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BUCHAREST’S PUBLIC WATER FOUNTAINS AND THE STRATEGIES
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“IT WILL BE A JOY WHEN THEY START WORKING AGAIN” BUCHAREST’S PUBLIC WATER FOUNTAINS AND THE STRATEGIES USED BY THE HOMELESS TO ACCESS DRINKING WATER

Vlad-Andrei COȘMELEAȚĂ¹

Abstract

This paper approaches the issue of public water from a qualitative perspective, using semi-structured interviews to explore the experiences of homeless individuals using drinking fountains, the strategies used in order to obtain potable water, as well as access to toilets and personal hygiene. The theoretical and methodological framework of the paper draws on the legacy of Gusti’s Sociological School, focusing on fieldwork and direct observation. Interviews show that homeless people regularly use the drinking fountains, but they are taken out of service during the cold season. In order to access drinking water, homeless people resort to an informal network of social organizations, pharmacies, restaurants and interpersonal relationships with employees of private businesses, consume liquids from unfinished drinks or, when they can afford it, buy bottled water. In implementing these strategies, homeless people must navigate the stigma and prejudice of others, which can make it more difficult for them to access water, toilets and hygiene.

Keywords: water, drinking fountains, neoliberalism, homeless, toilets.

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Introduction

It is summer, any summer in the mid-2000s, in a neighborhood much like any other in Romania's post-communist provincial cities: three- or four-story blocks with reddish brick exteriors, wooden benches shaded by vines for the elderly residents to sit and chat, narrow alleys and lots of greenery where you often find the neighborhood's stray dogs and cats. The children playing here have a sort of skill that makes them resemble hunter-gatherers: they can live for an entire day on just what the neighborhood has to offer. Each of them knows where the plump apples grow, which garden has the sweetest pears and which cherry tree they can climb without suffering the scolding of neighbors. And they all know where to find water, on which street corner are the drinking fountains, where are the hidden faucets and pumps around the block. I remember one day an older man asked us, kids out playing, where he could get some water. Naturally, we directed him to the nearest drinking fountain. Since then, however, most of them have disappeared, having been replaced by bottled water. If I were faced with the same question today, I wouldn't search my memory for the nearest drinking fountain, instead, I would suggest the nearest store.

This paper explores the experiences of homeless people using drinking fountains in Bucharest as a primary source for potable water, and more broadly, the strategies and techniques used to access drinking water, toilets and sanitation. The literature review is divided into two parts: firstly, I will outline the legacy of Dimitrie Gusti's Sociological School on research related to water, sanitation, and marginality in Romania; the second part explores the challenges faced by homeless individuals in accessing water and sanitation. The Methodology chapter details the data collection process, focusing on fieldwork and direct observation as core principles of the Gustian school. Results are then presented into 3 subchapters: exploring respondents' experiences with drinking fountains, alternative strategies for obtaining drinking water, and access to toilets and personal hygiene.

Literature review

Water, sanitation and marginality in Dimitrie Gusti's Sociological School

The Sociological School of Bucharest, founded by Dimitrie Gusti in the 1920s, pioneered Sociology as a scientific discipline in Romania. Its primary focus was the systematic study of social life, particularly in rural areas, which accounted for approximately 80% of all settlements at the time (Bucur, 2019; Gusti, 1939a). Gusti proposed a comprehensive understanding of social reality, built around the study of social units, such as the family, the village, or the nation. These units are not static, they engage in social relations and are shaped by social processes (Gusti, 1934; Gusti, & Herseni, 2002 [1940]). Driven by social will, social units

engage in four types of manifestations: economic, spiritual, ethical-juridical and political-administrative. In turn, these manifestations are conditioned by four fundamental frameworks: cosmic, biological, psychological and historical. Thus, in Gusti's view, social reality appears as an interdependent system of units, relations, processes, manifestations, and frameworks, all animated by social will (Gusti, 1934; Gusti, & Herseni, 2002 [1940]).

While Gusti developed an original and systematic theoretical framework for the study of social life, the aim of this research was not purely descriptive; instead, he emphasized that the practical goal was to contribute to societal improvement through scientific inquiry (Bucur, 2019; Gusti, 1939a). This vision helped Sociology shift from armchair theorizing to empirical fieldwork, an approach he considered essential for gaining a genuine understanding of social realities beyond the confines of the academic library (Bucur, 2019; Gusti, 1939b).

Within Gusti's system, the study of water and sanitation is well located inside both the cosmic and the biological frameworks, as Henri H. Stahl (1939) shows in his methodological guide for conducting village monographs. Stahl instructs monographers to document a wide range of water-related aspects: on the one hand, the number and size of bodies of water, places at risk of flooding, how the community is using the lakes, rivers and waterways; on the other, the number, placement, and condition of wells and springs, the quality of the water used for consumption, food hygiene and so on. These instructions point to the important role water plays in the life of a community, both at a global scale (rivers, floods), and at a biological scale (health, sanitation, nutrition).

Sanitation was a central concern to the Gusti School, which carried out research focused on the health, nutrition and hygiene of the peasantry. True to the school's ambition of improving social life, not just studying it, the Gusti School organized cultural work campaigns in villages which offered free medical services and veterinary care, built dispensaries and maternal wards, helped with well cleaning and building, among other initiatives aimed at addressing the lack of hygiene and sanitation of the rural population (Bucur, 2016). Such issues were documented in Dunăre & Dunăre's (1942) study, for example, which draws attention to the insufficient number of wells in the village and the long distances needed to be travelled to access drinking water. In a different community, Lenghel-Izanu (1939) notes the risk of contamination and infection due to wells being located next to animal stables, where manure accumulates.

While such campaigns and studies primarily focused on the rural village, my research takes the concern for access to potable water and hygiene to the modern city, detailing the absence or dismantling of drinking fountains, the condition of public toilets, and the informal practices through which homeless individuals secure water and sanitation in the urban cityscape. By moving the sociological gaze from the well to the fountain, from the interwar village to the dense concrete city, from the impoverished peasantry to the marginalized homeless, this study builds

on Gusti's concern for sanitation and poverty and extends it to the contemporary urban context.

Some members of Gusti's School also undertook research in cities, most notably Bucharest, giving particular attention to marginalized groups such as impoverished families (Manuilă, 1939), street cleaners (Popescu, 1939), and migrant workers (Ștefănuță, 1939; Tiriung, 1939; Tiriung, 1942). Veturia Manuilă (1939), for instance, conducted a study of 765 families registered with the welfare bureau in a working-class neighborhood in Bucharest and found that over half of the 805 rooms documented were unsanitary, with 43% of individuals suffering serious health problems. Families also struggled to pay rent, even for uninhabitable rooms, keeping the specter of eviction always close (Manuilă, 1939). These issues remain as relevant today as they were over 80 years ago: those unable to afford rent in a city increasingly more expensive and hostile risk homelessness. This forces some to move into unsanitary dwellings or end up sleeping rough, having only extremely limited access to water and sanitation, which contribute to deteriorating physical and mental health.

It is equally important to highlight the role that members of Gusti's School played in the development of modern social work in Romania. In 1929, the School of Social Work was established with the support of Dimitrie Gusti and was initially headed by Veturia Manuilă. Over time, it collaborated with other prominent figures from the Sociological School of Bucharest (Bucur, 2019). My own fieldwork intersects with social work, as the interviews were conducted at a social organization providing services for vulnerable individuals. Following the Gustian principles, this allowed me to directly engage with my respondents in a community setting, where their social life unfolds.

Furthermore, it is significant to note the great empathy Manuilă (1939) uses when describing at length how the struggles and difficulties faced by the families in her study contribute to dependency and, in some cases, delinquency, while avoiding the moral judgments of the poor that were as common in her time as they are today. Her stance follows Gusti's rules for sociological observation, which he insisted must remain honest and avoid the researcher's own prejudices (Gusti, & Herseni, 2002 [1940]). This stance, grounded in understanding rather than condemnation, remains an important ethical model for the study of vulnerable groups, which my research seeks to uphold.

Lastly, Gusti's idea of *sociologia militans* (Gusti, 1934), a militant sociology dedicated to social improvement, is reflected in my own paper by aiming not only to document a social problem but also to contribute to the public debate on how cities should organize water and sanitation as collective goods. By revealing how uneven infrastructure, seasonal barriers and social stigma intersect to shape access to water and hygiene for the most vulnerable, this study continues the Gustian tradition of anchoring sociological research in ethical and political responsibility.

Homeless, waterless

In 2010, the United Nations recognized water as a fundamental human right: “*The right to safe and clean drinking water and sanitation is a human right that is essential for the full enjoyment of life and all human rights*” (United Nations, 2010). Likewise, the sixth UN Sustainable Development Goal aims for universal and equitable access to safe and affordable drinking water by 2030 (Sultana, 2018). Gleick (1998) also emphasizes the link between water and all other human rights, arguing that access to water is a pathway through which the “right to life” is secured, as well as other more general rights related to health and well-being.

This contradicts the privatization of urban water and sewage systems of the 1980s and 1990s, which meant the expropriation of national systems developed in order to serve the health needs of the population (Swyngedouw, 2005). The integration of urban water systems into the global economy required a series of reforms aimed at ensuring returns on investment by maximizing productivity and increasing prices (Karunanathan, 2019). Treating water as a commodity subjected to market logic often results in poor people being unable to afford to pay for water, thus exacerbating the unequal access to water (Sultana, 2018).

Homeless people are among the hardest hit by the privatization of public water, as access to water and sanitation in developed countries tends to be realized through the private space of a home (Meehan *et al.*, 2023). Meehan *et al.* (2023) introduce the concept of the “dwelling paradox” to explain this situation in the Global North: people without (safe and adequate) housing need to access water in the public space, but water is increasingly becoming accessible only through private means. The dwelling paradox, in this sense, is used to describe a space of entrapment: without housing you cannot have water either (Meehan *et al.*, 2023). The authors of the study exemplify this paradox with a sign displayed in one of London’s parks urging people to go home if they need to relieve themselves: but what happens when you don’t have a home? (Meehan *et al.*, 1).

Many developed cities report encouraging statistics on 100% access to safe drinking water and sanitation. However, as Hale (2019) points out, such figures typically reflect the proportion of buildings connected to the city’s water system rather than the urban population’s access to water itself. For instance, Capone *et al.* (2020), citing a 2019 WHO and UNICEF report, note that 28.000 people in U.S. urban areas lack access to basic sanitation. However, when the authors included the homeless and those in inadequate housing, the number rose to at least 630.000 people without access to a toilet, and another 300.000 relying on shared sanitation facilities. Based on this, Capone *et al.* (2020) conclude that national statistics significantly overestimate access to water and basic sanitation.

Access to water and sanitation for homeless individuals is typically framed as a matter of charity rather than a right which the state must provide (Neves-Silva *et al.*, 2018). As a result, they must rely on a network of social organizations, interpersonal relationships, access to public or private buildings, as well as the

decreasing number of drinking fountains and public toilets in order to gain access to water and sanitation (Hale, 2019; Meehan *et al.*, 2023; Neves-Silva *et al.*, 2018). This informal network is often precarious, context-dependent, unevenly distributed in space, and access is granted or denied through inconsistent and frequently discriminatory ways (Meehan *et al.*, 2023; Neves-Silva *et al.*, 2018).

For example, one respondent interviewed by Valle *et al.* (2020) recounts multiple failed attempts to use a supermarket toilet as he kept being denied access. He believes that if employees could immediately tell who is homeless, he would never be allowed in. Such reactions reflect widespread public perceptions of homeless as “unworthy”, which reduce people’s empathy and willingness to offer help (Brewis *et al.*, 2019). Lack of access to water and sanitation, as well as the social stigma they bear, often prevents homeless people from accessing essential public services, such as education or health. As Neves-Silva *et al.* (2019) note, some medical staff ask homeless patients to wash or change clothes before appointments, an often-unachievable demand that discourages them from seeking healthcare.

Speer (2016) draws attention to the language used in public policy, where homeless individuals are portrayed as “dirty” and “dangerous”, a framing that serves to justify their removal from public spaces under the pretense of “cleaning” the area. Kassens-Noor and Ladd (2019) confirm this dynamic in their field observations during the 2014 World Cup in Rio de Janeiro, documenting the forcible removal of homeless people by police. Individuals were sent to shelters, jailed, or relocated outside the city in an effort to maintain a “clean” image of Rio during the championship.

Access to safe drinking water and sanitation is essential to sustain life and human dignity, and its absence intensifies health problems for homeless people (Hale, 2019). Chronic illnesses associated with homelessness increase the likelihood of suffering from heatstroke, dehydration or respiratory illnesses (Kidd *et al.*, 2021). The time and effort required to procure water also hinder access to employment, education, and healthcare. According to a study cited by Meehan *et al.* (2023), homeless people in Los Angeles spend up to two hours per day trying to access water services. They are also the most exposed to weather conditions, such as heat waves, and extreme weather events accelerated by climate change (Kidd *et al.*, 2021). Rising temperatures in the world’s major cities highlight the urgent need for easy access to safe drinking water (Hale, 2019), both for the homeless and all urban residents.

Access to public toilets represents a similarly critical issue, not only for homeless individuals, but also for parents with children, the elderly, tourists, drivers, people suffering from medical conditions requiring frequent access to the toilet, and persons menstruating (Maroko *et al.*, 2021). On average, a person goes to the toilet six to eight times a day (Lowe, 2018), but because homeless people are often denied access to toilets, they risk not being able to relieve themselves

on time, leading to increased health risks and further marginalization due to unpleasant odors (Lowe, 2018). Meehan *et al.* (2023) argue that ensuring the right to water and sanitation for homeless people requires robust public infrastructure and a reframing of water as a common good rather than a commodity governed by market logic. Such an approach, they note, would benefit not only the homeless, but society at large.

Methodology

This paper builds on Dimitrie Gusti's emphasis on fieldwork and empirical observations by employing a qualitative methodology, using thematic analyses of semi-structured interviews with homeless individuals regarding water access in the Romanian capital. A core principle of Gusti's School, rejection of armchair sociology, is reflected in the research design: all interviews took place at Grivița Cișmigiu Community Center, operated by the Carusel Association. The Center provides comprehensive social services to homeless individuals and other vulnerable groups, including food, medical care, clothing, showers, laundry facilities, haircuts, and psychological counseling. Its courtyard also serves as a social space, especially during warmer weather. In line with the Gustian ethos, research took place in a community setting where respondents gather daily and feel comfortable in, enabling their voices and realities to emerge directly.

A total of 12 interviews were conducted between March 25 and April 1, 2024, with respondents ranging in age from 32 to 76 years old, an average age of 44. The sample included eight men and four women. Most respondents reported sleeping rough, two slept in night shelters, two stayed with a friend or partner, and one rented accommodation without access to drinking water.

The sampling was one of convenience, as respondents were selected from among the beneficiaries present at the Community Center, based on their availability and willingness to participate in the interview. The selection process was also facilitated by the Center's staff, who recommended individuals with whom they had already established rapport and who were therefore more open to the interview request. My prior experience as a volunteer at the Center also proved advantageous in gaining respondents' trust, as I was introduced by staff both as a student and as a volunteer with the Carusel Association.

In addition to interviews, data collection was enriched through direct observation of the Community Center and its clients during my multiple visits, as well as of various drinking fountains and portable, self-cleaning and walled toilets across Bucharest. These observations provided more depth and context to the information collected through interviews and allowed me to complement respondents' narratives with my own empirical insights. This approach recalls Gusti's monographic tradition, which placed fieldwork at the center of sociological understanding.

Results

**All names in this chapter have been changed to ensure the confidentiality of interview respondents. Some parts of the interviews were slightly rephrased for clarity.*

This analysis does not invite moral judgments that could further stigmatize this group of people. The intention is strictly to present, honestly and unsterilized, their views, experiences and strategies related to water consumption, as well as fragments of their personal history, hoping it will contribute to a better understanding of the individuals behind the anonymous quotes.

On drinking fountains

Emilian, 57, has been living in a night shelter for nearly three years but he's not planning on staying there for much longer. In his view, being labeled homeless is deeply degrading because others will presume total guilt and moral failure. Emilian is wearing clean clothes, glasses and a surgical mask which he repeatedly adjusted over his nose and mouth during the interview, only for it to slip back down again after a few words. When discussing drinking fountains, he notes that they are shut down during the cold season but questions this policy since winters are getting increasingly milder:

"Their reasoning is simple. They want to prevent damage from freezing, but their reasoning is very precarious, this winter almost did not exist, and I don't recall any days of freezing temperatures." (Emilian, 57)

The absence of drinking fountains during winter was mentioned by nearly all respondents during interviews. Despite it being a safe and free source of water, the fountains remain inaccessible for several months each year. Based on one respondent's account, the fountains are typically installed at the end of April and removed in December, taking them out of service for a period of approximately four months. On the other hand, some respondents mention that during winter they consume less water, preferring hot drinks instead. Nonetheless, when asked which season they find it easiest to access drinking water, most indicated summer, suggesting that public drinking fountains represent a key resource during the hot months.

"Now because of the freezing temperatures, the City Hall has taken away the drinking fountains from the parks, from here, there, I can't drink anymore. It will be a joy when they start working again. Obviously, I will go straight there, it's the best option." (Matei, 39)

Respondents offered differing perceptions regarding the availability of drinking fountains in Bucharest. When asked whether their number has increased or decreased over the past decade, half believed there are now fewer fountains,

while three stated that more are available. The remaining respondents either saw no change or were unsure. These divergent views likely reflect the specific areas frequented by each individual: those who spend time in areas with limited access are more inclined to perceive a shortage, while those who have observed new fountains installed in familiar areas may view access as having improved.



Figure 1. Left: The base of a drinking fountain before it was installed (date: 17.04.2024). Right: the same place, after the drinking fountain was installed (date: 14.05.2024). Photo source: the author

“The number is pretty much the same. They didn’t install more, they’re the same fountains. Actually, they’ve installed two or three more at most. I’m talking about the sector where I live, where I go often. I don’t know the rest so I can’t say.” (Cosmin, 34)

Lucia is 76 years old and she came to the Community Center to fill water bottles to bring back home. She wears a headscarf and, when she’s talking, her decayed teeth are showing. Besides her sits a bag full of clothes and bed linens waiting to be washed. Lucia tells me drinking fountains are a good idea but she rarely finds them operational. Another respondent mentions he drinks from the fountains less often during summer because the water comes out very warm, while Emilian points out a problem of limited access unrelated to the water fountains themselves: some parks close at night, restricting access to the drinking fountains located within them. However, such difficulties are expressed sporadically during the interviews and are generally tied to particular locations. In contrast, the dismantling of drinking fountains during the cold season was almost unanimously voiced by respondents.

"Most of them have been removed and barely 10% still work, the rest are done for. Here at Kogălniceanu not one of them is functional during the summer, they're all clogged, they're all a mess." (Lucia, 76)

"The water doesn't taste good, it's warm. In the summer, even at night when it's cooler outside, if you want to drink water, the water is still warm [...] They don't have any shade, and the water comes out boiling. Practically, you can't use them during the day." (Cosmin, 34).

When it comes to the quality of water from drinking fountains, most respondents do not express any reluctance, some even compliment its taste. However, a form of "pipephobia", as described by Chelcea (2023), emerges here too, although it manifests in contradictory ways: while Marius considers tap water cleaner than that from drinking fountains, Ioan trusts fountains more than the tap. Emilian voices doubt both about the quality of bottled water, saying it is not sufficiently monitored and tested, as well as the quality of tap water, which he believes may be contaminated because of the condition of aging pipes. Victor, on the other hand, believes tap water is just as good as bottled water.

"I may be homeless but I'm a bit afraid of tap water. It's not filtered well, it has a strange taste of chlorine, of I don't know what, so I prefer bottled water if I have money, or drinking from the public fountains which have recently started working again." (Ioan, 50)

"You want me to tell you something? As far as I'm concerned, the bottled water that is sold is one and the same as tap water, and that's why I also drink tap water." (Victor, 32)

The matrix of trust and distrust in water is diffusely constructed, as Chelcea (2023) observed in his research on water consumption in New York, and it rarely is based on direct and exact knowledge about water quality (such as test results). Instead, it mainly draws on sensory experiences with water (taste, smell, appearance) and broader assumptions about urban infrastructure and institutional reliability. For example, when asked whether the tap water he regularly drinks is better than the drinking fountain water he tends to avoid, Marius responds:

"I guess. Maybe, possibly a little bit more... Because it's for personal use in the home. It's just a guess, I don't have proof to say for certain."



Figure 2. Plaque attached to the drinking fountains operated by ApaNova. Photo source: the author

Ioan, although preferring drinking fountains over tap water, also demonstrates a degree of precaution when selecting which fountains to use, pointing to those drilled at greater depth, as well as fountains displaying water testing information. While I am not knowledgeable on the influence, if any, drilling depth would have on the quality of water distributed through public fountains, Ioan's comments nonetheless strengthen Chelcea's (2023) argument that trust in water quality is constructed through perceived technical and institutional legitimacy (depth, testing date, official oversight), even in the absence of direct, empirical verification.

When asked how he can tell the drilling depth, Ioan explains that this knowledge circulates informally among fountain users, akin to an urban myth: *"People who drink there told me. People from Bucharest know this, how would I know this? People talk while they're getting their water."* According to my own observations, drinking fountains under ApaNova's management typically display a metal plaque informing the user that the fountain is connected to the municipal drinking water system (see Figure 2). However, I did not notice such plaques on drinking fountains managed by the sector city halls, although I cannot claim to have inspected each one.

Strategies and alternatives for obtaining drinking water

Victor is 32 years old, he has been living on the streets for a year and a half, the most recent two months of which he spent in a night shelter. Before that, he used to sleep in some abandoned train carriages, which burnt down in a fire while

he was away at work. Victor tends to give short answers during the interview, and had he not paused to talk more about the other clients of the Center and his job, the interview guide would have been quickly exhausted. Wearing a long-sleeved jacket that still reveals part of his tattoos, he tells me confidently that he can handle life on the streets:

“I’m homeless but I haven’t slept in the streets. I knew how to manage to sleep here and there. I have learned and adapted to find water, I immediately start thinking where I can find a bathroom, a gas station, a pharmacy, or other places. I trained myself, so to speak.” (Victor, 32)

Victor’s account echoes several authors who have observed that homeless people, in order to access drinking water, rely on an informal network of social organizations, interpersonal relationships, public buildings or private businesses, and drinking fountains or public toilets. This network is unevenly distributed in space and is often dependent on the context of each individual (Hale, 2019; Meehan *et al.*, 2023; Neves-Silva *et al.*, 2018). As the following sections will illustrate, the respondents in this study mobilize a range of strategies besides the drinking fountain to quench their thirst.

One of the most frequently mentioned strategies involves consuming leftover drinks, or drinking from bottles and cans found in the street. Although several respondents refer to this practice, their views on it are mixed: while for some respondents it is a regularly used strategy, others mention it only as a last resort because of the health risks related to the contents of the drink. Notably, those who are employed or have relatively more stable living arrangements, such as access to night shelters, are more likely to express reluctance toward consuming leftover drinks, in contrast to those currently sleeping rough.

“Now to be honest, if I find a bottle of water somewhere, I drink it because I can’t just stand there looking at it and die of thirst. Sometimes people leave behind a bottle of water, they leave it there and they keep going, so I go and drink it. What am I supposed to do? I don’t have water!” (Matei, 39)

Another common strategy is simply asking for water. Social service organizations are the most reliable and predictable water sources, offering consistent access to vulnerable individuals. However, because of their limited number, making the trip there may prove impractical in urgent situations. Respondents also reported success in pharmacies with water dispensers, where refusals were rare. Other places relatively receptive to their needs include restaurants, bars, food vendors, and generally businesses presumed to have access to running water for daily operations. Gas stations and grocery stores were additionally cited as alternatives where respondents have received water free of charge.

“Look, I used another alternative, I was walking on boulevards and would ask for water at pharmacies. The pharmacies have water dispensers and I used to ask, they never refused me. Well, instead of giving me a full cup of water, they only gave me half. Really?” (Tudor, 34)

Cosmin is 34 years old, he first became homeless at the age of 20. He has spent considerable time abroad, traveling across Europe, and has also had periods of stability when he held jobs and rented a place to stay. Around four or five years ago he was renting a flat in Bucharest and recalls swimming for sport in *Lacul Morii*, an artificial lake near his neighborhood. Cosmin has been back on the streets for the past three years but maintains a neat appearance, his hair is styled and he mentions recently taking a job as a street cleaner. He shares that he lost a substantial amount of money gambling and, one night, smashed a machine in a betting shop, which led to the police opening a criminal case against him. Despite no longer gambling, he says the employees there still offer him water or coffee, as they remember the generous tips he used to give each time he won.

“Even if I don’t have money, I can still go there to spend time. I get water, I get coffee, nobody tells me anything. On the other hand, when I did win, I left them tips, you know what I mean? For example, at MaxBet, if I want to use the toilet, they let me. After I come back from the toilet, I ask them for water. They have bottled water, or a coffee, they never say no, even if I’m not gambling. But it also depends on the person because, if you’re a gambler and you won a certain amount and you never left them anything, I’m telling you, they won’t give you anything.” (Cosmin, 34)

Cosmin’s story highlights how homeless individuals rely on personal relationships to access water in private spaces. He explains that free drinks aren’t available to just anyone; trust is built over time through repeated visits and sharing winnings with staff: *“I go and ask them directly for water, even if I don’t gamble, because I’ve lost a lot of money, believe me. And I go to the area where I live, where they know me, where I used to gamble”*. Similar informal networks are mentioned by Ciprian and Ana, a couple currently sleeping rough, who receive water from a local grocery store by helping employees with odd jobs, while Irina, a pregnant woman, regularly asks for water from a 24-hour store next to her sleeping place.

“I ask someone at the store. There are several people, who are both at night and during the day, working. It’s open non-stop. A bottle of water, a glass of water, if I’m sleeping in the street [...] and they see you’re pregnant, they serve you. It’s just a glass of water, no more debating. If someone is thirsty, you don’t give them a glass of water?” (Irina, 34)

In general, the homeless individuals interviewed do not perceive asking for water as inherently demeaning or stigmatizing. Water is understood as a basic necessity, without which one cannot survive, and respondents assume that others will be reasonable and willing to help fulfill this need. As Emilian puts it, *“It*

is extremely rare to refuse to give someone a cup of water". However, not all respondents share this optimistic perspective. When asked what advice he would give someone looking for drinking water in Bucharest, Cosmin responds: *"To buy some, because there are times when you don't really find much. Or to ask, but people generally refuse you even just for water, a lot of them!"*. Tudor, although he has asked others for water and received it on several occasions, also recalls some instances in which he was refused:

"I've also been refused on the basis that the water is off. Let me tell you, in a place where you serve food, catering, fast-food, water is strictly necessary because you have to wash, you have to sanitize yourself, as staff, but then you say 'Sorry, the water is off'? It's just a more elegant way to refuse you and there's nothing you can say. You are outside, they are inside." (Tudor, 34)

These conflicting experiences point to differing levels of "hydraulic hospitality", a term Chelcea (2024) uses in reference to the widespread act of offering tap water free of charge to patrons in New York City restaurants. While in Chelcea's (2024) study he finds that offering water to customers is normalized to the point that it "requires no explanation or even verbal interactions" (p. S108), this hospitality seems to extend only partially to the homeless individuals in my study. Requesting water from private businesses without having established ties can lead to refusal, exposing dependence on interpersonal goodwill and individual discretion. To reduce this vulnerability, respondents use more autonomous strategies like accessing self-cleaning public toilets or taps in supermarkets and gas stations, where entry isn't strictly controlled. These alternatives bypass social gatekeeping and charity hierarchies, helping individuals regain control over meeting their basic water needs.

"To be honest, I go to a self-cleaning toilet, I go in there, take a sip of water and that's it. I have nowhere else to go [...] Especially when it's hot outside, you have to find a water source because you can't go without water!" (Matei, 39)

It is useful to emphasize that drinking fountains represent a strategy that offers full autonomy, in the sense that their placement in public spaces allows users to access water without any other conditions, such as having to buy a product or to pay an entry fee. Apart from Emilian's observation regarding restricted access to fountains located within parks that close at night, no other respondent recalled a time when someone had denied them access to drinking fountains.

Another common strategy used by the homeless interviewed is buying bottled water, which avoids reliance on others but requires money, which is often extremely limited for homeless individuals. As Sultana (2018) notes, water commodification raises prices, limiting access for low-income individuals. This constraint is also apparent in the respondents' accounts: employed respondents tend to buy bottled water more regularly, while others do so only when they have enough funds.

“There are times when there is money, then there are times when there is no money, and in that moment, when I get thirsty, I happen to have no money.” (Ciprian, 45)

One other strategy mentioned by two respondents for obtaining some financial resources is recycling containers through the Deposit-Refund-System (DRS). This system involves collecting plastic, metal or glass containers and returning them at collection spots, typically located within or around supermarkets and grocery stores. Each returned container is worth 0.50RON (0.10€) in vouchers, which can be used for shopping in the collecting store or turned into cash. Ioan, for example, pointing to a bag filled with empty plastic bottles, explains that one such bag each day will provide him with enough income to buy bottled water:

“Right now, I’m lucky that this DRS campaign has started, with the return system, so I go through garbage bins to get bottles marked with DRS. A bag like this, if it’s full to the brim with bottles, is worth 13RON [~2.50€], so it’s enough. If I do three or four of these a day, I’ll have enough for cigarettes, coffee and water. So it makes sense that 4RON [~0.8€] for a bottle [of water], which I like, it’s sparkly water, I will buy it from the store.” (Ioan, 50)

In contrast, Matei perceives this strategy as rather degrading and humiliating for homeless people because of all the unsanitary waste they have to search through in order to find DRS containers, an effort he considers disproportionate to the limited financial return. In his view, the very fact that people are compelled to resort to such practices in order to secure a minimal income is symptomatic of a broader lack of interest and support from the state for vulnerable populations:

“Now people are resorting to looking around for some plastic bottles, going through dirty garbage, sticking their hands in it, for what? Just for a penny. How much garbage do you have to go through and stick your hands in until you get enough for 10RON [~2€]? You’ll end up like a pig.” (Matei, 39)

Toilets and hygiene

Tudor is wearing a blue-and-white pajama shirt left unbuttoned at the chest and no shoes. Later, I would learn from the coordinator of the Community Center that these pajamas are temporarily provided to beneficiaries while waiting to pick up their clothes from the laundry. Tudor is energetic and light-hearted; he is 34 and has been living on the streets for the past year and a half. During the interview, Tudor shares his experience with public restrooms. He often finds them dirty or, in the case of self-cleaning toilets, lacking soap or toilet paper:

"From my point of view, [the toilets are] very miserable. Very! And the self-cleaning ones, especially those ones, they don't have toilet paper. For example, there is a public toilet at Romană [Square], where the [grocery] store is, they never have liquid soap there. Also toilet paper, in some self-cleaning toilets, they give you very little paper or none at all." (Tudor, 34)

The poor state of public toilets, particularly portable ones, is a recurring concern among the majority of respondents. Because of the unsanitary conditions, some mention they avoid using them altogether, fearing the toilets could be a possible source of diseases. However, when discussing the filth they encounter, respondents generally attribute the blame to other users rather than to the cleaning staff responsible for maintenance. Matei, in particular, voices frustration with the widespread perception that the homeless are to blame for the state of public restrooms. His comments highlight the extent to which homeless individuals are stigmatized and blamed, not only for their personal circumstances, but also for the degradation of public spaces they happen to use:

"You know what the problem is? Sometimes, people do it out of spite, when they say 'because of the hobos', homeless people, but if I go, as a homeless person, and I already find filth in the toilet, can I still blame the 'hobos'? Is everyone using the toilet homeless? Every time I used one of those self-cleaning toilets, I never found it clean. Instead, it was me that cleaned after others so I could use the toilet. Each time I found only filth." (Matei, 39)

Throughout the interviews, a preference for self-cleaning toilets could be noticed, which are generally perceived as cleaner than the portable ones, despite sometimes lacking toilet paper or soap. However, a notable constraint of such toilets is the 15-minute use limit, which, if exceeded, can lock the person inside. Importantly, this time constraint was mentioned exclusively by female respondents, likely reflecting the additional time required to meet more complex hygiene needs.

"Some are clean, some are not. When you get out they wash themselves, those self-cleaning ones, but you can't stay too long because if you stay too long it will lock you inside. If you've gone more than 15 minutes, bye-bye, you're locked inside. You have to call someone to come and get you out." (Irina, 34)

Respondents generally view toilets in private businesses as cleaner and better maintained, but face obstacles like staff prejudice, locked restrooms, or customer-only policies. To avoid these barriers, they prefer places with less oversight, such as large supermarkets. However, stigma and daily humiliations often lead some to feel too ashamed or fearful to even try using restrooms in private spaces.

“I don’t use them because I’m ashamed that I’m homeless and you have to look halfway decent when you walk into a gas station or a restaurant or whatever. And of course, you’ve got to be a customer.” (Ioan, 50)

It emerges from the respondents’ accounts that access to such spaces is based on criteria of perceived “decency” and “cleanliness”, terms that, in dominant public discourse, are rarely associated with homeless individuals. As a result, their ability to use these spaces is frequently subject to the arbitrary will of employees or security personnel.



Figure 3. Public toilet at University Square, Bucharest. Photo source: the author

I have quoted Ioan extensively throughout this paper, as our interview was both long and informative. Before the recording began, he told me he was previously interviewed by journalists interested in his life story, and asked me to look up an article published over a decade ago. Ioan speaks with a gentle voice, his beard is neatly groomed, and he wears a pair of trousers torn in several places. He recounts how two weeks earlier, while he was out in some fields near Brașov, about 200km from Bucharest, he was attacked by four dogs, “big as bears”, biting him from the thighs down. Ioan is 50 years old now and has been on and off the streets for the past 15 years. He traveled all over the country on foot, but always comes back to Bucharest any time he runs into problems. When discussing the places he uses for washing, Ioan shares a technique he relied on before starting to use social services:

"Because I didn't know these organizations back then, I used to look in the garbage for five-liter containers and carry them around with me, in warm weather, not in autumn or spring or winter. I kept that water with me until I felt it was warm, that it was good to use for shaving, it was good to pour over my head. Then I'd look for a secluded spot, a forest, or I'd take the bus [out of the city]. I would poke the plastic cap in five places with a hot needle and hang it on a tree." (Ioan, 50)

For nearly all respondents, social organizations represent the first choice for washing both their bodies and their clothes. However, this finding is clearly influenced by the fact that all interviews were conducted with beneficiaries of the Carusel Community Center, which provides hygiene services to vulnerable groups. Throughout the interviews, the crucial role such services play in helping restore dignity and self-esteem among individuals experiencing homelessness becomes evident:

"I have only one place, here. I don't go anywhere else. I got used to coming here and I've been coming here for three years. [...] You can't stay dirty in life. I haven't taken a bath anywhere else since I started coming here. I come here weekly, once to do laundry and once to take a bath, I'm satisfied. Everyone in town keeps asking me 'What, you, you're homeless? What, you sleep on the street?! But I see you're looking alright!'" (Matei, 39)

Some respondents recalled using city fountains or natural bodies of water like *Lacul Morii* or the Dâmbovița River to wash, though most now prefer shelters or social organizations. Regardless of whether they washed in public, all emphasized the stigma around partial nudity. Even exposing parts of the body not considered taboo, such as arms or armpits, was seen as shameful and degrading by respondents and often drew public disapproval. This reflects Brewis *et al.*'s (2019) findings that violations of hygiene norms attract moral judgment and are met with minimal empathy. As a result, homeless individuals face a "hygiene paradox": washing in public brings stigma, while not washing leads to exclusion and social punishment.

"Since it was summer, it was nice outside, it was warm, I'd lay down and sleep by the fountain there, there were some benches and a little park behind the block. In the morning when I woke up, I would go and wash myself there, not all over my body because people would look at me, but my legs, my face, to wake up [...] It's not an appropriate place to wash yourself. If you wash yourself there, people will say 'Look where this guy is washing!', but if you don't wash yourself, it's once again not ok. But since you don't have other options, you use that place." (Tudor, 34)

Without access to shelter or running water, respondents rely on a mix of public and private toilets, social organizations, and, at times, city fountains or natural water sources to meet hygiene needs. For body washing, most preferred services offered by social organizations or night shelters, citing both quality and accessibility. Unlike bathing, however, physiological needs are urgent and cannot be planned in advance, making homeless individuals dependent on a fragile

network of public toilets and accessible private spaces. Respondents often used public, self-cleaning toilets, not out of preference, but because access to private restrooms was frequently denied or anticipated to be refused.

Conclusions

Homeless individuals are among the groups most affected by the lack of public water sources, as they face significant challenges in accessing drinking water through private means. As a result, they are often forced to rely on informal networks and precarious strategies, while also exposed to stigmatization and social marginalization due to their limited access to water and hygiene. Although public drinking fountains represent a safe and free source of water regularly used by respondents, they are dismantled during the colder months.

The strategies used by homeless individuals to obtain drinking water also include turning to social organizations, pharmacies, restaurants, and restrooms in both public and private spaces; relying on interpersonal relationships with staff in private establishments; consuming unfinished, discarded drinks; and, when financially possible, purchasing bottled water. When it comes to washing themselves or laundering clothes, nearly all respondents rely on services provided by the social organizations they attend. Washing in public spaces, even when it involves only hands or feet, is generally avoided, as respondents fear others' reactions.

The stigma and prejudice faced by homeless individuals often lead to internalized shame, which in turn discourages some of them from even attempting to access restrooms in private establishments, anticipating rejection. Consequently, they remain largely dependent on public toilets, whose hygienic conditions are frequently criticized by respondents, particularly in the case of portable toilets.

For nearly five years, I used a drinking fountain near the student dorms where I lived, without noticing that it disappeared every winter. I never gave it much thought – after all, can't I afford a bottle of water if I get thirsty? However, for those without that option, access to free public water is not just a necessity, it is also a reflection of how humane a city chooses to be.

Limitations

The relatively low number of homeless individuals interviewed may limit the generalizability of the findings. Although information saturation was likely reached for the study's aims, the diverse and context-specific strategies used to access drinking water mean that not all practices were captured. Additionally, since all respondents were beneficiaries of the Carusel Community Center, sampling

bias is possible, as these individuals may have more frequent access to hygiene services than others. Interview depth varied as well: some participants gave brief answers or struggled with certain questions, potentially due to personal disposition or mental health challenges caused by their traumatic pasts and insufficient social support for reintegration.

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