When Ambivalence Kills: The West and International HIV Relief in Post-Socialist Russia

Thesis

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By

Brittany Marie Cotrell, B.A.

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Thesis Committee:

Dr. Yana Hashamova, Advisor

Dr. Kurt Stevenson
Abstract

HIV/AIDS has reached epidemic proportions in the Russian Federation. Further, the acquired-immune disorder threatens multiple generations of people. In a country as technologically and economically developed as Russia, why is this infection flourishing? As a whole, this work attempts to answer this public health conundrum. In part, my research constitutes a small piece of an enormous wealth of scholarship regarding internal affects on HIV such as stigma, faulty drug laws, and the limits imposed on domestic NGOs by Russian tax laws. Additionally, I provide evidence suggesting that internationally-funded NGOs exacerbate existing conditions through their use of culturally ignorant funding practices and alienating messages which can render NGO facilities unattainable or undesirable for those individuals at risk or already infected. In this work, I argue that the ambivalence inherent in the relationship between the West and Russia constitutes the largest inhibitor to HIV/AIDS relief because it leads to the expulsion of NGOs from the country entirely, causes unnecessary military spending that could otherwise be devoted to healthcare expansion, and prevents the formation of an effective global governing body that has the resources to curb the epidemic.
Dedication

I would like to dedicate this work to those people living with HIV/AIDS in Russia. It is my most sincere hope that one day my work will have a positive impact on their lives.
Vita

May, 2005.................................................................Bath High School

June, 2010.................................The Ohio State University, B.A. Russian/B.A. History

May, 2013..............The Ohio State University, M.A. Slavic and East European Studies

Fields of Study

Major Field: Slavic and East European Studies

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Chapter 1: Introduction to a Catastrophe and Legacies Left Behind

The Russian Federation is in a severe demographic crisis. As early as 1992, Russia’s population began declining rapidly due to high mortality rates, which increased approximately 40% after the collapse of the Soviet Union.\(^1\) By 2008, an annual -2.5% rate of population decline prevailed.\(^2\) The transition from a planned economy to a market economy in the early 1990s had an enormous affect on the overall health of the country. Russian scholar Vladimir Tikhomirov explains that, “the demographic crisis in post-Soviet Russia is directly related to steep falls in living standards...shrinking employment opportunities, inadequate health services and the political and social instability in the country.”\(^3\) Exacerbating these conditions are poor lifestyle choices, such as high alcohol intake, a large smoking population, and one of the fattiest diets in the world,\(^4\) which often lead to early death rates. In 2005, life expectancy at birth for Russian males was a mere 58.9!\(^5\) In addition to chronic diseases, infectious diseases, such as diphtheria, smallpox, 

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\(^2\) Ibid.
cholera, malaria, tuberculosis, typhus, polio, typhoid fever, whooping cough, and tetanus that were previously undetectable, resurfaced.\textsuperscript{6} Undoubtedly, the reemergence of these diseases contributed to high infant mortality rates, which surpass developed countries by a factor of 1.5 to 2.\textsuperscript{7}

With such a grim picture, it may be difficult to imagine a healthier Russia. However, the Soviet healthcare system was, initially, an institution of great national pride.\textsuperscript{8} Not only was Soviet healthcare globally competitive, it sometimes outperformed Western medicine. For example, typhus plagued many prominent Capitalist nations during a time when Socialist Russia had all but conquered the disease.\textsuperscript{9} According to the Soviet Constitution, healthcare was available for all its citizens. In addition to its primary function as a medical care organization, the healthcare system in the Soviet Union was a tool utilized by the Party to reinforce official rhetoric and control dissenting populations.\textsuperscript{10} In order to ensure coherence, all aspects of the healthcare infrastructure, such as research, disease treatment, screening mechanisms and structural organization, were framed around the ideological principals of the Soviet government. Ultimately, ideology proved to be detrimental to the efficacy of Russian medicine. For example, the Soviet Academy of Sciences accepted and rejected certain scientific theories based on their convenience to the Party. Specifically, the Soviet Union rejected the theory of

\begin{itemize}
\item \textsuperscript{7} Davydov and Shepin, 76.
\item \textsuperscript{8} Ibid, 125.
\item \textsuperscript{9} Ibid.
\item \textsuperscript{10} Field, Mark G. “Soviet Medicine.” \textit{Medicine in the 20\textsuperscript{th} Century}. Eds. Roger Cooter and John Pickstone. Amsterdam: Gordon and Breach Publishing Group, (2000), 51-67, 52.
\end{itemize}
genetics for many years because they considered it an invention of the bourgeois West. In addition, those producing research that challenged established theories or scientific methods risked exile to prison camps or even execution. Further, as diplomatic relations worsened with the United States, the Soviet government forbade all international scientific collaborations. Over time, these events led to the decrease in the quality of Soviet medicine. Therefore, when the USSR dissolved in 1991, its healthcare system lay in shambles.

During the same period, HIV surfaced in a variety of the world’s countries, including the newly formed Russian Federation. After almost a century of ideologically based healthcare, the government was brutally unprepared to address any health dilemma let alone one as costly and politically driven as HIV/AIDS. Russian government was slow to create public health messages. In fact, as late as 1997 some areas of the country had no public health strategy for addressing HIV. Consequently, HIV flourished. By 2008, some officials estimated there were 560,000 to 1.6 million people infected with HIV living in Russia. In 2012, BBC News reported that Russia saw a 12% increase in HIV cases from the previous year with an estimated 200 new cases a day. More alarming, sources indicate that, “an estimated 80 percent of all people living with HIV in Russia are current or former drug users who were infected through sharing of injection

12 Garrett, 213.
equipment.”15 In an effort to curb HIV and drug use, the Russian government implemented policies that not only bred stigma, but also proved counter-productive as they drove many drug users underground, such as forcing those who accept drug treatment in state sponsored clinics to register in a national database. Completely overwhelmed, the Russian government allowed both international and domestic NGOs to compensate for their shortcomings. NGOs provided critical social and healthcare services.16 However, these deeds did not always reap positive results. While domestic NGOs often have messages understood by their target population, they typically lack the necessary funding to remain effective. On the other hand, internationally funded organizations working in the Russian Federation ignore important cultural peculiarities, but have better funding prospects. They disregard the historical development of civil society in the Russian context. Moreover, they exacerbate existing socio-economic inequality through funding practices, and perpetuate mistrust of the West, by their utilization of alienating organizational objectives. These practices constitute a counterproductive approach to international HIV/AIDS relief. Despite the negative consequences resulting from Russian policies affecting those at risk for HIV and the counter-productive practices of international NGOs, these factors only represent pieces to a larger puzzle. In this paper, I argue that the largest barrier to effective HIV prevention/treatment is the ongoing diplomatic strain between the West and the Russian Federation. The troubled relationship results in the expulsion of Western NGOs from the

Russia, puts an unnecessary burden on the Russian budget as they continue to fund military development in lieu of healthcare expansion and, lastly, prevents effective global governance, which has proved immensely effective in the African fight against HIV/AIDS.

Soviet Society Visible in Russian Realities: Legacies Left Behind

Many scholars, such as Peter Truscott (1997), Sarah L. Henderson (2003), and Stephen White (2008), note the strong influence Soviet tradition has on modern-day Russia. During the Soviet regime, official ideology guided the lifestyle of the masses. The results were a variety of cultural specificities such as the lack of volunteer culture. Further, despite proclaimed equality, in reality there were privileged and underprivileged communities which contributed to modern-day socio-economic inequity. Also significant are persisting attitudes of ideological opposition to the West.

One of the most attractive qualities of the Marxist-Leninist doctrine was State-provided healthcare with no associated costs to the users.17 From the beginning, healthcare provision was an important task willingly assumed by the Bolshevik government. The county’s new leader, Vladimir Lenin knew the importance of a healthy population. Showing genuine concern for fighting disease in 1919, he infamously remarked, “either the louse defeats socialism or socialism defeats the louse.”18 Unfortunately, his tough stance went unmet by concrete plans. Leaders built healthcare policy in the early Soviet Union using vague ideological guidelines. Essentially, Marxist-Leninist philosophy’s primary focus consisted of reshaping Capitalist ills into

18 Ibid.
Socialist purities. Sociologist William Cockerham notes that, “the pathway to a healthy society was through social reform in which pathological conditions engendered by capitalism-namely, poverty, prostitution, alcoholism, drug abuse and unsafe workplaces-were to be eliminated.” Healthcare provided by Soviet leaders consisted of free services and was based entirely upon Marxist-Leninist ideology.

Soviet healthcare became a symbol of national pride not only because it was constructed upon remarkably progressive principles, such as free healthcare for all or a unique desire to build a disease-free workers’ state, but also because of the enormous achievements made by their biomedical scientists. In some cases, the USSR outperformed the West. Early cancer research is an example of such an achievement. A well-known Soviet scientist, Gregorii Roskin, developed a new method for fighting cancer referred to as biotherapy. Biotherapy had higher efficiency of available cancer treatments in the West such as surgical excision, radio- and X-irradiation. In fact, the United States sent its leading cancer researchers to the USSR to observe the work of Roskin. Additionally, the American Review of Soviet Medicine translated Soviet medical and biological works.

Although early achievements of gifted Soviet scientists were plentiful, Party leadership stifled further scientific development in the country by insisting they exercise absolute discretion over the release and adoption of scientific information. An illustrative

\[^{19}\] Ibid.
\[^{21}\] Garrett, 125.
\[^{23}\] Ibid, 85.
\[^{24}\] Ibid, 62.
example is Trofim Denisovich Lysenko’s theory of the inheritance of acquired characteristics. Party officials adopted this policy due to its prospects for agricultural development. The theory starkly contradicted the modern-day theory of genetics and influenced the way in which Soviet scientists comprehended viruses, antibiotic resistance, immunology and inherited diseases. Moreover, Lysenko’s theory was highlighted in graduate biology texts and contained in medical school rubric until the late 1970s. Years after the public acknowledgement of the theory’s faults, Lysenko maintained his high-ranking position as a full member in the Soviet Academy of Sciences. In addition to controlling information, the U.S.S.R. State Committee for Science and Technology determined which scientific evidence was eligible for release. Deviating from official methods of information release could result in criminal prosecution. For example, well-known cancer researchers Kliueva and Roskin were put on trial in June 1946 after independently sharing research with their American colleagues. A number of other scientists, such as Peter Palchinsky, were tried, exiled and/or executed for producing research that the Government considered offensive to the Soviet people. Unfortunately, Soviet leadership inhibited the enormous potential of scientists in the USSR due to necessity to control both the acceptance and release of information.

26 Garrett, 258.
27 Ibid, 259.
30 Krementsov, 115.
All Soviet citizens were employees of the State, and healthcare workers were no
exception. Ironically, national pride for Soviet medicine did not translate to high salaries
for the nation’s medical staff. The Government reserved the lowest pay for medical
personnel. Pay grades in Soviet Russia corresponded to their ideological significance.
Therefore, medical professionals received salaries according to ideological principals that
placed a high value on general laborers. The Soviet pay grade placed coal miners and
other heavy industrial laborers on top of the scale and service workers such as teachers,
physicians and nurses were near the bottom. In fact, in 1990, the Soviet government paid
a majority of its medical personnel approximately $24 a month. A salary less than most
bus drivers earned at the time.\textsuperscript{32} After the transition from Communism, the Russian
government failed to introduce policy, such as tax incentives to private medical
corporations, to encourage pay raises for medical employees and physicians.\textsuperscript{33}

Low salaries for medical personnel bred inequalities in access to medical care. In
order to survive, medical professionals began requesting out-of-pocket payments and/or
gifts from patients and their families. Further, a sophisticated system of exploiting one’s
personal connections to secure services developed. Soviets called this system blat.\textsuperscript{34}
While reality necessitated blat and helped many needy families, it created a privileged
class of patients that usually consisted of government elites. Moreover, it was disastrous
for those who could not afford to pay fees for bribes or lacked the connections blat
required. On the other hand, those who paid fees directly to physicians, received care
well above the average level. Certain hospitals were reserved for government employees.

\textsuperscript{32} Cockerham, William C., 31.
\textsuperscript{33} Field, 51.
\textsuperscript{34} Ibid, 56.
In her book, *Betrayal of Trust: The Collapse of Global Public Health*, journalist Laurie Garrett describes the Kremlin hospital:

The fully renovated luxury floor on which peoples recuperated from surgery had wall-to-wall American pile carpeting, walls papered in American synthetic fabrics, lovely American sofas on which patients rested while watching American television, American nurse Marianne Hess on staff to provide that down home touch, American magazines to read. So the U.S. government hastily renovated not only the Kremlin Hospital’s physical appearance and equipment by the structure and skills of its staff as well. The result was a facility so many cuts above what was generally available in Russia as to seem from another planet.\(^35\)

The system of blat created huge burdens for patients with low incomes and no personal connections.\(^36\) Unfortunately, wages remain low in modern-day Russia and blat still exists.\(^37\)

In addition to legacies rooted in healthcare, there are a number of traditions found in Russia’s civil society. Some people may think that civil society is relatively new to the post-socialist country. However, Russian activists Andrei Topolev and Elena Topoleva have noted the presence a long history of civic associations in Russia. They find that not only did civil society exist in the Soviet Union, but it even predated Communist rule.\(^38\) Tsarist Russia was difficult to control due to its vast size.\(^39\) Laura Engelstein discusses the development of independent social movements in tsarist Russia in her work, “The

\(^{35}\) Garrett, 245.

\(^{36}\) Field, 56.


Dream of Civil Society in Tsarist Russia: Law, State, and Religion,” by characterizing any group that acted independent of Tsarist power as constituents of a blooming civil society. According to her, Russia’s large size gave wealthy Russians the opportunity to gather and discuss politics and philosophy without constant interference from the tsar and his advisors.\textsuperscript{40} On the other hand, “the state was indeed powerful and strictly patrolled the social landscape, suspicious of any force outside its control.”\textsuperscript{41} Embodying government intervention is the fate of the Decembrist movement. Well-known Russian poet Alexander Pushkin belonged to this group of dissidents who were investigated and tried by a Tsarist court for staging a public protest against repressive imperial policies in 1825. In general, these dissident groups lacked connectivity with other groups who had similar opinions.\textsuperscript{42} In addition to political activities, philanthropic activities took place. Some Russian merchants and entrepreneurs felt compelled to help their neighbors,\textsuperscript{43} but the Orthodox Church sponsored most charitable initiatives. However, because Orthodoxy was the established religion and politically invested in maintaining a working relationship with the Tsarist government, its activities lacked the independence necessary to be considered a part of civil society.\textsuperscript{44} Nonetheless, these activities constitute a tradition of volunteerism in Russian society. Despite the constant surveillance and intervention from the Tsarist administration, political and philanthropic groups have historical precedence in Russian society.

\textsuperscript{40} Ibid.
\textsuperscript{41} Ibid, 24.
\textsuperscript{42} Ibid, 26.
\textsuperscript{43} Topolev, Andrei and Elena Topolev, 194.
\textsuperscript{44} Engelstein, 32-33.
Yet the mere presence of volunteerism or dissident gatherings does not denote a strong tendency towards the development of a civil society. In fact, the Russian Federation reflects both Tsarist Russia and Socialist Russia, as an inheritor of a weak civil society and fragile tradition of volunteerism. Despite being based largely on ideological principals, the government expected Soviet citizens to accept, beyond a reasonable doubt, the efficacy of all organizations including healthcare. Therefore, charity and voluntary organizations held no merit in Socialist society. Government officials restricted all forms of independent public activism. The presence of such organizations tacitly implied that the government failed to meet the needs of its people or that life in the USSR was somehow deficient. In fact, volunteering in the Soviet Union usually consisted of government-assigned duties outside of one’s regularly scheduled employment. Officially, the proposed message was that workers were constructing Socialism according to their own will. On the other hand, it is worth noting that not all voluntary activities were forced. A handful of enthusiasts volunteered independent of government direction, restoring historical and cultural monuments around the country after the Great Patriotic War. In addition to volunteering, the government organized sham protests. By orchestrating these protests, the government created the illusion of civil society. However, a few social organizations did operate in the Soviet Union such

45 Field, 55.
48 Topolev, Andrei and Elena Topolev, 194.
as women’s organizations and environmental organizations, but they were funded entirely by the Soviet government and were supervised closely by party officials.\textsuperscript{50}

Autonomous social activities have occurred during both the Tsarist and Socialist periods. In the Tsarist period, independent activity consisted of wealthy elites discussing dissenting political reforms and philosophy. These groups were sporadic and lacked connectivity. Moreover, the Orthodox Church organized philanthropic activities, but under government surveillance.

Besides strict regulation and surveillance of the health and civil sectors of society, Soviet leadership controlled international exchanges of culture and knowledge, producing a number of legacies in modern-day Russian society. Ultimately, surveillance and regulation had serious implications for the development of Russian perceptions of the West. Soviet officials utilized control as means to propagate a public opinion of Capitalist nations as morally corrupt and politically dominating. Isolation ensured that Soviet opinion would not waiver from official ideology.\textsuperscript{51} Despite public rhetoric, Russians were not completely convinced of Soviet accounts of the West. Public perceptions of the West have fluctuated between admiration and suspicion. Later, I discuss an historical tendency of diplomatic ambivalence between Russia and the West in detail. However, for now it is simply worth noting that the Soviet people admired the quality of life available in the United States and other Western countries; however, they

\textsuperscript{50} Mendelson and Glenn, 13.
\textsuperscript{51} Shiraev and Zubok, 142.
were often worried about a potential military attack stemming from Western institutions like the CIA or the Pentagon.\textsuperscript{52}

Despite the fact that Soviet citizens admired the quality of life in the West, today, most Russians do not support Western economic policy. A recent sociological survey revealed that Russians prefer a mixed economy, i.e. one that includes Communist safety nets and free market exchange of goods, rather than only neoliberal free market economic policies of the West.\textsuperscript{53} Likely, this is a consequence from the economic fallout after the dissolution of the Soviet Union. Because the United States had been vehemently opposed to Communism, Russians assumed they would prevent a socio-economic collapse. However, this did not occur. In fact, America became known as “the country that willingly let Russia fall to her knees.”\textsuperscript{54} Undoubtedly, this fostered bitterness amongst the Russian public towards the West.

In addition to public opinion of the West, Soviet legacies are also found in how Russians view themselves vis-à-vis the State. Government provided healthcare had serious repercussions for the relationship between the country’s leaders and its constituents. Prior to the dissolution of the Soviet Union, its citizens viewed the government as a paternal provider.\textsuperscript{55} This paternal relationship persists today. In a recent edition of \textit{Foreign Affairs}, Mikhail Dmitriev and Daniel Treisman report that in a Russian survey, voters reveal a continuing desire for a strong, male figure with prior leadership

\begin{footnotesize}
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\item Shiraev and Zubok, 143.
\item Shiraev and Zubok, 145.
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experience\textsuperscript{56} for president, governor, or a local mayor. The desire for a paternalistic state follows a general European trend. In fact, Americans are amongst the only people in the world that do not view their government in a paternalistic fashion. Scholar William Cockerham refers to this as American exceptionalism.\textsuperscript{57} Affirming these Western findings are two Russian scholars, Vladimir Magun and Maksim Rudnev. In fact, their study published in 2010 notes that Russians have a more pronounced need to be protected by a strong paternal state more so than other Europeans.\textsuperscript{58} After the transition to Capitalism, most people believed nothing would change because many of the same political elites retained positions in the post-Soviet government. In this light, it is understandable that the Russian population strongly suspected that their government would supply social services such as healthcare and education.\textsuperscript{59}

In this tumultuous environment, Russian scientists discovered HIV and the Russian government struggled to find adequate solutions.

\textsuperscript{56} Dmitriev and Treisman, 63.
\textsuperscript{59} Mendelson, Sarah E. and John K. Glenn, 58.
On September 13, 2010, the *Moscow Times* released an article announcing Prime Minister Vladimir Putin’s participation in the World Health Organization’s (WHO) Forum to discuss, amongst other crises, HIV/AIDS. Russian Health and Social Development Minister, Tatyana Golikova, hosted the event in Moscow for the first time, bringing together about 300 trained health professionals. Few European countries feel the impact of HIV/AIDS quite like Russia does. Last year Russia had an estimated 1 million HIV-positive people. As of 2011, the projected growth rate was 8 percent annually. However; it was noted in the introduction, HIV reached an astronomical growth rate of 12 percent in 2012. These alarming statistics are not the result of inaction. In fact, four years earlier in 2006, then President Vladimir Putin, declared HIV/AIDS a threat to Russia’s national security and allocated a major increase in federal funding. HIV/AIDS kills individuals in their age of prime productivity, drives up the costs of healthcare and limits the number of people who qualify for military service. Russia has clear interests in funding HIV/AIDS prevention and treatment efforts.

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61 Ibid.

If not laxity on the part of the Russian government, then what drives the continuous growth of HIV/AIDS cases in the Russian Federation? One of the answers is found in drug policies, which have serious implications for the HIV/AIDS epidemic. Russian drug policy is notorious for its oppressive and ineffective qualities. These policies impede any potential for scaling back the HIV/AIDS epidemic. Current drug policies allow the Kremlin to blame drug users for the spread HIV/AIDS, while evading any responsibility for failing to protect its citizens from the threat of drug addiction as well as contracting HIV/AIDS. I contend that politicians create drug policies that exacerbate the HIV/AIDS epidemic in Russia. Russian drug policies promote the heightened stigmatization of drug addicts, over-criminalize drug abuse and refuse to adopt scientifically proven methods of drug rehabilitation programs. Additionally, the Russian Federation created tax policies that discourage independent financial support of NGOs by businesses. Further, they require annual registration fees for all NGOs that constitute huge burdens for their meager budgets. Ultimately, the Russian government creates a number of obstacles for HIV/AIDS prevention and/or treatment initiatives.

**Perpetuating a Stigma**

Government rhetoric and policy discourse surrounding Intravenous Drug Users (IDUs) promotes stigma by portraying the group as immoral and intentionally irresponsible. These trends marginalize the drug population and ultimately drive them from drug treatment. Those who refrain from treatment facilities remain in the at-risk

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group. Hence, they are unable to protect themselves or others from contracting the HIV virus.

The Country Program Report of the Russian Federation on the Implementation of the Declaration of Commitment on HIV/AIDS, a report published by the Russian government in 2008, highlights actions taken by the Kremlin to combat the spread of HIV/AIDS. Despite the authors’ acknowledgment of the need for stigma reduction programs, they use language that assigns blame to drug users. In a passage referring to IDUs the writers claim that medical personnel perform “large scale testing for groups of the population…who may be sources of infection for other people.” This type of language is counterproductive to stigma reduction programs in several ways. First, this sort of analysis creates a dichotomy of us (majority of Russian population) versus them (the IDUs, the perpetrators). Secondly, by making drug users at fault, it does not require those falling outside of the group to assume responsibility for their own contribution to the HIV/AIDS epidemic. For example, the same report names the remarkably low percentage of IDUs (36.52%) who used condoms during their last sexual encounter, but conveniently does not have the same available data for non-drug using populations. Indeed, the report gives statistics for a variety of socially stigmatized groups such as men who have sex with men (MSM), drug users and sex-workers who have had intercourse without a condom, but offers no information about heterosexual relationships. This report, approved by Head of the Federal Service for Surveillance of Consumer Rights Protection and Human Well-being of the Russian Federation, implies the drug-using

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population is responsible for the problem of HIV/AIDS. Such language fails to promote tolerance, and more importantly marginalizes IDUs from mainstream society by implying fault for the spread of HIV/AIDS.

Moreover, public discussion amongst politicians portrays IDUs as unapologetic criminals, further stigmatizing addicts. Policy surrounding drug users has been a prevalent topic of debate and Russian President Dmitry Medvedev lead campaigns on the subject. At a September 8, 2009 Council Meeting President Medvedev announced that drug addiction was a national security issue (echoing V. Putin’s sentiments on HIV/AIDS). Medvedev recommended that the government impose tougher penalties on drug addicts for crime committed while “in the state of narcotic intoxication.” This language tacitly implies that narcotics users commit crimes at least more so than alcohol intoxicants.

In this same session, he urges the Russian government to develop laws that shift the focus towards alternative methods of punishment. In April of 2011, he unveiled a strategy that gives drug users who are involved in criminal acts the opportunity to opt out of incarceration by choosing to register for state rehabilitation services. While this policy seems progressive, it is actually problematic and stigma inducing for several reasons. With respect to addicts, most are likely to choose incarceration. Such a choice is due to the poor conditions in rehabilitation centers and the requirement to register as a

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drug user in the national database.\textsuperscript{67} Although, conditions are also poor in prisons, addicts are aware that they can continue to use drugs while incarcerated, thereby avoiding the adverse side effects of drug withdrawal.\textsuperscript{68} With respect to the official language, drug addicts opting for incarceration allows the Russian government to blame this group for overcrowding in prisons.\textsuperscript{69} In conjunction with such rhetoric, the Kremlin uses the policy to perpetuate myths that drug addicts do not want help for their dependency.\textsuperscript{70} Such rhetoric allows the government to conceal their ineffective approach to drug addiction through political discussion identifying drug addicts as shameless criminals. Again, the official rhetoric works to promote stigma.

The Russian media both reflects and perpetuates social stigma surrounding HIV/AIDS. Performing a key word search using “spid,” (the Russian word for AIDS) via the online database Eastview, I chose 22 articles at random about HIV/AIDS. I wanted to ascertain the degree to which popular opinions matched political rhetoric. Indeed, if the average citizen read the headline without reading the body of the article, he or she may form an impression based entirely on the piece’s title. Examining articles written from the beginning of 1986 until the end of 2012 from newspapers from all around the country associated with a variety of political attitudes, I was able to identify three key reoccurring themes. Firstly, HIV/AIDS is associated with foreign lands and

\textsuperscript{70} Lohman, 77.
people. HIV is an outsider’s disease. For example, in an article written in 2005 for a Moscow newspaper that was entitled “First AIDS,” journalist Sergei Nehamkin reports that “American AIDS became Russian SPID: foreign infection was brought to the USSR in 1987.” Additional articles discuss AIDS in a variety of settings including China and depict emaciated Africans as carriers of HIV. Secondly, the language surrounding HIV evokes images of a natural disaster. An article written in 2005 by Elena Zhuravleva for Novye Izvestia was titled as “Hurricane AIDS.” Other articles also conjure panic by associating HIV/AIDS with natural disasters. One Russian writer compares AIDS to an avalanche, while Pravda declared, “AIDS: a signal of disaster.” Lastly, the media instills fear amongst Russians by reporting that PLWHA are hopeless. The situation is more severe in Russia because they lack facilities and medicine that are necessary to mitigate HIV’s affects. An article in Moskovskaia Pravda warns that AIDS in Russia is more than AIDS. While the article may be valid, these headlines work to promote fear. The Russian media reflects stigma portrayed by official rhetoric and works to perpetuate fear of PLWHA. Popular sources declare HIV as an outsider’s disease, compare it to natural disasters and stress the hopelessness of those with AIDS inside the country.

Analogous to political rhetoric, this language works to promote stigma and runs contra to HIV/AIDS prevention/treatment efforts.

The social marginalization accompanying treatment at state-funded rehabilitation centers is not conducive to recovery. All participants of state funded drug rehabilitation must, according to law, register under a national database of drug users prior to entering the facility.\textsuperscript{77} This process instills fear of social condemnation in addicts, and does not have the best interest of the user at its foundation. Subsequently, those individuals listed are prohibited from certain types of employment, and are subjected to selective medical treatment at HIV/AIDS clinics.

Due to this registration requirement, an addict may lose his or her current employment or be restricted from certain types of occupation for at least five years.\textsuperscript{78} For example, an addict interviewed in 2007 by Human Rights Watch remarked, “I am a driver by profession. They would immediately put me on the registry and I would lose my job.”\textsuperscript{79} The Russian government recently expanded restrictions on rehabilitated drug users to include all types of transportation, transportation of explosives or flammable substances, working in petroleum, mining and nuclear industries, construction and repair works.\textsuperscript{80} Ironically, in recent opinion poll conducted by the Foundation for Public Opinion,\textsuperscript{81} 46% of respondents regarded unemployment as a leading cause of drug use in

\textsuperscript{77} Ibid, 76.
\textsuperscript{78} Ibid, 77.
\textsuperscript{79} Ibid, 57.
\textsuperscript{81} This is a popular polling organization working in Moscow.
the Russian Federation. So not only does this requirement stifle the productivity of a former drug user, it also further isolates those who have participated in drug rehabilitation programs from many wage-earning facets of society. The restrictions and isolation create yet another dichotomy of opposition.

Another consequence of forced registration of addicts is healthcare discrimination at HIV/AIDS clinics. After the fall of the Soviet Union, health care in Russia became decentralized. The Kremlin allocates a certain amount of money per region depending on their calculated need. The local governments are supposed to ensure that certain programs receive the correct amount of funds. Unfortunately, the Government is not always able to contribute as many funds as once promised. IDUs are some of the first groups to feel the negative effects of funding shortfalls. Further, personal opinions of local decision makers factor in to every funding allotment. When faced with the choice, local decision makers often deny active drug users antiretroviral treatment (ARV). In 2004, the Chief Physician of the City Health Committee in St. Petersburg said, “treatment is expensive, and it’s not provided for drug users.” The World Health Organization also noted that the IDU population is underserviced their 2011 Global HIV/AIDS Response Publication. Specifically they remark, “although no trends can be statistically ascertained due to incomparable samples (notably missing data from the Russian Federation in 2002 and in 2010), these data suggest that most of the people who acquire HIV infection in

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84 Ibid, 393.
reporting countries are people who inject drugs and that, despite this, their treatment needs remain considerable underserved.”

Hence, stigma resulting from forced registration becomes dangerous when medical officials decide to serve mainstream populations ARV treatment before IDUs. Considering all of these negative repercussions arising from registration, the Russian Federation should expect that drug users avoid registration—and consequently--drug treatment.

Drug policy in the Russian Federation clearly facilitates social stigma surrounding drug users. Public and political discussion of IDUs not only implicates the group as responsible for the HIV/AIDS epidemic but also erroneously portrays addicts as criminals who use drugs by their own conscious choices. This condemnation of drug addicts is done without regard to the extremely painful side effects experienced by the addict during substance withdrawal. But more importantly, the requirement to register in the national database before receiving treatment for addiction precludes the opportunity of a rehabilitated person to rebuild their life and become a productive member of society, and this drives drug addicts farther from mainstream society. Once registered the addict cannot hold a wide variety of types of employment. Also discriminatory is the widely used practice by medical professionals of passing over IDUs when administering AVR treatment. These aspects of drug policy run contra to recovery for the addict and deepen the problem of addiction in the Russian Federation. Heightened stigma is a result of policies that portray addicts as criminals. These policies also perpetuate isolation as they

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separate the addict from the remaining sects of society, making personal progress impossible.

Legal Harassment for Illegal Activity: Over criminalizing Drug Abuse and Possession

Harsh penalties for drug possession create an environment of prosecutorial intimidation for addicts. The Kremlin has ignored the brutality exerted by law enforcement onto addicts. This particular aspect of drug policy prevents IDUs from practicing harm reduction techniques when injecting drugs. Fearing incarceration, extortion or physical harm many addicts avoid Needle Exchange Points altogether. Hence, they miss the opportunity to access HIV/AIDS education and information on methods for drug treatment. In general, the Russian Federation institutes policies that reflect disregard for IDUs personal safety and are incompatible with realistic goals providing educational information for future drug abstinence.

The Russian Federation’s Criminal Code promotes frequent incarceration of drug users while ignoring significant differences in types of criminal behaviors.88 These laws are often ambiguous and grant law enforcement a great deal of flexibility in their application. This leads to a variety of cruel arrest techniques.89 A well-known component of the Russian Criminal Code is the mandated incarceration for the possession of extremely small amounts of controlled substances. For example, Human Rights Watch reported that from 1996 to 2004 IDUs possessing .005 grams of heroin, received a term

88 Specific language of various Criminal Codes were difficult to locate as many online and print free-of-charge government sources have minimum availability in Russia. For more information on this challenge see, Trushina, Irina. “Corruption and Transparency in Russia: the Anti-corruption Role of Libraries” *Innovation*. 37 (December 2008), p. 15-27.
of five to seven years in prison. Such fervent laws made massive prison populations inevitable. Illustrating this fact is a report written by the International Harm Reduction Development Program of the Open Society Institute. This report notes that in 2007 there were as many as 850,000 people incarcerated in the Russian penal system, and of those 20% of all male inmates and 40% of all female inmates are in Russia’s penitentiary system on drug charges. Similar laws in the United States caused a number of long-term troubling consequences such as overcrowding in prisons, wasting of tax payer monies and has lacked substantial results. For example, during the late 1980s into the early 1990s, the American legal system decided to enact a “War on drugs” in order to curb violence surrounding drug abuse and sale. Accordingly, “drug convictions went from 15 inmates per 100,000 adults in 1980 to 148 in 1996, an almost tenfold increase.” The American Civil Liberties Union reports that despite over $1 trillion dollars’ worth of expenditures, mass incarceration of drug addicts has not help curb supply or demand. Overzealous laws are the Russian Federation’s means for controlling the drug-using population, which permits the procrastination of any substantive solution to drug addiction.

The ambiguity in criminal law is counter-productive to treatment goals. Ambiguity in law allows for blanket prosecution. The court not only misses the opportunity to apprehend a drug trafficker, but also fails to identify a user who is

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90 Ibid.
struggling with addiction and may want help. An article in Russian law that succinctly illustrates this point is Article 228 of Chapter 25 of the Criminal Code of the Russian Federation. The law has the following language: “Illegal Acquisition, Keeping, Carriage, Manufacture, or Processing of Narcotic Means, Psychotropic Substances, or Analogues Therof.” The title alone lumps together many different activities. According to this law, drug addicts can receive the same punishment as those manufacturing drugs out of their home or those who are transporting drugs for a trafficker. This policy ignores the motivation and intent behind the criminal behavior. Typically, the trafficker is interested in financial gain, whereas, the addict is chemically dependent and is not necessarily in a sound mental state. Ambiguity in the Russian Criminal Code disregards mitigating circumstances and fails to address the needs of the substance abuser.

Oppressive policies that make extremely small amounts of drugs illegal create an atmosphere of fear amongst IDUs. Law enforcement officers regularly target users for brutal attacks and extortion. Human Rights Watch documented discriminatory policing tactics in a 2004 report entitled Lessons Not Learned: Human Rights Abuses and HIV/AIDS in the Russian Federation. The study revealed that law enforcement officers linger outside of and close to Needle Exchange Points (NEP) and pharmacies selling clean syringes. They assume users will likely possess needles, drugs and/or money. Police often refer to IDUs as “junkies” and humiliate them by publicly demanding to see evidence of drug use on their arms and other parts of their bodies. Drug addicts have

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95 Sarang, et al., 815.
96 I discuss NEPs later in more detail.
97 Csete, 2.
little choice for resistance. Most are scared that they will undergo detox while in prison without medical support, and often submit to the requests of law enforcement. Drug laws in the Russian Federation often facilitate harassment of addicts, and create an environment of fear and intimidation amongst the drug using population.

The harassment of IDUs severely affects their willingness to practice harm reduction techniques and facilitates the spread of HIV/AIDS amongst drug users. Due to the tendency of law enforcement to linger around NEPs and pharmacies selling clean syringes, IDUs refrain from using those services. Not only are drug users less likely to use these services, they are also more likely to use in their dealer’s house. Many leave their paraphernalia inside of the dealer’s house for fear of arrest by the police. It is highly probable needles are used and reused in this type of environment. Ultimately, these policies drastically reduce the likelihood drug users will take advantage of harm reduction techniques; therefore, increasing the risk of HIV/AIDS transmission.

Harm Reduction Techniques and Harmful Tax Laws: More Flawed Policies

The approach adopted by the Russian government to combat drug addiction is failing Russia’s drug-using population. The Government refuses to utilize scientifically proven, successful programs such as using former drug addicts as outreach counselors and drug substitution therapy. The government contends that these programs promote drug use, but they have no scientific evidence to support their opinions. According to the Kremlin’s position, abstinence is the first line of defense against addiction, and

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98 Sarang, et al., 818.
99 Csete, 22.
100 O’neill
101 Butler, xxiii.
crucial to harm-reduction.\textsuperscript{102} While abstinence is important, it is just one of many steps in the recovery process.\textsuperscript{103} The official rhetoric adopted by the Russian Federation ignores the stigma attached to addiction and the painful conditions that addicts face while undergoing detox. Ultimately, this approach lacks sensitivity and dramatically fails to reduce the number of HIV/AIDS infected individuals in the Russian Federation.

Although the Russian Federation prefers the message of abstinence, they do support harm reduction techniques such as Needle Exchange Programs offered by a number of NGOs. In the event addicts overcome their fear of police intimidation, they may use these facilities and receive education about the health risks of drug addiction and HIV/AIDS transmission.\textsuperscript{104} While these are important in reducing risk among IDUs, they do little to encourage addicts to seek professional help for their chemical dependency.

The World Health Organization and UNAIDS jointly approve and advocate the use of drug substitution therapy.\textsuperscript{105} This method is not just implemented in the West. Non-western countries such as China and Iran use these therapies with great success.\textsuperscript{106} Moreover, research conducted by the United Nations shows drug substitution is effective in controlling HIV/AIDS transmission.\textsuperscript{107} Despite this promising evidence, in 2003, the Russian Federation officially outlawed the use of methodone for treating the symptoms of drug withdrawal.\textsuperscript{108} In their opinion, these programs legalize the consumption of

\begin{thebibliography}{10}
\bibitem{102} Ibid, xx.
\bibitem{103} Csete, 23.
\bibitem{104} Alarming Signs.“HIV/AIDS in Russia.” \textit{Russian Politics and Law}. 43.1 (2005), 27.
\bibitem{105} Lohman, 38.
\bibitem{106} Ibid, 39.
\bibitem{107} Csete, 23.
\bibitem{108} Butler, xxi.
\end{thebibliography}
Another method supported by international research, but prohibited by Russian law, is the use of former addicts as outreach counselors. The Russian Government’s refusal to adopt internationally accepted methods of drug rehabilitation therapy denies drug addicts any chance for a healthy future. Their official position on the subject is without scientific merit and prevents any real potential for reducing the growth of HIV/AIDS transmission in the Russian Federation.

Both international and domestic non-governmental organizations (NGOs) have proven essential to filling the government deficit in the HIV/AIDS response. NGOs began working on HIV/AIDS in the Russian Federation in the early 1990s. When they are able to avoid police interference, drug users often use these services for needle exchange, condoms and HIV/AIDS information. Some HIV NGOs working on these issues are those involved with street children, a bus and minivan for a mobile needle-exchange point in St. Petersburg and a program operating inside of an infectious disease hospital. Even more important, these organizations offer psychological and medical services in addition to these social services. One organization even holds an annual beauty contest for HIV positive women in an effort to raise public awareness about PLWHA (People Living with HIV/AIDS). Without a doubt, NGOs play an essential role.

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111 Lussier and McCullaugh, 37.
113 Ibid.
114 Ibid, 319.
role in fighting the effects caused by HIV in Russia. However, for many it has been a difficult fight. Tax laws in Russia for NGOs require fees that strain extremely small budgets and discourage private giving. Both limit potential success of internationally funded and domestic NGOs working inside of the country.

Kelly, et al. noted the insufficiency of budgets for global NGOs working on HIV prevention/treatment in their 2006 study.\textsuperscript{116} Russian NGOs were among the groups who operate most often within the constraints of an extremely tight budget. The study’s authors determined the median budget to be $54,427, however, they serve groups well over 1,141,465 people.\textsuperscript{117} A simple calculation reveals that this renders less than $5 per person annually. Moreover, some groups, particularly those in rural Russia, have annual budgets as small as $900.\textsuperscript{118} Considering this reality, it is unlikely that most NGOs can afford to pay superfluous fees. Annually, Russia’s government requires that NGOs obtain accreditation and the process is expensive. Typically, one year of accreditation costs at least $1000.\textsuperscript{119} Furthermore, the law makes no fiscal distinction between those funded by international donors and those funded domestically. Organizations pay an identical fee, irrespective of their budgets. Therefore, smaller organizations with annual budgets closer to $900 pay the same fees as those larger organizations with yearly

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\item \textsuperscript{117} Kelly, et al., 15.
\item \textsuperscript{118} Ibid.
\end{itemize}
budgets of $1,000,000 plus.\textsuperscript{120} Even more stifling for small budgets, local governments are at discretion to issue additional taxes.\textsuperscript{121} Besides registration fees, Russian tax laws do not encourage private giving from domestic corporations. Regional governments require that corporations contribute financially to social and infrastructural projects. Therefore, many corporations lack incentive to offer further contributions.\textsuperscript{122}

Additionally, Russian tax laws offer meek deductions for charitable giving and in some cases even require payment of additional taxes for other types of donations. Current tax laws only permit Russian businesses to claim 3-5\% of their profits as charitable deductions. Even if the donation constituted a larger percentage, they were prohibited from claiming additional funds.\textsuperscript{123} Therefore, most organizations may choose to give little or nothing at all. Further, material donations, such as office technology or furniture, require both the NGO and the corporate donor to pay a value-added tax on the donation.\textsuperscript{124} Nonetheless, it would be irresponsible to ignore contributions Russian businesses made to domestic NGOs. In fact, Russian businesses are one of the third largest donors to women’s groups in Russia constituting 32\% of all donations. Some well-known examples of corporate giving are Boris Berezovsky’s (Russian oligarch who eventually left the country) donation of $3,000,000 to the Andrei Sakharov Museum and Mikhail Khordokovsky’s (former owner of the YUKOS oil company) $45,000,000

\textsuperscript{120} Ibid, 86.
\textsuperscript{121} Ibid, 87.
\textsuperscript{124} Ibid, 52.
philanthropy budget. However, Scholar Sarah L. Henderson reports that businesses typically fund cultural organizations. Unfortunately, this does little to help HIV/AIDS NGOs operating in the Russian Federation and there has been a remarkable decline in corporate giving since Vladimir Putin took office as President during his first term in 2000. In her article, What Kind of Civil Society in Russia?, Diana Schimdt-Pfister remarks that the public dismantling of YUKOS oil and imprisonment of Mikhail Khordokovsky discouraged corporate giving by evoking fear in Russian business owners. While this certainly could be a contributing factor, I would suggest that private giving declined rapidly as the world sank into a global financial crises of 2008. Accordingly, Russia fits into a global trend rather than being an exception due to government bullying. That being said, Russian tax laws requiring steep registration fees cripple already tight budgets, while doing little to encourage corporate giving.

Yet, Vladimir Putin promised the Russian population that by 2010 all HIV carriers would have access to ARV therapy. Currently, only 1% of the population who require ARV therapy receive it. Poor resources are not the only challenges faced by Russia’s government. The number of people living with HIV/AIDS is soaring and it is exacerbated by the drug epidemic in the country. Moreover, public discourse surrounding drug users perpetuates stigma by portraying addicts as criminals and

125 Ibid.
126 Ibid, 53.
127 Schmidt-Pfister, Diana, 40.
129 Ibid, 244.
130 World Health Organization, 136.
requiring registration on a national database before seeking state-sponsored professional medical attention for chemical dependency. Drug policies over-criminalize drug use and possession. This creates an environment in which law enforcement intimidates and brutalizes drug addicts. This fear of prosecution and harassment forces drug addicts away from public organizations that would otherwise help promote harm reduction techniques. Additionally, the Russian Federation chooses to ignore globally accepted methods of drug treatment on beliefs that these practices encourage drug abuse. In the event drug users do take advantage of NGO services, Russian tax laws strain their budgets by requiring an annual registration fee, and do not encourage private corporate giving from Russian businesses by offering meek financial incentives. Despite a number of environmental and fiscal challenges, drug users and PLWHA do utilize NGOs’ facilities. However, many common practices of internationally funded NGOS are counter-intuitive to HIV/AIDS treatment/prevention in the Russian Federation.
Chapter 3: Backlash of the Third Sector: NGO Development in Russia

In the past, a number of scholars (Mendelson & Glenn, 2002; Henderson, 2008; and Quigley, 2008) remarked upon the impossibility of civil society in post-socialist Russia without the aid of foreign donors. Despite what are otherwise good intentions, Western agencies that provide funds to one large organization for dispersal\textsuperscript{131} ignore the Russian cultural context, foster urban/rural disparities while suppressing the cause’s potential expansion and tend to support projects that offer short-term viability rather than those programs advocating long-term solutions.

At first glance, it may be difficult to ascertain why funding smaller NGOs through larger ones is harmful. Given that this process presupposes a strong inter-connected community of social organizations, it is problematic in the Russian Federation. It ignores the legacy of weak social organizations. In Russia, today’s smaller organizations have less experience communicating with the larger internationally rooted NGOs. This practice favors urban organizations because they have more resources to communicate with international donors. Rural NGOs may be unaware of funding possibilities in the larger urban areas and likely will close after their initial budget runs dry.\textsuperscript{132} The lack of access to the larger foreign donors and their domestic affiliates ensures that the smaller, rural NGOs will close. While they do not discuss the Russian Federation specifically,

\textsuperscript{131} Mendelson, and Glenn, 59.
\textsuperscript{132} Ibid.
global watchdog group, People’s Health Movement, notes the significance of small grassroots organizations in their recent publication, *Global Health Watch 3: An Alternative World Health Report*. The consequences for PLWHA living in rural areas include loss of access to services such as needle exchange, condoms, lifesaving medicines and HIV/AIDS education.

In addition to favoring the urban NGO, this practice tends to award grants to the same NGOs year after year. Because the same NGOs have increased access to the large donor organization, the same urban NGOs reapply for funding every cycle. In this civil society, the same NGOs are awarded funding. Moreover, scholar Sarah Mendelson notes that, “granting agencies…tend to give repeat grants to organizations, partly because the organizations prove to be good at what they do, and partly out of inertia.” This seriously stifles any possible expanse of the NGO community. HIV/AIDS organizations benefit from strong communication between each other because this ensures that education can be disseminated, medical care is accessible for the poor and IDUs have resources for needle exchange. These consequences severely impact HIV/AIDS relief in rural areas, and lessen NGO ability to disseminate much needed supplies and knowledge to PLWHA.

Due to the paucity of employment opportunities in the former Soviet State, individuals were desperate to find work. NGOs created much-needed jobs. Some funding practices exacerbate existing income inequalities between both individuals as well as amongst NGOs receiving Western funding and those who are not. Often, the

134 Ibid, 64.
desire for funding creates a new class of NGO elites that have a number of Western connections. Driven by the desire to protect their personal salary, these new professionals can lose sight of their original social mission and distance themselves from those they originally wished to serve. Western donors usually require their funding recipients to follow the business model of scheduling, budgeting and impersonal task-oriented interactions. Therefore, many NGO employees spend their time on tasks such as “preparing reports to donors and Russian tax authorities and writing new grant proposals. This often requires a professional accountant and other staff members, who may or may not share a commitment to the organization’s social mission.” A brief example reveals the unintended consequences of foreign funding on the City AIDS Center of Yaroslavl in Russia. The authors suggest that the group, “often tried to meet their budgetary shortfalls by seeking outside grants and partnerships...human resources were devoted to these projects even if it meant removing staff from other activities.” These individuals did what was necessary in order to keep their jobs. Moreover, the NGO community becomes subject to divisions of the “haves” versus the “have-nots.” These social divisions create hostility in the NGO community. When NGOs lack communication, they lose the ability to coordinate efforts to perform outreach.

In addition to funding practices that favor larger, more urbanized organizations, Western donors typically award grants to short-term projects. Although organizations

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136 Mendelson and Glenn, 71.
137 Lussier and McCullaugh, 41.
welcome any type of grant, short-term funding is unable to address the types of long-term health issues associated with HIV/AIDS prevention/treatment, such as drug addiction and the treatment of other mental health issues while providing lifelong ARV treatment for those infected with HIV. As stated above, many organizations require employees to draft reports quantifying success rates.\textsuperscript{139} These reports often focus on the “number of newsletters distributed, journals published, people serviced, and so on,”\textsuperscript{140} and allow donors to justify their decision to place resources into a particular project.\textsuperscript{141} Ultimately, these projects lack farsightedness and do not foster sustainability. Further, Congress uses numerous reports to reassure the American taxpayer that government resources are being pumped into successful projects. Success is more difficult to quantify in projects where positive effects take years to materialize. Although he discusses civic assistance, Scholar Kevin F.F. Quigley noted in 2008, that short-termed “…efforts have received significant amounts of democracy assistance resources since results are quickly and easily discernible.”\textsuperscript{142} Donors are disinterested and unaffected when reading reports that measure qualitative effects of projects. Accordingly, such funding practices affect program design. For example, an organization targeting street kids at risk for HIV might channel their resources towards massive HIV/AIDS literature and condom distribution, rather than addressing the client’s need to receive medical attention for underlying mental disorders. Quantifying the number of distributed flyers is much easier than attempting to

\textsuperscript{139} Henderson, \textit{Building Democracy in Contemporary Russia: Western Support for Grassroots Organizations}, 88.
\textsuperscript{140} Ibid, 85.
\textsuperscript{141} Ibid.
quantify success rates of discussions held with clients about mental disorders which could take years to diagnose and treat. Funding that favors short-term projects tend to lack goals of long-term sustainability. In fact, this is seen as the greatest challenge for a number of NGOs offering meager time and financial commitments to dilemmas requiring huge budgets and enormous amounts of time.\textsuperscript{143} I suggest that, when applied to the HIV context, programs lacking long-term commitments will fail to improve overall health and find it impossible to lower overall trends of HIV transmission throughout the country. Western funding techniques create competitiveness, exacerbate existing social inequalities, and lack sustainability due to donors’ tendency to favor short-term projects rather than tasks requiring long-term financial and time commitments, all of which run contra to international HIV/AIDS relief.

Lastly, Western NGOs use techniques that enhance anti-Western sentiments. According to experts, NGOs use trainings aimed at creating professionals without applying them to the Russian context. This works to separate the NGO from the Russian community.\textsuperscript{144} Western values are reflected in NGO techniques. Although not specifically related to HIV, feminist organizations present an illustrative example. Feminism is a very Western idea. In Russia, the movement is “having a difficult time finding a feminist voice to lead them...” and “…they have not been able to tackle the multiple problems faced by women in the country.”\textsuperscript{145} Scholar Lisa McIntosh Sundstrom from Stanford University suggests that, “The weak results of foreign assistance to Russian women’s NGOs are due largely to Russians’ widespread rejection

\textsuperscript{143} Ibid, 232.
\textsuperscript{144} Mendelson and Glenn, 76.
\textsuperscript{145} Humble and Bride, 383-384.
of feminist principals.”\(^\text{146}\) Often these Westernized groups have a lower utilization rate than small grass roots organizations that reflect Russian values. One such group is Soldier’s Mothers in Moscow. Even though the group is technically a woman’s group, they do not promote abstract Westernized ideas of Feminism. Instead, they empower women in helping their sons and husbands avoid the draft and speak out against military violence that threatens their livelihoods. Clearly, organizations like Soldier’s Mothers and Western Feminist Groups are concerned with women’s issues, however, the former group has an organizational message understood by most Russians.\(^\text{147}\) Further, I suggest that the same trend occurs with HIV groups. PLWHA are alienated and avoid using the available resources offered by Westernized NGOs. Another unintentional consequence of Western style trainings is offending the trainees. For example, an expert studying NGOs in Russia noted, “trainers used material created for less developed countries with high levels of illiteracy, which insulted the many…activists in Russia with advanced degrees.”\(^\text{148}\) Further, “many of the syllabi in these programs consist almost entirely of literature from the United States and Europe.”\(^\text{149}\) Training that imposes Western values on Russian NGOs acts to alienate those who would otherwise take advantage of their services as well as trainees who feel insulted by the condescending content. Ultimately, these Western style trainings create barriers between domestic and international HIV/AIDS communities, proving detrimental to the movement.

\(^{147}\) Ibid, 70.
\(^{148}\) Ibid, 74.
\(^{149}\) Ibid, 79.
On the other hand, I already noted the importance of both domestic and internationally funded NGOs in supplementing government resources in the Russian Federation. A short discussion of a longstanding NGO operating in rural Russia reveals the potential for Western NGOs to circumvent inhibitors to success. In 1998, Partners in Health began working on tuberculosis in the Tomsk oblast region. Although Tuberculosis does not have the same cultural stigma as HIV/AIDS, it does disproportionately affect highly-stigmatized groups of individuals in Siberia such as those who suffer from incarceration, unemployment and homelessness. In some cases, people infected with TB suffer from HIV/AIDS co-infection. Therefore, this area was targeted for intervention. Currently, Partners in Health operates in seven different regions of the Russian Federation including Novosibirsk, Altai Krai, Saratov, the Republic of Mari-El, and Voronezh. In general, the organization remains successful due to a number of contributing factors. It lacks alienating messages found in many other organizations and provides tangible items to improve health for the TB-infected, uses existing healthcare employees to train other native Russians, thereby avoiding a tendency to contribute to existing regional economic disparities, and they assist Tomsk Oblast medical professionals in obtaining local government funds in order to create self-sustainable programs.

Between September 2000 and September 2002, Boston, Massachusetts-based, Partners in Health, launched a program to treat a group of 244 multidrug-resistant Tuberculosis (MDR-TB) infected patients.\textsuperscript{154} Instead of importing foreign experts and employees, the group began a project that was “initiated to provide MDR-TB therapy within the existing Tomsk TB Program infrastructure.”\textsuperscript{155} Tomsk Oblast Tuberculosis Services, Siberian State Medical University, Tomsk Oblast Tuberculosis Hospital, Tomsk Penitentiary Services, the Russian Ministry of Justice, Partners in Health (both Russian and American branches) worked collaboratively with Harvard School of Medicine. The cohort was directly observed while taking medication and individuals moving between prison and civilian populations were closely followed to prevent treatment interruption. Further, each participant received supplemental nutritional support and monthly food packages when they complied with the study’s regulations.\textsuperscript{156} In the end, 77% were cured, 5% died, 7% failed and 12% defaulted.\textsuperscript{157} Most patients who failed or defaulted did so because of alcohol abuse.\textsuperscript{158} In response to this barrier, Partners in Health helped design and develop the Sputnik program. A critical component of Sputnik is training of Russian nurses by Russian healthcare professionals at Partners in Health, Russia, to deliver care to patients in the comfort of their own home who are at high risk for absconding from the TB treatment course. This helped ensure that every individual ingested every dose daily for the entire course of treatment and therefore greatly

\textsuperscript{155} Ibid, 403.
\textsuperscript{156} Ibid.
\textsuperscript{157} Ibid, 402.
\textsuperscript{158} Ibid.
increased the efficacy of the program. In fact, there was a favorable treatment outcome increase from 60% to 80% in the first five years after Sputnik’s initiation. Throughout the entirety of the project, PIH operated with a message of genuine concern for patients. Moreover, any discussion of politics was in an effort to help Tomsk officials obtain government funding for the continuation of the MDR-TB program. Their message does not include any ideas that Russian officials should enact a more Western style medical system, nor does it contain any detectible rhetoric of criticism. According to their webpage, “PIH has worked to establish regional political commitment and urge the passage of legitimate amendments which strengthen TB and MDR-TB control, created interpartimental coordination mechanisms, and increased government financing of TB and essential social support activities for patients.” In short, Partners in Health avoided a number of inhibitors to success by utilizing existing infrastructure, thereby evading employment practices that exacerbate existing socio-economic inequity, using operational messages that exhumed a primary concern for the patient, providing tangible items to assist in the patients’ daily life and, most importantly, advocating for the creation of a self-sustaining program by supporting their Russian colleagues during government lobbying for funding.

The 1990s were tumultuous times for Russians after the Soviet Union dissolved. People were forced to watch the only safety net they had ever known collapse before their very eyes. Both economically and socially, the country lay in ruins. Meanwhile, HIV arrived in Russia. HIV put a huge burden on an already small healthcare budget and

159 <pih.org/country/>. 11 March 2013.
threatened the future of multiple generations. When the borders opened, NGOs moved in and began fulfilling duties that the Russian government failed to accomplish. However, Western funded NGOs threaten future success. Funding practices ignore cultural traditions rooted in the Soviet era and exacerbate socio-economic inequalities. Further, NGO funding practices favor short-term projects, rather than offering resources to create sustainable programs that could potentially increase the efficacy of HIV/AIDS treatment and prevention in the country. Additionally, Western style trainings offend both trainees and those who otherwise need access to NGO’s services. If progress is to be made, Western NGOs must incorporate Russian knowledge and customs as part of the solution and refrain from imposing ideas that are condescending and out of touch. This assertion is evidenced further by a short analysis of Boston-based NGO, Partners in Health.
Chapter 4: Russia and the West: A History of Ambivalence and its Role in the Russian HIV/AIDS Epidemic

Successful international HIV/AIDS relief requires strong cooperation between members of healthcare organizations and government officials.\textsuperscript{161} Unfortunately, for those PLWHA in the Russian Federation, Russia and the West’s relationship has been mired with ambivalence. A brief review of diplomatic and cultural exchanges between Russia and the West, beginning in Tsarist times and leading into the Twenty-first century, reveals tendencies for both countries to vacillate between periods of extreme mutual suspicion as well as diplomatic cooperation.\textsuperscript{162} For Russia, a great deal of personal anguish accompanied diplomatic relations with the West.\textsuperscript{163} The country’s geographic placement between Asia and Europe led to feelings of cultural attachment to both the Asiatic East and the European West.\textsuperscript{164} Further, Russia felt vulnerable against possible military attacks. Legitimizing these fears were a variety of military offenses launched by the Mongols, Napoleon’s military campaign in 1812, WWI and WWII.\textsuperscript{165} Russian intellectuals held debates where they questioned the degree to which their country should interact with the West. Individuals known as “Slavophiles” and “Westernizers” were at

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the forefront of these debates and they date back to the seventeenth century.\textsuperscript{166} Dialogue often focused on Russian elite desires to import Western technology in order to create a militarily and economically competitive Russia.\textsuperscript{167} Western imports have had a significant impact on the relationship between Russian and the West, and more recently, the United States.

Imperial Russia began to connect itself with the West in an effort to expand her access to goods and increase her regional prestige, but some prominent members of the intelligentsia met these efforts with skepticism. Often Russia engaged with Western Europe in an effort to apprise themselves with Western technologies,\textsuperscript{168} however, some leaders, such as Ivan the Terrible and Peter the Great, also forced cultural imports and Western modes of behavior onto many people. Despite good intentions to modernize Russia, many of these imports had negative effects on the Russian people, such as high burdens of taxation\textsuperscript{169} or brutal enforcement of military servitude.\textsuperscript{170} These negative effects became evidence with which Slavophiles used against those advocating Westernization. A brief review of Ivan the Terrible, Peter the Great and Catherine the Great reigns’ interactions with the West reveal an historical tendency for ambivalence.

Ivan the Terrible (r. 1533-1583) is one of Russia’s best known tsars. He sought to introduce Russia to the West in an effort to modernize the country and improve regional competitiveness; however, Russian historiography reveals that many perceive Ivan’s

\begin{footnotesize}
\textsuperscript{166} Truscott, 18.
\textsuperscript{167} Truscott, 11.
\textsuperscript{168} Truscott, 11.
\textsuperscript{169} Ibid, 22.
\textsuperscript{170} Eidelman, Tamara, “Peter’s Table of Ranks 1722,” \textit{Russian Life}. 54.1 (January-February, 2012) 21-22, 21.
\end{footnotesize}
efforts positively, but that they lacked relevance for the masses.¹⁷¹ A major campaign during this period was Russia’s acquisition of Livonia in order to more fully develop Russian trade routes throughout Europe.¹⁷² Unfortunately, few people were direct beneficiaries of Ivan’s trade expansion. Although Ivan had minimal impact, it is worth remarking upon that he was one of the first Tsars to cross paths with the West.

Peter the Great (r. 1682-1725) is perhaps the most well-known Russian tsar, and is Russia’s first Westernizer. Unlike Ivan, his reforms had enormous impact on Russia. Peter’s cultural imports were remarkable. For example, he imported French language and founded a number of Universities that still exist today.¹⁷³ Also, he replaced the Orthodox Calendar with the Julian in 1700,¹⁷⁴ signifying the secularization of the Russian State.¹⁷⁵ Throughout his reign, he familiarized a number of Russian delegates with European culture by sending them abroad.¹⁷⁶ Most profoundly, the establishment of St. Petersburg changed the county’s political landscape. Indeed, “St. Petersburg… replaced Moscow as the new Rome. In personifying the new Russia, St. Petersburg became its sacred symbol;”¹⁷⁷

Although there were a number of positive outcomes associated with Peter’s reforms, they failed to change the lives of the poor in a positive manner, thereby,

¹⁷² Ibid, 74.
¹⁷³ Kaempf, 329.
¹⁷⁴ Ibid.
¹⁷⁶ Frelber, 8.
¹⁷⁷ Gordon, 37.
spawning a fierce debate between Westernizers and Slavophiles. Peter the Great was the first Russian tsar to travel abroad throughout Western Europe and wanted to import European culture by means of legal reforms. To say his reforms lacked cultural sensitivity would be understating the degree to which his reforms offended the Russian folk. He required “beards of the boyars and noblemen shaved off, European frock coats were replaced traditional caftans…” and “…a French-speaking, aristocratic cultural elite emerged.” In an effort to “…cut a window through to the West,” Peter required merchants, artisans and peasants to construct fortresses and the city of St. Petersburg. Moreover, if a fortress or other construction happened to be built close to a village, government officials removed its inhabitants from their field to help with the construction efforts. Many individuals did not survive the horrendous working conditions during construction. Additionally, he wanted to create a militarily self-sufficient Russia. He sought to improve war industries such as armaments, textiles and metallurgy. Despite Peter’s intentions to improve Russia’s prestige and military might, Russians were divided on the degree to which they supported these Westernized policies. His military-industrial reforms touched many members of the general population, however, his cultural reforms affected only the upper echelons of society. Moreover, the fast paced enforcement of the reforms and the resulting loss of life fostered bitterness against policies advocating

178 Ibid.
179 Ibid.
180 Ibid.
181 Ibid.
182 Eidleman, 21.
183 Ibid, 22.
184 Truscott, 20.
185 Ibid, 22.
for Westernization. However, there were also those who thought hardships were a necessary part in the process of modernization of Russia. Generally speaking, Peter’s reforms were enforced quickly and most reached only the upper strata of society. Paralleling their experience with Ivan the terrible, most Russians had negative experiences during a time of Westernization.

Following Peter the Great’s path was Catherine the Great (r. 1762-1796) who strived to make Russia a European power and bring it into the European cultural fold. She had great appreciation for art, and passed reforms to encourage intellectual openness and cultural attachment to Europe. Like those before her, she enacted policies that benefited society’s elite, while worsening the lives of the peasantry. For example, in 1785 the Charter of the Nobility abolished universal service to the state. Because this significantly reduced the workforce, a number of people relied even more on their serfs. In that same year, she passed the Law on Administration of the Provinces in an effort to organize Russian society in a similar manner to those of Western European estates creating “distinctive social classes with defined rights, including those to property.” Essentially, serfs had no property rights and were left to the discretion of aristocrats. Even though Catherine wanted to import European culture and modernize all of Russia, the masses were negatively affected by policies of Westernization.

186 Ibid.
189 Truscott, 25.
190 Ibid, 23.
Tsarist Russia’s interactions with the West constituted a number of attempts at modernizing the country because it had been seen by many as isolated from other regional powers. Many tsars including the best known-Ivan the Terrible, Peter the Great and Catherine the Great- sought to increase Russia’s prestige and bring it into the European cultural cusp. However, some members of the intelligentsia stood opposed to Western reforms due to the manner of their enforcement. On the other hand, a majority of peasants were completely unaffected and indifferent to Russia’s European endeavors. In the event peasants were affected, the results were disastrous. Most were at the mercy of aristocrats. Also, a few leaders such as Ivan, responded to pro-Slavic reactions by regressing from European relations altogether. Needless to say, this history demonstrates the often divisive nature of European/Russian relations, and reveals the early presence of ambivalence in popular opinion surrounding relations with the West and European cultural importation.

No other period epitomizes the ambivalence inherent in Russia/West relations quite like the Soviet period. Three distinct trends existed during this period and corresponded with both international and domestic policies. Early trends taking place from the revolution until the beginning of WWII, suggested that the West and the Soviet Union could have a symbiotic relationship especially in areas of scientific research and the development of means of production. However, WWII changed everything. The invention of nuclear weapons created an atmosphere of intense paranoia. Propaganda portrayed political counterparts as aggressors. Lastly, late Soviet/West relations improved
dramatically due to lessening of international tensions and the attempts at restructuring the economy and other aspects of Soviet life by leader, Mikhail Gorbachev.

Scientific cooperation and scholarly exchange occurred often between the West and Russia immediately after the Bolshevik revolution and into the late 1920s. After the First World War, the Soviet Union sought to promote the strengthening of international relations. As means to accomplish this goal, the government established the All-Union Society for Cultural Relations with Foreign Countries (VOKS). The agency’s function was to increase access to Soviet art, cinema, literature, music and science, abroad. Additionally, Soviet leadership saw value in utilizing foreign consultants for domestic projects. Bolshevik leadership consulted foreign experts while undergoing massive developmental projects. Historian of Soviet technology Loren Graham has noted that, “the Bolsheviks were committed to creating a planned economy, to industrialization and to science and technology. They seemed eager to benefit from the services of engineers and scientists…” from a variety of countries. The West and Soviet Russia had a symbiotic relationship initially and each party cooperated often in areas of science as well as development.

However, years of cooperation ended with the Second World War. Despite being wartime allies, the Soviet Union and the United States had mutual distrust of one another. Heightened skepticism occurred in both countries with the conclusion of the Second

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192 Kremenstov, 15.
193 Ibid, 16.
194 Ibid, 27.
World War.\textsuperscript{195} Soviet leader, Joseph Stalin suspected that the Americans and the British wanted to strip the USSR of its influence in Germany as well as deny her tens of billions of dollars in wartime reparations.\textsuperscript{196} Stalin was also angry that the United States, “so blatantly monopolized the occupation of Japan, a nation that he deemed a perennial threat to Russia…” and “…he wanted to be treated as a partner..”\textsuperscript{197} In addition to American disparagement of the Soviet war effort, Atomic warfare created massive paranoia for both countries. After the US built and dropped the atomic bomb, Stalin confessed, “Hiroshima has shaken the whole world…they want to force us to accept their plans…we must arm ourselves with the policy of tenacity and steadfastness.”\textsuperscript{198} Similarly, US President Harry Truman grew increasingly fearful after learning of Soviet wartime espionage during the Manhattan Project.\textsuperscript{199} Moreover, Soviet officials persistently worried that the US would steal state secrets or infringe on global recognition for scientific discoveries.

Persisting paranoia prompted the Soviet government to adopt an academic isolationist policy. Russian scholar, Nikolai Krementsov noted in his work \textit{The Cure}, “the entire Soviet scientific community was indeed imprisoned, ‘put in the box and kept under lock and key.’”\textsuperscript{200} The government closed international journals that once were translated from Russian. Moreover, the leadership required Soviet scientists to withdraw

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\textsuperscript{196} Ibid, 51-52.  
\textsuperscript{197} Ibid, 54.  
\textsuperscript{198} Ibid, 49.  
\textsuperscript{199} Leffler, 56.  
\textsuperscript{200} Krementsov, 130. 
\end{flushleft}
their memberships from foreign scientific academies. Visits from international scholars fell dramatically.201

These attitudes prompted fierce competition in the field of weapons manufacturing. The American military-industrial complex became the most important topic in political affairs. In his farewell address, President D. Eisenhower attributed peace keeping to arms production, saying, “A vital element in keeping peace is our military establishment. Our arms must be mighty, ready for instant action, so that no potential aggressor may be tempted to risk his own destruction.”202 Lawmakers in Washington confirmed their support of Eisenhower’s policy by pledging 77% of the annual United States’ budget to defense spending during his Presidency, totaling approximately $350 billion USD.203

Weapons manufacturing was an important topic of political discussion in the USSR as well. Similar to official rhetoric in the United States, Russian scientists attributed bomb production to peacekeeping efforts. Scholar Paul Josephson argues that State justification of bomb production lead to the creation of “atomic culture” in the Soviet Union.204 This atomic culture created an environment for scientists to thrive. Accordingly, they gained an enormous amount of prestige in the Soviet Union.205 Josephson suggests that atomic culture was a mechanism by which leadership confirmed

201 Ibid.
202 Notes on Dwight D. Eisenhower’s Farewell Address, January 17, 1961, Prepared by Dr. Jeffrey Lewis, The Ohio State University, Autumn Semester 2012.
204 Ibid, 172.
the moral superiority of the Soviet people relative to American Capitalists by citing a number peaceful uses of atomic energy production such as “a 6,000-kilowatt nuclear power station to provide electricity for oil and gas exploration in the far north and east,”\(^{206}\) or “peaceful nuclear explosions…to fill deserts with water, to strip-mine…or to build canals.”\(^{207}\)

Despite the presence of an intense military competition, Russian opinions of the United States were fickle.\(^{208}\) Scholars Eric Shiraev and Vladislav Zubok attribute the vacillation of feelings to the growing persistence of Western popular culture in everyday Russian lives. The Russian military imported American goods such as machinery, aircrafts and food during World War II.\(^{209}\) Additional items were brought into the country throughout other points in history. According to both scholars, Russians loved American musicians, such as Bob Dylan, Jim Morrison and Stevie Wonder,\(^{210}\) American style,\(^{211}\) and American authors such as Ray Bradbury and Isaac Asimov.\(^{212}\) Further, Western goods acted to undermine the Soviet planned economy. These goods revealed the glaring gap in the difference of the quality of Soviet and American life.\(^{213}\) On the other hand, not all Russians believed that the Soviet Union should import Western ideas or goods. Renewing the Slavophile sentiment from Imperial Russia, famous dissidents like Alexander Solzhenitsyn spoke out against Western influence and encouraged an

\(^{206}\) Ibid, 175.
\(^{207}\) Ibid, 174.
\(^{208}\) Shiraev and Zubok, 21.
\(^{209}\) Shiraev and Zubok, 13.
\(^{210}\) Ibid, 20.
\(^{211}\) Ibid, 8.
\(^{212}\) Ibid, 17.
\(^{213}\) Ibid, 14.
isolationist policy. In his *Letter to the Soviet Leaders*, he warned that foreign entanglements would bring little to no benefit to the Soviet people.\(^{214}\) Although many people were reluctant to accept Western imports, many embraced Western popular culture while questioning the Soviet planned economy.

Domestic policy in the USSR drove late diplomatic relations between the West and the Soviet Union. In addition to Western imports, deteriorating quality of life and economic turmoil lead a majority of Soviet citizens to reevaluate the veracity of the USSR’s socialist foundations. During this late period, the effectiveness of Soviet propaganda began to decline,\(^ {215}\) and public opinion shifted further towards pro-Westernization. The new attitude seemed to be that the United States government manipulated the American people. They were misled and “‘real’ Americans were fine people.”\(^ {216}\)

In general, Soviet/West relations were complicated. They wavered between attitudes of veneration and mistrust. Initially, the two powers cooperated in an effort to advance science and enhance domestic infrastructure. Soviet scientists served as consultants in foreign countries on engineering projects. Further, scientists from both countries published their findings in international journals, building bonds as colleagues. However, bilateral cooperation lessened with the beginning of the Second World War. Soviet leader, Josef Stalin became increasingly aggravated at the tendency of Great Britain and the United States to dismiss Soviet war efforts. Following the War, the Soviet Union and the United States emerged themselves in fierce competition of

\(^{215}\) Ibid, 15. 
\(^{216}\) Ibid, 14.
armaments. Both global powers portrayed their adversaries as war mongers. However, as the quality of life began to deteriorate in the Soviet Union and American taxpayers tired of overzealous military expenditures, opinions again began to shift.

The period immediately following the collapse of the Soviet Union was hopeful. The Russian government was overtly pro-Western and assumed that they would receive the necessary amounts of aid. After all, the current leadership helped topple Communism. However, as time progressed the newly formed Russian Federation realized that American aid wouldn’t flow as freely as once thought. Moreover, Russians began to recognize problems inherent with the Capitalist economic system, such as massive inequality. The harsh realities of economic transition and global political humiliation led Russian government officials to reconsider the previous policies of Westernization, instead opting to pursue their own interests.

Following the dissolution of the Soviet government in 1991, feelings of euphoria prevailed, and the Russian government endorsed Westernization as its primary political position. Russian President Boris Yeltsin pushed fierce economic reforms.\(^\text{217}\) In an effort to enact these policies he accepted loans from both the World Bank and International Monetary Fund.\(^\text{218}\) These organizations were eager to issue loans. In fact, “by 1996 the IMF had loaned the Russian Federation more than $12 billion.” Unfortunately, a good portion of these funds were intercepted by Yeltsin and his cohorts for their own personal use.\(^\text{219}\) Despite these challenges, some intellectuals felt that Russia’s enormous natural resources and educated population ensured a successful

\(^{217}\) Shiraev and Zubok, 47.  
\(^{218}\) Garrett, 164.  
\(^{219}\) Ibid.
transition to a Capitalist economy.\textsuperscript{220} Shiraev and Zubok describe the dominant political attitude amongst young people of the time saying, “for many of them, pro-Americanism was part of their social identity, a symbol of rejection of the Communist past and a promise of Russia’s integration into the international community of developed nations.”\textsuperscript{221} Essentially, America represented an image for millions of Russians fed up with Communisms’ hardships.

However, these feelings of optimism did not last for long. By 1995, the Russian government was no longer advocating Westernization as their primary political position.\textsuperscript{222} Years of extremely low living standards and rising socio-economic inequities, shifted public opinion. A majority of Russians realized that in this new Capitalist environment, wealth would be concentrated amongst the oligarchy.\textsuperscript{223} Even more draining on the country’s resources was the fact that IMF continued to loan money to President Yeltsin despite the allegations of corruption. In 1998 the IMF issued a $22.6 billion loan for Russia. In this same year, an estimated 44 million Russians lived on less than $32 a month.\textsuperscript{224} Economic misery quickly turned admiration into envy, and Anti-Americanism once again gained popularity.\textsuperscript{225} Additionally, ongoing public disagreements between the American government and Yeltsin soured the fragile relationship. A serious point of contention was NATO’s intervention in the Yugoslavian

\textsuperscript{220} Shiraev and Zubok, 31.
\textsuperscript{221} Ibid.
\textsuperscript{222} Truscott, 32.
\textsuperscript{223} Garrett, 164-165.
\textsuperscript{224} Ibid, 166-167.
\textsuperscript{225} Shiraev and Zubok, 144.
War.\textsuperscript{226} As a country determined to retain its regional influence, Russia demanded that NATO cease their involvement.\textsuperscript{227} Another issue of widespread agreement is the Russian government’s military campaign in Chechnya. In fact, in March 1995 the IMF froze (albeit temporarily) $6.25 billion of previously promised loan funds due to overall dissatisfaction with the War in Chechnya.\textsuperscript{228} Political disagreement accompanied by economic disparity for a majority of Russians negatively impacted the pro-Western attitudes held immediately after the dissolution of the USSR.

Unfortunately, political disagreements continue to prevail. Persistent tension found in Russian/Western relations constitutes the most significant threat to HIV/AIDS prevention/treatment. Compounding faulty government policies that exacerbate drug addiction and increase risk for HIV transmission as well as the prevailing ignorance of international NGOs, this ambivalence creates conditions that could potentially destroy all NGO activity between the two regions. Further, it contributes to feelings of perpetual mistrust and insecurity prompting Russian officials to dedicate larger portions of their annual budget to military expansion while cutting healthcare spending. Lastly, the continuing disunity between Russia and the West prevents the formation of a global governing coalition that has the potential to lessen the burden of HIV/AIDS in the Russian Federation.

The current relationship between the West and the Russia has had disastrous consequences for HIV/AIDS prevention and treatment efforts in the Russian Federation such as the expulsion of USAID from Russia. Despite my own acknowledgement of

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\footnote{\textsuperscript{226} Ibid, 128.} \footnote{\textsuperscript{227} Truscott, 36.} \footnote{\textsuperscript{228} Ibid, 44.}
\end{footnotesize}
negative consequences surrounding international donor activities in Russia, it is regrettable that such organizations are expelled due to their capacity to provide lifesaving materials for PLWHA. For example, USAID funded projects with over 200 NGOs working on issues surrounding HIV/AIDS and provided preventive education to thousands of Russians who were at risk for contracting HIV/AIDS or had already contracted the virus.\footnote{USAID in Russia,” USAID. 12 March 2013 <http://www.usaid.gov/news-information/fact-sheets/usaid-russia#.USWHwQ1Mlk8.email>.} As has been discussed, repressive and stigmatizing drug laws in Russia and prevailing cultural ignorance amongst members of international NGOs have devastating effects on HIV/AIDS prevention and treatment programs in the Russian Federation, but these are only parts to a larger sum. Indeed, the ongoing relational rifts between Russia and the West constitute the largest impediment of all because they threaten to cease all international material relief, encourage military spending that otherwise could be allocated towards Russia’s healthcare budget and allow each country to ignore their moral obligation to assist those PLWHA by preventing the establishment of a committee of global governance.

On September 19, 2012 USAID left the Russian Federation.\footnote{CNN Wire Staff, “Russia Boots Out USAID.” CNN, 11 March 2013. <http://www.cnn.com/2012/09/19/world/europe/russia-usaid-expulsion>.} Moreover, both sides had a different story to tell. State Department spokeswoman Victoria Nuland purported that President Vladimir Putin accused the United States of interfering with Russian elections.\footnote{Ibid.} On the other hand, Russian news sources contend that the
United States had simply lost interest the country.232 While it is difficult to ascertain if a specific event led to their expulsion, it is clear that millions of people depended on USAID funds for healthcare services.233 Healthcare NGOs only constitute only about 1% of all NGOs operating in the Russian Federation.234 Therefore, it is essential that these organizations run as efficiently as possible. Their efficacy depends on their material potential. Without foreign aid, these organizations will close. Undoubtedly, this will put a huge burden on Russia’s weak healthcare budget.

Unfortunately, there are signs that foreign support for Russian NGOs may face future cuts and continue along USAID’s path. Newspaper articles point out that politics between Western organizations and the Russian Federation are to blame for funding cuts. For example, in an article appearing in Moskovskii’ Komsomolets,235 the author points out that the European Union had continued to refuse support for Russian NGOs before ultimately deciding to help. The commission did not agree with recent decisions made by Russia’s government, and had, therefore, threatened to cut spending for support of Russian NGOs. A few events mentioned were the government handling of the Pussy Riot scandal, the failure to investigate Sergei Magnitsky’s death and general harassment of the opposition by government officials. Another article entitled, “In Indian NGOs, a hand of the West is found,” reveals that not only is popular support for foreign NGOs

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234 Henderson, Building Democracy in Contemporary Russia: Western Support for Grassroots Organizations, 47.
lacking in Russia, but that Western NGOs are acting as Russian oppositionists in other countries. The article details how the government in India exposed an American funded NGO’s plot against building of an atomic electro-power plant by Russian experts. According to the article’s author, Sergei Stokan’, Americans wanted to receive international credit for supplying Indians with power, rather than the Russian experts who helped design the project.236 Mirroring these negative attitudes, are comments appearing after the article regarding USAID’s exit from Russia. They reveal popular support for Western NGO expulsion.237 One reader, named alexander61 markovich, said that he was glad and that Russia will be better off without them. With boisterous support behind the Russian government’s position, it is safe to assume that more NGOs will succumb to expulsion. Sadly, one can also assume that PLWHA will be negatively affected should more NGOs leave.

Exacerbating the effects of NGOs’ exit from the country, are the realities of Russia’s domestic spending. Similar to other countries, officials in the Russian Federation work with an extremely tight budget. In 2013 the Russian government announced cuts to their budget. However, they also announced areas where the budget would be increased. Journalist, Varavara Petrenko writes that, “the state plans to cut health spending by 8.7 percent in 2013 and by 17.8 percent by 2015. The reason for the reduced spending is the general redistribution of budget expenditures toward defense and

security, which will grow by 25 percent to 2.3 trillion rubles ($76 billion) in 2013.”

Russia’s increase in military spending corresponds directly to its continuing relational rifts with the West. For example, President Dmitri Medvedev’s cited NATO encroachment as the primary reason for increasing military spending. Moreover, in 2012 President Vladimir Putin indicated that updating the military was the most important task facing the Russian government. Unfortunately, the country’s rigor for military spending is not matched by their commitment to health care expenditures. Based on public statements made by Russian government leaders, it is clear that the military budget is top priority, and is tied to ongoing relational rifts with the West. Without this international discord, military expenditures may be put towards increasing the healthcare budget, thereby increasing treatment opportunities available to PLWHA in the Russian Federation.

Lastly, the persistence of poor relations between the two parties prohibits the possibility of any effective global governing efforts. When all actors engaged in global governing bodies, such as the United Nations or the World Health Organization, have equal authority and representation, developing states or those with limited resources can benefit substantially. Russian health officials are no stranger to these types of efforts. For example, the Soviet Union hosted the 1978 Alma Ata summit in Alma Ata,


241 Cockerham and Cockerham, Health and Globalization, 149.
Kazakhstan.242 This conference was “intended to guide efforts to establish a healthier human society on a global basis,”243 and the United States participated alongside its Soviet counterpart. Although the conference’s affect was largely symbolic, it set an historical precedent for cooperation between Russia and the West. A more tangible example of successful global governance is the UN General Assembly’s work on the Millennium Development Goals. The UN achieved tremendous success working on reducing the burden of HIV/AIDS. The UN’s 2008 report found that, “the number of deaths due to AIDS has been declining and significant gains have been made in preventing new HIV infections in heavily infected countries.”244 Of course, it is true that the West and the Russian Federation regularly participate in global governing bodies often. An example is the G8 summit held in St. Petersburg, Russia in 2006 where participants discussed a number of issues including eradication of polio.245 However, competing interests and political conflict have been known to lessen the efficacy of such efforts.246 Ultimately, the historical ambivalence in relations between Russia and the West, particularly the United States, lessens the likelihood of global cooperation on HIV/AIDS in Russia. With genuine concern and cooperation between the West and Russia, PLWHA in the Russian Federation could receive the type of attention and resources given to developing countries in Africa, resulting in a reversal of current HIV/AIDS trends in the country.

243 Ibid.
244 Ibid, 180.
245 Ibid, 159.
246 Ibid, 181.
Chapter 5: Closing Remarks

On a whole, this paper contributes to a large pool of scholarship that analyses and critiques policies surrounding HIV/AIDS in the Russian Federation. Additionally, this work builds upon an exhaustive amount of literature providing criticisms of international NGOs. However, my analysis goes further by offering a unique perspective. Both historical and current relational rifts between the West and Russia have incredibly negative effects on HIV/AIDS in the Russian Federation and, in fact, constitute the largest inhibitor to disease burden relief in the country.

Unfortunately, the Russian Federation suffers from a demographic crises resulting from a lack of government resources, poor lifestyle choices and a healthcare system mired in Soviet legacies. Exacerbating these conditions was the arrival of HIV/AIDS in the Russian Federation during the late 1980s. Struggling to grapple with these issues, the Russian government introduced policies targeting drug abuse as this is the main method of transmission. However, these policies proved counterproductive. They over criminalize drug use and possession, driving addicts underground away from official institutions where they can obtain clean injection equipment. Further, government policies promote stigma by requiring addicts to register in national databases rendering them ineligible to obtain a variety of types of employment and receive types of government aid. Lastly, tax laws inhibit domestic organizations working on HIV/AIDS
dilemmas. Namely, NGO tax laws discourage corporate giving and annual registration fees crush already small budgets for HIV/AIDS NGOS operating within the country. Because a number of government tactics have proven inadequate and ineffective, internationally-funded NGOs have assumed responsibility for PLWHA. However, these organizations also have practices that run contra to successful HIV/AIDS prevention/treatment. Many Western NGOs ignore the Soviet legacies inherent in Russian civil society by granting NGOs funding when they are well-connected internationally. This puts the rural organization at serious disadvantage. When rural organizations lose funding they close, leaving PLWHA in the villages without a viable treatment option. Further, NGOs create much needed jobs for those who are not necessarily dedicated to HIV/AIDS prevention/treatment. Western-funded NGOs often focus on short-term projects that satisfy donors’ needs. These fail to provide adequate time for improvements in overall health. Finally, NGOs often have alienating messages and utilize culturally inappropriate trainings. While domestic conditions and internationally-funded NGO ignorance are contributing factors exacerbating the HIV/AIDS epidemic in Russia, they are only pieces to a larger whole. The historical ambivalence between Russia and the West constitutes the greatest threat to HIV/AIDS prevention/treatment. Because Russian and Western relationships are hindered by insecurities, NGOs are being forced from Russia, the Russian military budget trumps healthcare in political priority, and effective global governing is nearly impossible. Ultimately, progress can only be made if all involved parties begin to recognize their role in the development of HIV/AIDS in the Russian Federation and act accordingly.
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