generally so tired after their shift (especially if one works the third or fourth shifts, i.e. from 12 to 6 p.m. or 6 p.m. to midnight), that after one or two beers they stagger home to fall asleep. Some even say that drinking alcohol is really a health intervention and the only cure for the physically threatening conditions of mine work. As one Lonea miner said:

I'll tell you why miners drink so much. In the moment when you enter an atmosphere where there is more than 3% methane gas, it screws up your head. You no longer can see and you have very strange sensations. And the only way to get rid of all these symptoms is to drink 100 grams of strong drink. Vodka or tuica, it doesn't matter. There are no pills or anything else that can help, only alcohol. Now this has not been proven medically, but we know it from the old-timers.

Whatever its ultimate causes, the social requirement for miners to drink is quite intense. Even miners whose religion discourages drinking, such as Jehovah’s Witnesses or Seventh Day Adventists, will occasionally take a drink with their colleagues. Again, the Safety Instructor sums it up well:
If you work in the mines and don’t drink with the others it causes your partial exclusion. In cases where you won’t even drink with your colleagues on payday people become suspicious. “Who is that,” they would say. “Why doesn’t he drink with us? What kind of a big-shot does he think he is? Is he better than us.”

Drinking also preserves and projects miners’ masculinity. When drinking, miners are expected to keep up with their colleagues and to buy rounds in turn. If you don’t drink, your fellows will say that your woman controls you. Some women show up at the mine on paydays to control how much money their husbands take with them to the bar. For a miner there are fewer more embarrassing things than to be accosted at the bar by one’s wife and made to return home.

Certainly there have been some changes in miners’ drinking coincidental to “disponibilization” and job insecurity. At first lay-offs prompted an excess of drinking. The Safety Instructor said: “When the Ordinance was first applied (i.e. when miners received the bulk of their severance pay) you couldn’t get into a bar, they were all so crowded. They were filled with millionaires. I could go in a bar with no money and still come out drunk.”

As time has passed, however, lack of money and miners’ fears about job security have caused a decrease in public drinking, and probably in private drinking as well. The bars still fill up on payday and for a few days after, but they empty out more quickly. Even more disconcerting, there are fewer people around to drink with, and the wholesale shifting of personnel in the mines pursuant to Ordinance 22 has thrown together people at the bar whose loyalties are thin, evanescent, and occasionally suspect.

Though not on the scale of their Jiu Valley cousins, Făgărașeni also enjoy strong drink. Today, however, good rachi (mixed fruit brandy) is increasingly hard to find. The copper boilers, hand-crafted by Calderaș Roma, are in disrepair and few Roma are willing to repair them. More significantly, instead of rachi, Western drinks like Scotch and Gin or Romanian or imported beers have become preferred alcoholic beverages. But whatever the drink, both the toleration for and the sociability of drinking have declined precipitously, bringing a parallel decline in alcohol related diseases.
On-the-job alcohol use in Făgăraș factories seems to have been slightly more prevalent in the socialist period. Workers say that the factory labor regime in the last years of Ceaușescu was severe, and that if you drank “you were sent home, fined, and sometimes even harassed,” but generally not fired. Alcohol use is still not unknown in Făgăraș factories today, and persistent use is sure cause for dismissal.

Still, as in the minerit, the uses and ultimate abuses of alcohol come from drinking in social groups. The physical here again can thus be understood as determined by the social. In gathering together to drink, the insecure workers of the Jiu Valley or Făgăraș seek to fend off the creeping dissolution of their lives. An unemployed worker in his mid-thirties from Făgăraș, his entire working career spent in post-socialism, has gone from job to job to job to the dole. Now sick at home, divorced, with his unemployment benefits soon at an end, and with no other prospects, he talked of the physical costs and social benefits of his alcoholism:

All my illnesses come from the same cause – drinking. Last month I was in the hospital for 9-10 days, so now I cannot drink or smoke. Due to alcohol, I suffer from rheumatism, anemia, and circulatory problems. I drank a lot until I began to feel bad. I mainly drank rachiu at bars with my friends. I didn’t much drink alone. I drank about one liter a day for two years straight.

When I was drinking I didn’t feel either bad or good. I just liked to go and tell stories with my friends. Sure, I liked to drink, but mostly I liked the atmosphere. It was great to sit around and talk about things. Half the time people were lying, but they were such beautiful lies.

**Conclusions and policy recommendations**

What, then, do these data suggest about the demographic crisis among Romania’s middle-aged workers? To what extent do they offer insight into the sources and possible remediation of their difficult conditions? As the foregoing suggests, and as other sources (e.g. Sapolsky 1997, Stone 2000) generally indicate, the health perceptions of Romania’s workers (and unemployed) relate directly to their experience of stress which, for many, originates in conditions of labor, fears of future or continued unemployment, and falling living standards. These stresses are further aggravated by the generally difficult conditions of family and community life in this time of economic decline and uncertainty. The more tension in the labor
and domestic environments, the greater the stress. The greater the stress, the greater the level of depression and health complaints.

Certainly, these data show no definite relationship between levels of somatic complaint and the likelihood of illness and early death. Female longevity in Romania remains at pre-1989 levels even though their level of somatic complaint is generally greater (Cockerham 1999). Despite this, ethnographic observations do suggest that increased somatic complaint resulting from more tense labor environments is likely to influence workers to contest health practices.

Given these above relationships, then, to ensure successful mitigating policies, health and the conditions of labor must be addressed in simultaneous and related fashion. This would suggest a number of policy options. The most critical policies, of course, are those that might affect over-all stress in the workplace produced by unemployment and falling standards of living. Such forces, though, are the product of political economic factors not necessarily responsive to precise governmental action. However, though little can be done to immediately remedy these global concerns, this research suggests that a sense of empowerment and of having a voice in their own work life, and developed group sentiments, all help mitigate the stresses that produce somatic complaint and ill health for both workers and the unemployed.

Consequently, there are policies and practices that national agencies can effectively develop that encourage labor’s empowerment within communities, even if not precisely addressing unemployment and falling standards of living. Such policies ought to be directed to at least show workers that the state recognizes their predicament, thereby reducing their sense of isolation. Many of these policies concern the actual labor environment. Of such potential interventions, most important is full enforcement of existing labor laws including a wholesale and visible attack on black market labor practices and more frequent inspection and remediation of unsafe and unhealthy, work conditions.

Law 90/96 says that for each enterprise with 50 or more workers there must be a health committee, in which representatives of the owner, union, and health personnel meet to consider enterprise health and safety issues. If a disagreement persists in the committee, the workers can take their complaint higher to the State Labor Inspector office. According to an
official of the Ministry of Labor, Labor Protection office, large workplaces generally have good results. However, workers complain that the committees essentially exist to paper over difficulties and the three wings of the committee will collude to ignore worker complaints.

Whether or not this is the case, the existing process must be transformed and invigorated to extend direct participation of worker representatives beyond that of the union alone, allow for more rapid decision-making and remediation, and ensure follow-up and widespread dissemination of its actions. To facilitate this, the committees might consider how the workplace regimen can be revised to consider local worker knowledge. They ought to poll workers regularly about their most pressing health and labor problems and how each partner in this advisory structure can contribute to its resolution. Though such practices may have only limited effect on work conditions, the voice they provide workers and the small effects they achieve, will provide at least some semblance of change and goad subsequent proper practice. The "suggestion box" is virtually unknown in Romanian factories!

Another simple, inexpensive, and potentially effective change would incorporate public health information into existing labor instruction at the workplace and in visits to unemployment offices. This measure may appear to mirror socialist practices in which workers were instructed about general health and dietary information. However, workers and miners generally responded positively to such a suggestion for a variety of reasons. They received new information about work safety from individuals they generally trusted and respected. Furthermore, older workers and miners suggest that instruction sessions showed concern for workers' health. Grafting additional information about the consequences of certain health and dietary practices onto existing instruction sessions could therefore have some small impact on both their practices at home and work. Similarly, for the unemployed, health instruction about available community resources or certain types of sanitary practices might also be effective. Public Health budgets are notoriously thin, however, so a mail campaign would be inappropriate.

Health perceptions, conditions, and behavior vary extensively on a regional and sub-regional basis. Consequently health and labor remediation must be oriented to regional
specificities. For example, the loss of identity and the angry group life of current and former miners bring about a different sort of personal crisis than the never-ending strategizing for resources, the personal jealousies, and the denigration of black market labor among Făgăraș workers. Mental health mitigation programs for miners must be oriented to a greater degree to group practice than those for Făgărașeni. Similarly, alcoholism requires different approaches in the Jiu Valley and in the Făgăraș region. In the former, there is a need to shape and channel drinking behavior, again by the group, whereas in the latter individualized counseling would no doubt be more appropriate.

There are also clear needs for special policy and practice focused on the health conditions and perceptions of women, youth, and the unemployed. Women in the Jiu Valley have the worst health perceptions of all sub-group populations in this study. These grow directly from their lack of activity and loss of function as household managers, due to the decline of the mining industry. In Făgăraș, by contrast, female stress is more related to the demand that women remain economically active, no matter the personal cost.

Hence, Black Market labor interventions would be clearly more recommended in the Făgăraș zone, whereas organized activities for women in groups is more to the point in the Jiu Valley. The latter might include group health instruction, simultaneous to their husbands' visits to local area Labor Directorates for updating their employment records. Also potentially effective, especially for Jiu Valley women, would be an active commitment to job training, micro-credit institutions, and health/diet/and sanitary related instruction and discussion as part of these processes.

Above all, both Făgăraș and Jiu Valley women must be empowered by the development of organizations expressly concerned with their health and life and work conditions. However, the one existing NGO in the former region, the Committee for Defense and Protection of Women, is mainly kept at arm's length by local government and other civic leaders. In the Jiu Valley the situation is even worse since none of the existing health and socially oriented NGOs specifically concern themselves with women, making women, miners' wives especially, near-
fully deprived of an organized voice. Government should at the very least, exempt certain kinds of NGO activities from the higher tax rates levied on businesses.

These suggested interventions are fairly narrow and depend greatly on the specific political economic circumstances of the Romanian state and its effect on labor and health policies and practices. Though there is legislation protecting labor and addressing workers’ health needs today, a fiscally self-centered political class with far-reaching ties into business (and some labor unions) besets the country and actively limits full enforcement of these laws.

Eleven years after socialism, the Romanian state still seeks the lion’s share of control over national wealth. The dominance of the Ministry of Fiscal Affairs in the formation and implementation of state policy further means a diminution of protective labor practices, not to mention restrictions on application of the Disfavored Regions Law. In addition, the on-going political instability surrounding the up-coming election and the reshuffling of portfolios that will ensue, make it even more likely that little will be done immediately to address workers’ health needs.

Nonetheless, large-scale and effective change addressing some sources of societal stress can only derive from organized efforts at the level of the state. But in Romania today that is far from a likely possibility. If anything, the stresses of uncertainty and endless strategizing are intensified by the class contrasts between workers and national politicians, the business elite, and their progeny, given expression in the body and health metaphors by which workers and miners distinguish themselves from their social superiors. These discourses, like those of the 1999 Lupeni hunger strikers, vividly portray fat leaders and thin workers. As one hunger striker, a “disponibilized” miner, said:

All our problems and all politics pass through the stomach. We have no clothes to wear, but one decent suit for weddings and funerals. They [pensioners] live well because they suck from two breasts...and those who have the largest stomachs have salaries of 50-60 million (lei per month). They should try to live like we do for just a little bit; they should stay three days without food or raise their children like we are forced to. Look at Constantinescu (the Romanian president) and you can see what has happened in the country. Before he came into office he was thin, but his face is fat now which shows how he eats from our suffering.
Such attitudes not only express frustration and stress, but they encourage a turn to despotic politics, class anger, and future instability. Their resolution can come only from enlightened and enforced national labor policies and practices.
References


___ 1997 b Ordonanța privind unele măsuri de protecție ce se acordă personalului din industria minieră și din activitățile de prospecrii și explorări geologice. Monitorul Oficial al României


Endnotes

1 "DM" refers to Direcția Muncii, the labor directorate responsible for registration of the unemployed. Those lacking work but still receiving either social assistance or unemployment compensation were asked to respond to the questionnaire when they showed up on their allotted date to confirm their employment status.

2 The large number of individuals from the Făgăraș unemployment office in the sample is due to this office serving as a main regional center for the registration of the unemployed. In the Jiu Valley, in contrast, DM offices are located in each major town.

3 In this regard, it was both sad and laughable to interview the Viromet chemical worker who, on his research questionnaire, averred that he had daily trouble with most of his physical processes (hearing, sight, sleep, appetite, physical strength), that he suffered from frequent bouts of dizziness and nervous distress, but that the general state of his health was excellent.

4 Făgăraș workers' discussions of these processes virtually duplicate the descriptions of work and stress under the socialist piece-rate work regime, cogently described by Miklós Haraszti (1978).

5 The Wahler Score is obtained by summing responses to the 42 item inventory and dividing that number by the actual number of questions answered by the particular informant (i.e. 42 minus x). The score obtained is then generally compared to the mean scores of students (low mean of .62 for men and .64 for women) and psychiatric outpatients (.95 and 1.33, respectively for men and women).

6 I have excluded unemployed workers from this table.

7 Labor Activism, Job Satisfaction, and Locus of Control were each measured by a three-item scale which consisted of questions 38, 39, and 41 for Labor Activism, 26, 27, and 30 for Job Satisfaction, and 37, 44, and 49 for Locus of Control. Cronbach's Alpha was used to measure the internal consistency of each scale. For LA this was .6641, for JS .600 and for LC .5909.

8 In order to figure mean Wahler scores from the interval data of Labor Activism, Job Satisfaction, and Locus of Control, I recoded these variables into nominal data using a scale of 1-1.5=1.0, 1.51-2.0=2.0, 2.1-2.5=3.0 and so on.

9 Admittedly, the unemployed who responded to the questionnaire were those still receiving state unemployment benefits. We gained access to such individuals when they came to local Labor Directorates to update their employment information so as to continue to qualify for receipt of vicarious unemployment benefits.

10 It is said jokingly that women's work in the Jiu Valley is "muncă de banca," the labor of the bench, i.e. gossip.

11 In October 1999, subsequent to the compilation of these data, there were two fatalities at the Lupeni mine, one resulting from a cave-in and the other when a mine team leader was mangled in a piece of machinery.

12 The hard coking coal (huița) of the Jiu Valley is fortunately not a major vector in the etiology of silicosis. Rates of silicosis are considerably higher in areas of mineral and non-ferrous metals mining.

13 Miners' concerns that their problematic health conditions show up in exams probably also influenced their responses to the research questionnaire. Their fears no doubt encouraged some to respond more positively about their health concerns than they actually feel.

14 Făgăraș morbidity statistics show a steady decline in cases of cirrhosis and hepatitis in inpatients in Făgăraș clinics from the years 1987-1994, the last year for which I have data.