

## AN OUTREACHER AND LOLITA

Should medical doctors be involved in fixing up sex market?

**As it was already reported on the MG pages, a meeting took place in Moscow not so long ago of winners of International Fellowships Program for health journalists covering HIV/AIDS. Media professionals from Russia and Ukraine were glad to use an opportunity provided by the Program administrator – Transatlantic Partners against AIDS organization – to visit the "Sanam", Russian Association for Prevention of STI, and interview its Executive Director Sergey DUBOVSKIY.**

**The journalists' interest was of course warmed up by the fact that despite the Association's high level of authority among domestic skin and STI specialists, part of medical community still remains ambivalent about the largest project implemented by the "Sanam". The association's contacts with Moscow sex business sometimes are opposed in principle...**

**- Sergey Felixovich, by whom and for what purpose was the Russian Association for Prevention of STI created?**

- The NGO "Sanam" Association turned 15 this April, so perhaps a brief background outline is more than appropriate.

The subject of sexually transmitted infections used to be as little researched as it was important in the late 80s – early 90s of the last century. It is quite understandable why chief physicians of many regional, territorial and republican skin and STD dispensaries have decided to combine their effort in fighting STI and common dermatoses. The goal was as follows: by means of

promoting modern methods of control and prevention and teaching population responsible attitudes towards their health, to assist healthcare institutions and agencies in reducing disease rates.

The "Sanam" has 57 regional subdivisions – including branch offices, representatives, and legally independent NGOs. Its corporate and individual membership structures contribute to making the association an important representational organization for skin and STI specialists in our country.

The World Health Organization turns to the Association for consultations and advice on STI control in Russia and CIS countries. In 1998 the "Sanam" acquired a high status of the WHO Co-operating Center. Its connections with other international institutions are built on a productive partnership foundation as well. The Association staff includes fluent French and English speakers. You should agree that this is a valuable skill, hard to find in Russian organizations that specialize in the same area.

Of course, we collaborate closely with the RF Ministry of Health and Social Development. The Ministry is one of the Association's founders, and many of our successfully implemented initiatives were a result of joint creation. And the well-known program for control and prevention of STI/HIV among high-risk population groups, developed here in 1997-98, has been implemented after receiving approval of the Ministry.

**- What are the target groups that you focus your care on?**

- A full-scale discussion of sexual transmission of human immunodeficiency virus in Russia started just about 12 to 18 months ago. Prior to that, all HIV prevention was limited to working with injection drug users. However fresh statistics cannot but destroy old approaches: in the recent years the share of HIV infections through unprotected heterosexual contacts was increasing 100% annually. The rate of infection transmitted from mother to child through pregnancy or delivery grows even faster.

Meanwhile, the injection way of epidemic transmission among drug users has reached its "saturation limit." Which means that the infection growth at the expense of this marginal milieu will most likely decrease.

We have foreseen today's trends when back in 1996 we started involving persons from HIV and STI high-risk population groups in our prevention programs. Sex workers, deviant adolescents, and, to a lesser degree, homeless people. Working with marginal groups remains our priority today as well.

However, HIV epidemic is transcending the boundaries of high-risk groups; its seeds are already planted among general population. The reality is such that it is necessary to learn to contravene the increasingly more global threat starting with "tender age." This is why we co-operate with Moscow high schools. Last year only the Association consultants were visiting students and conducting seminars on HIV/STI for them. But already this year we got help – specially trained volunteers. Volunteers were working in public schools of Moscow North-East administrative district.

Educational mission among school children is just one small fragment of our activities. Which cannot be said about the project focusing on street sex-workers. This is the largest one.

**- Please tell us in more detail about this project.**

- Our work with commercial sex workers includes many components. We have our own outreach team which goes out to the streets of Moscow, to the spots where sex services are offered. Unlike classical "outreachers" whose function is limited to disseminating informational materials, exchanging syringes and distributing of free personal protection means (for example, this is how harm reduction program implementers work with drug users), in our case the main task is to motivate people to visit a clinic and get tested.

The diagnostic and treatment center as a structural subdivision of the "Sanam" Association had been opened in 1991. Today it became the Sexual Health Clinic named after Professor K.K. Borisenko. Besides being very

conveniently located in downtown Moscow, the clinic is quite modern too. Express tests for diagnosing main STIs are performed here within one hour. Skin specialists, STI specialists, obstetricians, sexual pathologists and other medical doctors who treat outpatients all have additional specialization. Among them there are full and assistant professors, specialists with candidate and doctoral degrees.

The fundamental principle of the clinic's work - the complete anonymity of patients and complete confidentiality – complies with the WHO recommendations.

First a girl meets a doctor; then she goes to talk to a counselor-psychologist; then to a lab assistant; and once again – counselor, doctor. This procedure has its meaning and logic. Each specialist makes his/her contribution to the process of informing a sex worker about basic safety rules.

Although this procedure has been tested and recognized as optimal, it is not a dogma. We can easily be flexible. What if a patient refuses to be tested for STIs? A counselor will work with her anyway. Not a slightest opportunity should be missed to reduce behavioral risks.

**- Are there other non-governmental structures in Russia whose "thing" is to provide medical services focused on organized street trade in female bodies? Or is your association an only example of this?**

- Let us be careful about precise terminology. Otherwise our ill-wishers, although they are not very numerous, will never go away. I want to assure you very emphatically: we are focused not on roadside sex industry, but on providing medical and psychological help to women who have chosen street prostitution as their permanent profession or temporary occupation.

Unfortunately, the "Sanam" Association clinic is the only place in our country that provides this kind of focused comprehensive assistance. Why have we chosen to organize a medical service? Just because you and I initially trust a doctor more than a social worker. Despite certain shortcomings of

current governmental healthcare system, the status of a Russian medical doctor in the eyes of our fellow countrymen is still rather high, thanks God.

A woman feels intuitively that a doctor, to whom she received an invitation card from an "outreacher" on the street, will not moralize about her personal choices. The doctor will treat her.

Since it took us an entire year and a half out of the three years since the inception of the program, to understand the working procedures and to set interaction in place, we don't have much medical statistics yet. Nevertheless, based on test results for returning patients, we can trace a trend for decrease in STI rate among the women who come back to the clinic after 2 or 3 months.

Analyzing effectiveness of treatment, we definitely take into account occupational risk factors that accompany commercial sex. Such as rape by clients, clients' refusal to use protection, etc.

**- If we believe a number of sources, up to 50 or 60 thousand working girls line up Moscow streets daily. For comparison, this is how many bodies are needed for four (!) fully manned army divisions. How can the Association specialists reach the entire capital's "street" army of sex workers? Or this is not an established objective in principle?**

- The numbers you give are clearly exaggerated. According to our data, about 10 thousand people go to this kind of work in the "Whitestone City" every day. The number of street prostitution workers triples in summer time. We know the approximate number of spots; we know the average number of women at each spot; so we can calculate with a relatively high probability of hitting the "bull's eye."

An outreach-worker's contact at the spot has some specific features. Women are not staying in one place; they leave frequently – to be examined by a client who pulls over, to smoke a cigarette, for a snack, - they come back... In one night our employee can have a focused and detailed conversation with three, maybe four new women. And with women he already knows for a while,

and who know him well, it might be enough to communicate for a couple of minutes.

On the average, in one shift at one spot each outreach worker makes 10 to 15 contacts. Total number of contacts thus equals 80 to 100 daily. This is not a bad general reach, I believe. And quantity does not prevent quality. Two of our outreach workers with 5 to 6 years of experience are the best not only in Moscow, but also in Russia.

**- Can you give us a demographic profile of a woman sex-worker?**

- She is 18 to 20. But this is an average number, because there are spots where girls of 14 or 15 offer themselves as "wives."

She is not a Muscovite, not even a Russian, but represents neighboring countries. Most frequently she is a daughter of Ukraine or Belarus, Moldova or some Central Asian republic. According to our statistics, 95 percent of sex workers are not Moscow residents, and 60 to 70 percent do not have Russian citizenship.

Of course, this is a girl from a dysfunctional family. And she begins her sexual activity at a very early age. First sexual contact of 20 to 25 percent of respondents involved rape. Only a few isolated instances among our wards debuted sexually at the age of 18 or 19. The majority of girls had their first sexual experience while still under age.

An "average" Lolita is barely literate. At best, one in ten patients who come to our counselors demonstrate an acceptable level of knowledge about STDs. Her poor education is accompanied by self-overrating. She knows that by Moscow standards she is paid quite well, but she is convinced that she can earn more outside the commercial sex area. Many street "call and beck" girls are ready to quit their trade. As soon as somebody offers them a high-paying job.

Today, a customer coming to any spot in Moscow will pay at least 2 thousand rubles. The rate is flat, whether he wants to hire a girl for the night,

for the day, for two days, or just drive a block up and bring the girl back in half an hour. In sex work you can earn good money, but never easy money.

Especially here, in Russia, where a normal thing is to buy a woman, not her sex services. In the West people clearly understand: they do not buy a woman, they buy her consent to have sex.

**- And with us many believe that there is no big difference?**

- Precisely. This is our society's stigma in respect to any sexual behavior. Beginning with realization of sexual desire and ending with its satisfaction. For us it is simpler and more convenient to think that we temporarily "lease" a human being. This is why there are zillions of cases when girls are used as real slaves for their pay.

Not just for a day or two, sometimes a girl is taken away for a week! Most frequently that happens during national holidays. And then she tells you that she never provided any sexual services, that she was cooking, washing dishes, cleaning an apartment...

**- Do you think that medical specialists, and in particular your association, should be involved in fixing up a civilized sex market?**

- Frankly, when a pimp brings his several sex workers for a medical examination, I loudly express my approval. And in general, I look with pleasure at the way this work is organized in Holland. Both in the red lights district and in the area where the so called street prostitution governs. With greatest pleasure!

Russian mentality is such that talking about commercial sex, we refrain from judgment in general. But ask a Russian what kind of commercial sex is "bad", and he will invariably point to street prostitution. It is the most vivid, the most visible kind. We frequently organize trainings for doctors. And when you tell them how THIS is happening in Holland or in Germany and ask, "Is this normal?" they say, "Yes, this is normal!"

I stopped reacting a long time ago to those who call for nailing an abstract street prostitution to the barn door. I consider them demagogues. And what can

be considered real action? It is important that providing sex services, a woman would not be selling herself, her health or safety. We repeat these truths tirelessly for the last three years.

**The meeting was attended by the following journalists: Inna VNUKOVA (Dnepropetrovsk), Jackie JUDD (Washington), Yelena DUB (Lvov), Denis KUZMIN (St.Petersburg), Olga SEDURINA (Perm), Yuri TISHKOV (Krasnoyarsk), Natalia FEDUSCHIAK (Kiev), Tatiana Fedyaeva (Moscow).**

**Recorded by Vladimir KLYSHNIKOV,  
the MG correspondent.**

Moscow.

### **Editorial note.**

Since the first brothel opened in Greece about 2 thousand years ago, the degree of public attention given to the prostitution problem frequently reached the boiling point. The subject of "eternal ill" is raised loudly by politicians, scientists, doctors in modern Russia. It has to be raised: HIV in our country is spreading most rapidly through heterosexual contacts. And what about endless "ceremonial parade" of viral hepatitis or syphilis?

When it concerns our fellow citizens' health, paid love can hardly be considered a strictly private affair. In case a sex worker is infected, a train of her partners becomes a weapon for spreading epidemic in the society. This is why more and more voices advocate medical control of prostitution. However, a liberal approach to the phenomenon does not agree very well with the Administrative Code, according to which commercial sex is an offence punishable by fine.

Should medical professionals "pamper" those who, after making a conscious choice between morals and money, had dived into trials and tribulations of the most ancient profession? The answer given by the head of Russian Association for Prevention of Sexually Transmitted Infections, "Sanam", is – yes. And what do you think about this, dear readers?



Which of the ways offered by the experience of world civilization should be used by domestic medicine in building relationships with the established market of sexual services? The Holland way, where the doors to legal entrepreneurship are widely open for the priestesses of love and at the same time care for their health is increased at the governmental level? Or maybe the Chinese way, where a ban exists on any kind of sanitary or educational work among prostitutes? Or should Russia proceed along its own, different path as usual?

We invite you to take part in this discussion and look forward to receiving letters from you.