

Local practices of humanitarian aid: *Pharmaciens sans frontières Anjou*¹ in Romania during the 1990s

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Abstract

The fall of the communist regime caused a massive flow of humanitarian aid to Romania, from all over the world. Pharmaciens sans frontières (PSF) Anjou, a departmental branch of PSF France, was one of them. After retrieving and sorting unused medication for three years, its members decided to take matters into their own hands and go to Romania. This also led to the development of other types of projects, such as internships and inter-university collaboration. In this article I argue that, at a local level, actions are highly influenced by individual stakeholders. Therefore, this study aims to better understand and illustrate the role of everyday practices in the evolution of humanitarian aid to Romania during the 1990s. The article will also question the purpose and utility of these person-to-person contacts.

Keywords: Pharmaciens sans frontières, Romania, Maine-et-Loire, humanitarian aid, internships, interpersonal relations

1. Introduction

Founded in 1985, *Pharmaciens sans frontières*² is the largest non-governmental association involved in humanitarian aid specialised in the pharmaceutical sector. Up until then, no humanitarian action focused solely on medication. Convinced that “medication is the link between diagnosis and recovery”, five French pharmacists³ decided to fight drug waste by collecting unused medication and redistributing it to disadvantaged populations. They soon realised, however, that there was also a great need for medication in developing countries and decided to expand their action and help improve health care systems

¹ Over the years, the local branch changed names several times: PSF 49, PSF Maine-et-Loire and PSF Anjou. This latest version, favoured by most members of the association, will be used through the text.

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² Henceforth PSF.

³ Jean-Louis Machurin, Michel Camus, Daniel Santuci, Philippe Bon and Bernard Touret.

all over the world. At the same time, PSF did not wish to abandon its initial projects and chose to act “*Ici et là-bas*” [Here and there], thus helping not only developing countries, but also France (Pharmaciens Sans Frontières, 1994, pp. 1-2).

Ever since 1985, PSF has developed national branches in various countries (Belgium, Spain, Portugal, Luxembourg, Cameroun, etc.), leading to the establishment of PSF’s International Committee (*Pharmaciens sans frontières Comité International*) that engaged in international missions in Africa, Asia, Latin America and in Eastern Europe after the fall of the Berlin wall (Benedik, 2009, p. 10-14). In 1989 PSF carried out its first major mission, to Romania⁴. After 1990, the number of missions grew rapidly (Poland, Bulgaria, Madagascar, Bosnia-Herzegovina, etc.). PSF’s missions were either for 1) emergency situations in countries affected by natural, economic or human disasters, 2) development (improving health care abroad) or 3) technical assistance (PSF, 1994, p. 3).

At the same time, PSF strongly encouraged the development of a network of departmental branches, in order to simplify the retrieval and sorting of unused medication at a local level. The departmental associations also carried out missions in Romania. These actions were less important in terms of funding and impact on the general health care system, but enabled the establishment of a direct person-to-person connection between French and Romanian citizens. This is why the article focuses on the local aspects of the humanitarian aid provided to Romania.

Unlike Médecins du Monde or Médecins sans frontières (Weber, 1995; Maury, 2013; Laurent, 1980; Abu-Sada, 2013), PSF’s actions have scarcely been studied to date. With the exception of a few pharmaceutical articles and PhD/Masters theses (Michael, 1996; Louz, 2006; Aloy, Sirayan and Duzzart, 2009; Benedik, 2009; Roy, 2013), a full-fledged historical analysis of PSF’s humanitarian actions is still lacking. Pharmaceutical aid has been treated as a part of humanitarian aid but no real studies have focused exclusively on PSF.

In this article I argue that, at a local level, actions are highly influenced by individual stakeholders. They are essential to the sustainability of the actions, as well as their diversification. Therefore, this study aims to better understand and illustrate the role of individual local stakeholders, of everyday practices (Udan and Hilhorst, 2006, pp. 292-302), in the evolution of pharmaceutical humanitarian aid to Romania during the 1990s. Indeed, it was during the 1990s that most departmental associations carried out missions to Romania. This study focuses on the association from Anjou, a French historical and cultural region.

⁴ PSF’s first missions carried out outside of France took place in 1987, in Mali and Mauritania.

This name is still used when speaking of Maine-et-Loire, the actual department⁵ in west-central France or the Pays-de-la-Loire region. This article will also question the purpose and utility of these local practices of humanitarian aid. For this study I draw not only upon official (PSF Anjou) and personal archives (Michel Soulard), but also local press from Maine-et-Loire.

This study will begin by addressing the favourable local circumstances that enabled PSF Anjou to get involved in Romania. Here, I shall explain the development of local French-Romanian twinning networks and PSF Anjou's evolution at the beginning of the 1990s. The second part of this study will focus on PSFs medical aid convoys to Romania and more specifically to Bucharest. The third and final component of this article will deal with the interpersonal aspect of the aid, by using the example of internships for French students in Romania.

2. A favourable local context

2.1. *Opération Villages Roumains*

The media coverage of Romania's "revolution" was the starting point of an extraordinary outpouring of humanitarian aid from all over the world. However, in order to better understand these happenings, the broader historical context should not be forgotten. After being perceived as a privileged ally to the West during the 1960s and the beginning of the 1970s, Nicolae Ceausescu, Romania's communist leader since 1965, became the "enemy of his own people" (International Helsinki Federation for Human Rights, 1989, p. 1). Ever since the 1980s Nicolae Ceausescu was presented in a very negative and critical way (Scutaru, 2013). This is when Ceausescu's plan of destroying more than half of Romania's villages – systematisation plan – was made public by the media. International outrage and widespread public mobilisation took the form of *Opération Villages Roumains* (OVR). This grassroots movement sought to protect Romanian villages and put pressure on Ceausescu by mobilising local stakeholders, European rural residents that could empathise with Romanian peasants whose traditional lifestyle was in danger. After the fall of the communist regime, these European citizens decided to take matters into their own hands and went to Romania in trucks loaded with goods they had collected (clothing, food, medication, etc.) (Scutaru, 2012, pp. 249-255).

Maine-et-Loire is one of the many French departments that took part in the OVR movement, with 46 *communes*⁶ becoming involved in 1993 and 71 in

⁵ The department is one administrative division of France, between region and commune. There are now 96 departments in metropolitan France and 5 overseas departments, retrieved from www.insee.fr/fr/methodes/nomenclatures/cog/departement.asp.

⁶ The *commune* is the oldest and the lowest level of administrative division in France. In April 2010, there were 36,699 *communes* in France, retrieved from <http://www.insee.fr/fr/methodes/default.asp?page=definitions/commune.htm>.

1995 (Scutaru, 2013, pp. 707-709). This mobilisation led to direct contacts between French and Romanian citizens, creating a local context favourable to Romania and to actions directed towards its citizens. Some of these contacts evolved over time and became partnerships and even twinnings. As part of these relations, French citizens continued to send convoys to their Romanian partners⁷. Most of the time, medication was also part of the convoys (Scutaru, 2013, pp. 548-565). PSF's local branch provided these associations with the unused drugs they transported to Romania⁸.

2.2. *Pharmaciens sans frontières Anjou*

PSF Anjou was created between the end of 1988 and the beginning of 1989. Michel Soulard (born in 1933), a pharmacist from Angers, was one of its founders. Having already been engaged in humanitarian actions⁹ he states that ever since the beginning of 1988 he had been trying to convince local pharmacists to create a departmental branch. He recalls, with a little bit of bitterness, that nobody seemed to find the idea realistic enough to get involved in the process. However, at the end of the year, most certainly encouraged by PSF France, the president of the pharmacists' union contacted Soulard and informed him of their decision to create a local PSF branch. The name of the president had also already been chosen. Even though he was "furious" with the way things were shaping up, he claims that he was the one who "practically did everything in order to create PSF Anjou and to initiate its activities" (Interview Soulard).

However, from 1989 to 1992 "we didn't do much": PSF Anjou retrieved unused medication from pharmacies or laboratories, sorted it and then sent it to various local associations (Interview Soulard). Some of these associations were members of OVR. Only 20% of all the collected drugs were actually kept and sent to associations. The other 80% was destroyed, according to the guidelines of official legislation¹⁰. After a three-year adjustment period, PSF Anjou decided that it was time to act. Its members had had enough of just retrieving and sorting medication and wished to take an active part in missions abroad, missions

⁷ The term "partner" is used by the French when speaking about their relationship with Romanian rural inhabitants. However, this term is not always used appropriately, as many grassroots-level collaborations between East-West or North-South do not really qualify as partnerships. For more information on this topic, see De Leener, P. (2013), *Le partenariat contre l'altérité? Comment, sous couvert de partenariat, le déni de ce qui rend Autre l'Autre se renouvelle dans les impensés de la solidarité internationale*, *Mondes en développement*, No. 161, pp. 79-91.

⁸ Saint-Barthelemy-Avrillé. Vingt tonnes de marchandises pour la Roumanie, *Ouest France*, 19 March 1990.

⁹ In 1988, as a member of an association from Lyon, he took part in a food convoy to Poland.

¹⁰ Archives Pharmaciens sans frontières Angers (henceforth APSF), Charte des Pharmaciens sans frontières, undated, 5 p.

dedicated solely to pharmaceutical/medical care¹¹. Once the decision was made, the destination country had to be chosen.

Here is where Michel Soulard's influence, as well as the existence of grassroots-level relationships with Romanians, came into play. This former pharmacist, who considers Romania as his "second home", played an essential role in PSF Anjou's actions in this country. Having discovered the "*petite soeur des Carpates*"¹² in 1980, while travelling from France to Turkey, he had a strong interest in Eastern and Central European countries. He also manifested a wish to act, to engage in direct contact with European citizens who were still under the domination of communist regimes. Ever since 1992, he spends several months a year in Romania. He has developed friendships with pharmacists, doctors, teachers and so on, Romanians he met during his stays. His emotional connection has motivated most of his actions, such as taking a stand against Romanians' negative image in the media (Interview Soulard). He has also published several books presenting his perception of the country and its citizens (Soulard, 2006 and 2008). One can thus conclude that a local context favourable to Romania and the influence of individual stakeholders were crucial in determining the destination country. Therefore, as was the case with other local branches, PSF Anjou decided to go to Romania. However, a new question arose: where exactly in Romania and why?

3. From France, with love

3.1. Where to?

Several factors determined the exact destination of PSF's aid to Romania. The local context comes up once again. Local PSF branches determined most destinations in accordance with OVR twinning programs with Romanian cities or villages. This was the case for PSF-Bourges. The twinning between Aubigny-sur-Nère, a *commune* from the Centre region of France (Cher department), and the Romanian city Plopana (Bacau county)¹³ was the starting point of PSF's relations. It is because they had this local connection that PSF-Bourges initiated, in 1992, a series of medical aid convoys to Romania. In order to avoid the difficulties encountered earlier in other countries, they preferred distributing medicine directly to the local medical facilities. Several trips were organised and

¹¹ APSF, PSF Anjou, 1996, 4 p.

¹² "Younger sister from the Carpathians". This cliché phrase is often used in order to underline French-Romanian traditional relations, as well as the emotional connection that supposedly exists between these two countries.

¹³ Plopana is a small city (3.333 inhabitants) North-East region of Romania, retrieved from <http://www.comunaplopana.ro/>.

medication was distributed free of charge to the inhabitants of Plopana (Interview Bailly¹⁴).

Angers was a different story. PSF Anjou did not go to one of the villages or cities twinned with Anjou *communes*. Instead, a meeting between Michel Soulard and a Romanian nurse living in Angers brought in a new perspective. Mrs. Toudji, a nurse of Romanian origin, and two French doctors, had created, in February 1990, the *Association Angevine Franco-Roumaine* [The Angers French-Romanian Association]. They went to Romania four times a year and worked mostly with two hospitals in Bucharest: City Hospital of Bucharest and Colentina Hospital. They intended to establish “scholarly exchanges between Romanian and French doctors, subscriptions to various specialised journals, consignment of medication and medical equipment”¹⁵.

The association expressed its desire to collaborate with PSF Anjou, in order to provide drugs and medical equipment to their partners. In April 1991, Soulard arranged a meeting between Toudji and PSF Anjou’s steering committee¹⁶. She then presented her association and its goals, while emphasizing the Romanian hospitals’ “immense” need for drugs and equipment, especially in departments like anaesthesia, chemotherapy, paediatrics, etc. From her perspective, “since the healthcare system was completely in shambles, the Romanian hospitals survived only with the help of [foreign] donations”. Moreover, these actions were done through direct contacts with representatives of these two Romanian hospitals, without involving intermediaries (administrative structure or state)¹⁷. After listening to Toudji’s arguments, PSF decided to organise a convoy to the City Hospital of Bucharest¹⁸.

3.2 Humanitarian aid convoys from Angers to Bucharest

From the outset, Philippe Froger, president of PSF Anjou, stated that they did not wish to do “a one-off event but be part of a process”. The purpose of the mission was twofold: on the one hand, to provide humanitarian aid to Bucharest City Hospital and, on the other, to establish direct contact with Romanian pharmacists. PSF wished to establish both interpersonal relationships with Romanian practitioners and technical cooperation, such as the exchange of scientific documents¹⁹. Their goal was to support Romanian pharmacists through the privatisation process from the former centralised, state-controlled

¹⁴ Born in 1928, Bertrand Bailly is a former pharmacist. As a member of PSF-Bourges, he took part in several humanitarian actions in Poland and Romania.

¹⁵ APSF, Minutes of Steering Committee meeting, 14 June 1991, 2 p.

¹⁶ APSF, Minutes of Steering Committee meeting, 24 April 1991, 1 p.

¹⁷ APSF, Minutes of Steering Committee meeting, 14 June 1991, 2 p.

¹⁸ Michel Soulard, Written answer, 11 September 2014, 2 p.

¹⁹ APSF, Fax sent to Europe 2, 16 June 1992.

pharmaceutical industry. Indeed, ever since the fall of the communist regime, Romania has gone through a period of rapid and major change in every sector, including healthcare (Vladescu, Galan, Olsavszky, Scantee, 2009, p. 21). The previously centralised system had to be transformed into a decentralised and pluralistic healthcare system. Pharmacies and pharmacists were among the first health professionals to be allowed to have a private business (European Observatory of Health Care Systems, 2000, p 53). However, this process was long and confusing, since the Romanian government started regulating the pharmaceutical sector quite late. Starting with Ministerial Order 201/1999, the number of pharmacists and pharmacies was limited (Vladescu, Scantee and Olasavsky, 2008, p. 97)²⁰.

In order to ensure the durability and the success of the PSF mission, a specific action plan was necessary²¹. Therefore, a team of four (including Soulard and Froger) began planning for the future trip to Romania²². This was the first major project organised solely by PSF Anjou. For practical reasons, they decided to go to Romania in June, during summer holidays. In order to gain support, not only from pharmacies, but also from pharmaceutical laboratories, PSF did not hesitate to inform the media of their plans: detailed documents were sent mostly to local newspapers and radio stations²³. This method, inaugurated in 1992, became a mainstay throughout the project as a means of informing inhabitants of Maine-et-Loire of PSF's actions. The local press was eager to cover such initiatives²⁴.

In two loaded vehicles, provided by PSF France and the *Office commerciale pharmaceutique*, three pharmacists and two pharmaceutical assistants who had volunteered to be part of the convoy set off from Angers to Bucharest on June 18, 1992. After a long trip and some complications at the Hungarian border, the adventurers arrived in Bucharest on June 20, at 4 a.m. In the morning they unloaded the cargo (2 tons of drugs and medical equipment) and visited the hospital (pharmacy, paediatric, obstetrics and surgery departments). The hospital's pharmacy received the medication brought from France (antibiotics, analgesics, anti-inflammatory drugs, tonics, psycho-stimulants, bandages, single-use medical supplies, baby scales, wheelchairs, clothing, documentation, etc.). On this occasion, they also discovered that

²⁰ 1 pharmacist to 5 000 inhabitants and pharmacies had to be 250 meters apart. For more information on Romania's pharmaceutical system see World Bank, *Romania: Pharmaceutical Sector Analysis*, 2004, Washington.

²¹ APSF, Minutes of Steering Committee meeting, 14 June 1991, 2 p.

²² APSF, Minutes of Steering Committee meeting, 9 July 1991, 2 p.

²³ APSF, Minutes of Steering Committee meeting, 27 April 1992, 2 p; Fax sent to Europe 2, 16 June 1992.

²⁴ Pharmaciens sans frontières en Roumanie. Aider et échanger, *Ouest-France*, 17 June 1992; Pharmaciens sans frontières de retour à Bucarest, *Courrier de l'Ouest*, 6 April 1994.

several other Western countries (France, Germany, Great-Britain, United States, etc.)²⁵ had done the same. Indeed, the fall of the communist regime caused a massive flow of humanitarian aid to Romania from all over the world (Pirotte, 2006; Lemasson and Pidolle, 1996). Their discovery supported Mrs. Toujdi's statements: the hospital functioned mostly with the help of foreign medical supplies. However, antibiotics, painkillers and antiseptic drugs were still badly needed. Moreover, "the medical equipment was obsolete and the hospital lacked disposable (single-use) consumables such as probes, syringes, needles and gloves: "Disposable gloves were washed and hanged up to dry on the radiators" (Soulard, 1992, p. 1027). Romania had started to reform the medical system but the lack of money had stalled the process. 2-3% of the country's PIB was allocated to the healthcare system. Even though this respected the country's development level, the amount was smaller than for other Eastern and Central European countries. This explains the numerous shortages experienced by Romanian hospitals (Chiritoiu, on-line).

During their stay in Romania, the PSF Anjou representatives also met several Romanian doctors and tried to find out the hospital's exact needs. The hospital's director, Mihai Niculescu, devoted his full time and attention to his French guests who were very pleased with him²⁶. This behaviour is common for this kind of situation. Other French PSF local branches present similar stories (Interview Bailly; Risacher, 1999). Moreover, several months after the first contacts were established, Niculescu sent a letter to PSF Anjou, thanking them for their visit and expressing his desire to establish on-going relations²⁷. Taking into account the hospital's situation and the doctors' needs for medication, a different approach would have been surprising. The director needed to ensure that the guests were content and wished to come back.

Upon their return to France, PSF members presented their findings, as well as the reactions of recipients of aid within various departments of the City Hospital, in public conferences and newspaper articles. In an article published in *Le pharmacien de France*, Michel Soulard stated his wish to move beyond the emergency reaction and to engage in long-term relations with Romania. This trip was perceived and presented as an opportunity to "get a clear picture of the situation" in Romania, of the needs and wishes of Romanian pharmacists and doctors (Soulard, 1992, pp. 1026-1028).

Over the years, PSF continued to provide medication and medical equipment to Romania, either in specific PSF convoys, or through local Anjou

²⁵ APSF, Trip summary: Pharmaciens sans frontières/Angers à Bucarest du 18 au 28 juin 1992, 1991, 10 p.

²⁶ APSF, Trip summary: Pharmaciens sans frontières/Angers à Bucarest du 18 au 28 juin 1992, 1991, 10 p.

²⁷ Michel Soulard personal Archives (henceforth MSA), Letter from the City Hospital director for M. Michel Soulard, Bucharest, 6 November 1992.

associations that visited their partners on a regular basis. Even the internal changes within PSF France did not affect their actions much. In January 1994 all departmental branches become independent associations and gained more autonomy from PSF France. This is why in 1998, when the PSF International Committee decided to no longer work with unused drugs in international missions, local branches could continue as before, on some conditions²⁸ (Risacher, 1999, pp. 27-29, 37).

Despite the ambitious goals presented by PSF in 1992, these exchanges did not lead to anything more than humanitarian aid convoys. Aside from Michel Soulard, no other members established interpersonal connections with Romanian pharmacists. This is an unusual situation for local practices of humanitarian aid, often characterised by the strength of interpersonal relationships (Godin, 2013, p. 31). But, as PSF members that volunteered to be part of the convoys changed regularly, it became difficult to establish long-term personal relationships. Moreover, PSF provided medical and pharmaceutical material but this had little or no influence on Romania's privatisation projects. This is perhaps not surprising given the difficulty for grassroots relationships to gather sufficient momentum to have a significant impact on issues of nation-wide concern. The French managed nevertheless to alleviate some specific needs while the national system evolved and their help was no longer needed. Another limitation of local practices is the lack of impact analysis (Kinsbergen and Schulpen, 2013, p. 58). It is difficult to assess, in specific terms, the exact impact of these actions.

However, the local contacts led to the development of different types of exchanges: inter-university and internship collaboration.

4. When Anjou met Bucharest

4.1. Internships in Romanian hospitals

From the moment of the first convoy (1992), Michel Soulard began to consider the possibility of organising internships for French students in Romanian hospitals. Indeed, since 1986, he had been teaching some classes at the Angers Chamber of Commerce and Industry, CAP²⁹ *Employé en Pharmacie*. Third year CAP Pharmacy technician trainees had to do a four-week practicum in order to validate their diplomas. Upon approval from the City Hospital's director³⁰, Soulard managed to set up internships in Romania, thereby fulfilling

²⁸ The request comes from the foreign country; an assessment of the local needs has been realised, transportation is done under the surveillance of a pharmacist and especially that there is verification of the way the drugs are used at destination. Upon arrival in the receiving country, drugs need to be valid for at least one year.

²⁹ Certificat d'aptitude professionnelle [Certificate of professional competence].

³⁰ MSA, Letter from the City Hospital director for M. Michel Soulard, Bucharest, 6 November 1992.

an old wish. For a long time, he “had been thinking of organising internships for French students in developing or European countries” (Soulard, 1993, p. 721). By emphasising the importance of this internship and its “humanitarian aspect”, Soulard managed to get funding from the Pays-de-la-Loire region as well as from pharmacy professionals (*Office commercial pharmaceutique*, the *Conseil de l’ordre des pharmaciens*, some laboratories and pharmacies). The interns also earned some money by selling pins and greeting cards they had come up with³¹.

Eleven pharmacist technician trainees went to Bucharest in March 1993, for a whole month (3-31). They did not go to Romania empty-handed. In 1993, the students accompanied PSF's second humanitarian aid convoy. Upon arrival of the cargo, they helped the Romanian staff unload and sort everything. Moreover, the interns had to identify the main needs of the hospital's departments. This information was then sent to PSF and helped prepare the following convoys³².

Each day of the internship followed a similar schedule: work in different hospital departments from 8 a.m. to 1 p.m. and classes in the afternoon (2-4 p.m.). Most of these classes presented the Romanian medical system: health care, hospitals, private facilities, working in a Romanian hospital, medication used by doctors, etc.³³ The interns were also allowed to take part in surgeries and the preparation of medication. This enabled them to acquire a real practical experience. According to Soulard, this would have been more complicated in France, where “interns are not allowed to do much, that is when they are not considered a burden by the institutions” (Soulard, 1993, p. 721).

This internship was renewed for a ten-year period. From February to March 1994, in addition to the trainees, one teacher and some students from the University of Angers' pharmacy faculty were part of the trip. They initiated relations between the pharmacy faculties in Angers and Bucharest. This was also the last year at the City Hospital, owing to some problems with the Romanians from Angers, who had helped initiate the relationship, and the hospital's director³⁴. Henceforth, the internships were held at two other hospitals in Bucharest: Colentina and Coltea. At the end of their stay in Romania, students would receive, in an official ceremony, a certificate from the *Association professionnelle pour la formation des préparateurs en pharmacie du Maine-et-Loire*, stating: “While performing a hospital internship from 3 to 31 March 1993

³¹ MSA, Document without a title, undated, 4 p.

³² MSA, Document without a title, undated, 2 p.

³³ MSA, Document without a title, undated, 4 p; Des apprenties en Roumanie, *Porphyre*, No. 287, May 1993, p. 39.

³⁴ Soulard did not wish to discuss the details of this situation and only stated that the Romanians from Angers “proved to be dishonourable” and tried to “extract money” from them.

at the City Hospital of Bucharest, he/she took part in a humanitarian action and played an active role in the dissemination of French culture and francophonie”³⁵.

4.2. Experiencing Romanian shortages

Upon the first group's return from Romania, Soulard described the extreme state of decay they had discovered: “bumpy roads, abandoned construction sites, obsolete and polluting factories, numerous horse carriages, few cars, only one fuel pump for a city as big as Angers” (Soulard, 1992, p. 1027). Soulard states that the Romanians “lacked medical equipment, they lacked many things back in 1993, 1994. But this was an unforgettable experience”³⁶. However, despite all these shortcomings, there is one thing that all interns and Soulard emphasise: the way foreigners were received in Romania: “we were treated as kings”, “we received a very warm welcome, that is characteristic of the Romanian population” (Soulard, 1992, p. 1027). “As I always used to say, Romanians have nothing, but they give everything. It was fabulous, fabulous, fabulous...” (Interview Soulard). This aspect is emphasised by all foreigners going to Romania, providing aid and assistance (Scutaru, 2013, pp. 563-566).

A link could also be established between Mihai Niculescu’s attitude and the way foreigners were received in Romania, consistent with Marcel Mauss’s gift and counter/gift theory (Mauss, 2007). Because they received a “gift” from the French, the Romanians felt compelled to give something back. Because they felt that they have nothing that the French might need³⁷, their hospitality becomes the “counter-gift”, their only means of showing gratitude. However, this generates an unequal relationship between assister and assisted, one always giving and the other waiting to receive (Hattori, 2001). This is, by no means, an equal partnership equation, despite the donor’s good intentions.

These internships also enabled Soulard’s desires to come true: he managed to “add a humanitarian dimension to the educational aspect of the classes”³⁸. The purpose of this internship was to “show the interns the living conditions, the working conditions, [...] what it was like living in Romania”. Indeed, for the duration of the internship, the students lived in private homes. Some interns were “really shocked by the living and working conditions they discovered”. For many interns, this was their first experience abroad. Soulard wanted them to experience shortages (no hot water, no elevator, lack of food variety, etc.), in order to make them realise the excess of consumer society and

³⁵ MSA, Document without a title, undated, 1 p.

³⁶ MSA, Testimonies, undated, 2 p.

³⁷ Studies dealing with North-South partnership have reached the same conclusions (see De Leener, P. (2013), *Le partenariat contre l’altérité? Art.cit.*).

³⁸ MSA, Document without a title, undated, 2 p.

waste³⁹. This way, the interns would realise that they were really lucky to be living in France, where they had everything they wanted and needed, while, at that time, Romanian hospitals were going through difficult times (Interview Souldard). “They [the interns] saw how Romanian doctors managed to do their job despite the shortcomings. They saw three women being kept in one bed after giving birth, because there were not enough beds available in the hospital. They experienced the manufacture of hand-made prostheses” (Souldard, 1993, p. 772). For Estelle, an intern, “it was tough, particularly from a psychological perspective. Hygiene requirements are not met, but it was great, we learned a lot”⁴⁰.

However, “despite these difficult and living conditions, it only lasted four weeks for us, while this is Romanians’ daily life. [...] Our stay was great, but it is not for fun/tourism”⁴¹. But, one cannot help questioning this sentence, as well as the purpose and usefulness of these internships. What good did it do, for the intern’s career, in a French pharmacy, to have experienced a month (or less) in a Romanian hospital? They saw how Romanians lived, were impressed and even sorry for them for a while, but then got back to their own life and that’s it. Nothing really changed for the Romanian hosts. These actions recall “humanitarian tourism” practices: volunteers travel to a foreign country for a certain period of time (usually rather short), where they provide temporary assistance (Zunigo, 2007, p. 102). Several academic studies and NGOs⁴² have warned of the dangers of this practice, of “the dark side of volunteer tourism” (Wall, Arrowsmith, Lassey, Danso, 2006, pp. 559-562). They state that, despite the volunteers’ good intentions, their actions have rather short lived, one-off positive effects on the populations they intend to help. However, the negative impact seems to be more long-lasting when there is insufficient advance preparation (Richter, Norman, 2010, pp. 217-229). Without overestimating the connection between the experiences analysed by these researchers, that often involve financial gain for tour operators, and the pharmacy internships in Romania, one needs to question the long-term effect of these internships on Romanians. While PSF convoys enabled them to cope with some of the medication shortages they were experiencing, one wonders how Romanian doctors, nurses, pharmacists coped with this “humanitarian voyeurism”? Is it “cruel to care?” (Käpylä and Kennedy, 2014, pp. 255-292).

³⁹ Alain Body, Avec l’association Pharmaciens sans frontières. Onze jeunes Angevins à Bucharest, *Ouest-France*, 2-4 avril 1994.

⁴⁰ MSA, Testimonies, undated, 2 p.

⁴¹ MSA, Testimonies, undated, 2 p.

⁴² MacKinnon, J.B. (2009), The Dark Side of Volunteer Tourism, retrieved on <http://www.utne.com/Politics/The-Dark-Side-of-Volunteer-Tourism-Voluntourism.aspx#axzz3N5rKMpPX>.

5. Conclusions

This paper offers an overview of PSF Anjou's humanitarian aid actions in Romania during the 1990s. The small-scale case study approach makes it possible to assess the role of individual stakeholders as well as the advantages and disadvantages of local, person-to-person relationships. OVR and local twinnings created a favourable local context where links with Romania and Romanians were encouraged and supported. The development of various types of French-Romanian relationships, that would have been much more difficult to establish on a national or international level, were possible on a local level: internships, inter-university cooperation, etc. Individual stakeholders, such as Michel Soulard, played a key role in this process. As a member of OVR, this pharmacist maintained a connection to local associations and ensured that medication was transported to Romania on a regular basis. Furthermore, his personal and emotional involvement with Romania, were essential in launching the internship project.

However, these emotional and small-scale aspects were also the source of complications. Local level associations often lack a certain level of professionalism that would allow them to devote more attention to the process as a whole and to see beyond the short-term results. This is one aspect where there is room for improvement (Kinsbergen and Schulpen, 2013, p. 61). However, despite the fact that their actions might have a less significant impact than that of larger (national, international) organisations, local organisations facilitate close person-to-person contacts. This allows the development of more personal relationships, but only when contacts are repeated and quite frequent. Much can be gained from both sides from this exchange but only if it is well done. The opposite can also lead to long-term negative effects, especially for the receiving community. This possibility, which is seldom (sometimes not at all) investigated by foreign donors, should be studied. How did the Romanians cope with the overwhelming amount of aid received? How did their view these interpersonal contacts? Did they feel like they were simply being watched, analysed and pitied?

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