

## Appendix 5.2

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**The HIV epidemic started in Kaliningrad in 1995; the first victims were drug users, and in subsequent years the epidemic affected predominantly this group. However, the epidemic does not respect borderlines, and new infections registered by the Regional Anti-AIDS Center – approximately 30 cases each month – testify that now HIV is mainly transmitted through sex, not needles.**

10:00 am.

This is the time of my appointment with Taya. I am waiting for her across the street from the Amber Museum. She is running late. I keep thinking about the city of Kaliningrad/Koenigsberg, crowded on all sides by European neighbors; the city where Kant worked and dwelled; the city which belonged to Germans throughout its entire history, and now became a Russian enclave. It is totally devoid of European character, despite the fact that it was called Koenigsberg just 60 years ago and populated by Germans. Now Kaliningrad is a typical provincial Russian town; one difference is lots of cheap imported beer, so Russian beer is not much in demand. But even the city geography which cut "Kaliningrad from Russia" (the local residents say this) has not helped the city to avoid the problems faced by the mainland – unemployment, corruption, and HIV epidemic that began in this region earlier than in other parts of Russia.

10:30 am.

Taya waves her hand at me calls my name. We embrace. We did not know each other before this meeting. I got Taya's contact information from one of activists. Taya looks about 30; she is a good-looking young woman with henna-dyed hair, modestly dressed in a dark cardigan and a skirt, with a badge pinned to her cardigan lapel: a red ribbon - the anti-AIDS symbol. Taya is HIV for the last 10 years. She thinks that she contracted HIV through sex, but she adds that at the moment when her diagnosis was confirmed she was using drugs.

I tell Taya about the hard time I had finding the Amber Museum because I got distracted all the time and kept looking at the beautiful pond along which the road to our meeting point went. And then I finally notice a kid who is hanging around us. This is Sergey, Tanya's son. For some reason she calls him Sergey, and then Semyon all the time. I am scared a bit by this oddity – it's not nice to realize that you cannot recall the name of a child you just met. I am asking Taya again what his name is. She replies calmly that his name is Sergey, and immediately calls him Semyon and asks to stay closer to us. Then she explains that she calls her son two names first because she likes the unofficial name Semyon better, and second, because she believes that the second name will help to protect her son from harm. I hope that it will. Then Taya tells me that Sergey is HIV-positive too; he got the virus either during delivery or with her breast milk. Sergey is 10; he is receiving ARV [*Side bar: what is ARV?*] treatment at the Anti-AIDS Center, his tests are good, so he is quite well, the only problem is a gumboil.

11:00 am.

Sergey's cheek is swollen so much that it seems he stuffed it with a couple of acorns. He has an alveolar abscess. We are going to an ordinary children's dentist at an ordinary clinic; there is no children's dentist at the local Anti-AIDS Center. Taya says that she stopped warning doctors about her son's status a long time ago. She remembers how she used to call for an ambulance many times when he would get sick, the paramedics would come and immediately leave, as soon

as Taya told them that Sergey is HIV-positive. Now Taya does not tell doctors about her son's status; she is not obligated by law to warn them, and she is simply afraid that he will be denied assistance and just dies from something like cardiac arrest, for example, not from AIDS.

12:00 am.

While Sergey goes to the dentist's office, I am talking to Taya. Her conversation is interesting and open; she is fully informed about HIV/AIDS issues in her region because she stays in touch with folks from the "Delo" foundation and other NGOs. Taya is not receiving ARV treatment (antiretroviral therapy – drugs that inhibit development and reproduction of HIV; their cost in Russia ranges from \$7000 to \$12000 per year) because she is a drug user. That is, she is denied treatment because she is not a "promising patient", although this treatment is her constitutional right. In fact, she is denied treatment of one illness because she suffers from another one – drug addiction. Taya is a former obstetrician; she raises her son, she has a job; she helps several anti-AIDS NGOs, and she suffers from two lethal diseases at the same time: HIV infection and drug dependence.

03:00 pm.

Taya introduces me to Dr. Dreyzin. <http://www.nsnbr.ru/fotos/35.html>. We go for a coffee. Dr. Dreyzen is a huge bearded man with sharp and constantly smiling eyes behind eyeglasses. He used to be the Head Narcologist of Kaliningrad; he helped drug addicts to "make a turn", supporter the harm reduction program – exchange of syringes, and because of that the city authorities have finally removed him from this post. Now he is heading a children's center where he treats young toxic substance users. You must have seen at train or metro stations these unwashed kids with wrinkled faces wearing oversized clothes and blowing air into paper bags, and you were certainly just walking by. These children are the doctor's patients. I order a soda, the doctor orders coffee. Taya orders a green salad for Sergey and a beer for herself. The doctor shakes his head disapprovingly, looking at Taya with his smiling eyes.

The doctor is well-known in Kaliningrad for his views on methadone therapy [see previous issue; to make a side bar on what is methadone therapy from previous issue]; he believes it is one of anti-drug treatment methods, and consequently one of HIV prevention techniques. I am asking him, why?

- There is one medical profession that is different from others – psychiatry. It is different because besides being responsible for correctly prescribed pills, a psychiatrist is also responsible for a patient's social life – if a patient is well adapted, what kind of life she lives, how she provides for her son. Because a mental patient is not always capable of defending her rights. *A psychiatrist protects the patient from the society, not the society from the patient.* There are many other institutions that do that, such as police or prosecutor's office. Psychiatry is a different branch of science, and narcology is a branch of psychiatry. And if we look at the problem from this angle, then what is methadone? Yes, it is a drug, no one denies this; yes, we are making a patient replace one drug with another; but this improves a patient's life, improves his chances for getting cured; improves life quality, improves his security, his ability to work. Thus it is clear that a person who considers himself a psychiatrist must be interested in methadone therapy. And when it is a psychiatrist who says things like: we are going to hook the whole human race on drugs, we are making drug addicts' life easier instead of taking drugs away, and the only alternative he claims is to take drugs away completely, as if a patient is able to stop using them, I consider it just gallery play. I understand that methadone is not a radical solution, it is a half-measure, but it is a measure, and a medical professional has the right to recommend this measure. And in general, what does it mean – cure a patient? A doctor's task is to help a patient adapt to the situation; I can repeat that a drug user must not drink alcohol till I am blue in my face – *the doctors gives Taya who is pouring beer from her bottle into a glass a poignant look* – the only difference between an illegal drug and a non-drug is that the first is officially classified as one.

This is just a legal point, but it does not make any difference for a doctor which substance leads to addiction – be it tobacco, alcohol, or drugs. And if a patient quits using drugs and moves to liquor it is the same as moving from one train compartment to the next one, you are still going in the same direction. Alcohol is a socially acceptable psychoactive substance, and drugs are not. Some official somewhere has decreed that this is a drug, and this is not. We have a problem – dependence; we can make a patient's life easier, make it safer, but we are not doing it because we are afraid of something. Of what? In fact, methadone is like a crutch; and we refuse a patient this crutch. If Taya, for example, were taking methadone, she would not be drinking beer, because she would know that she will be tested twice a week and kicked out of the program if alcohol is found in her blood. Then she would have a reason to abstain. And I don't know why we are forbidden to use this crutch.

06:00 pm.

Taya takes me to her work at the local drama playhouse. Every three days she spends 24 hours sitting in a small office with dozens of cameras watching that no unauthorized individuals penetrate the playhouse grounds. She is paid 8000 rubles per month. This salary is considered quite decent. There is a book by Hamsun on her desk. "I borrowed it from a friend; I like it.". We are sitting on a sagging couch in her little room and discuss where Taya could go if fired. And she will be fired; she has been given notice already. The salary is good by Kaliningrad standards, the job does not require too much effort, and so her boss who was initially hiring staff from the street, now wants to give these jobs to her protégées. Taya says that if her management knew about her status, she would have never gotten this job in the first place.

11:40 pm.

It is almost midnight. We are walking to the main city square, get into a cab. Two people are already sitting there – a man and a woman, which I learn only when they give their names, initially I thought that they were two old men. Withered faces, wide open eyes and totally empty stares. We split the cab fare, pay the driver and go to a village called "Dorozhnyj" and nicknamed "Gipsy Camp" outside the city limits. The village is lit by camping fires and car lights and full of people; all of them are here to buy heroin which is freely available in the village. A police car is parked nearby. They wait for their money. Taya returns; we ride back to the city. One piece costs 200 rubles. It is enough for two doses. It is totally dark already, not a soul on the streets, we are creeping through some dirty gateways and jump through a brightly lit door into the building. A large dead rat is sprawled on the floor. Passed away from horror? Taya "shoots up" and says that when Putin came to Kaliningrad on occasion of its 60<sup>th</sup> anniversary, the Camp was not exactly shut down, but somehow suppressed, so that only one pickup remained open. "You cannot imagine... Hundreds of people, cars lining up, and cops on their wheels shouting through their loudspeakers to keep order."

03:00 am

I return to the hotel, fall on the bed, and unable to bear silence, click the remote – local TV is broadcasting a report from the Camp: police checking drug addicts' IDs in front of a camera and asking them why are they in the village. "To buy heroin," – two girls answer, shading their faces from camera light. A woman reporter approaches a taxi driver who brought the girls to the village. "Tell me, are not you ashamed to transport these junkies in your car which normal passengers like myself might hire. I would not want to get into your car after them." The driver gives her a silly smile. I switch off the TV. I am thinking about Taya and her son. I believe that she is *normal*, to use the reporter's expression, but she is ill. There is no chance that someone will decide to help her. There are precious few chances that she will see her son grow up. But there is a chance that her son will grow up while he is receiving ARV.