A Colder War

A troika of shame, addiction and AIDS invades post-Soviet cities

October 1, 1998 By Masha Gessen

Russia's Kaliningrad region, a 6,000-square-mile exclave wedged between Lithuania and Poland, was officially declared the country's AIDS capital in 1996. This designation, based on the number of people who had tested HIV positive, was somewhat random, owing in part to the local AIDS center's efforts to shepherd as many IV drug users as possible into the testing facilities. In the largest Russian cities, such as Moscow and St. Petersburg, where the actual number of HIV positive people is almost certain to be higher, those who believe they are at risk are more likely to get tested by private health centers—or not at all.

Still, since early 1997, Kaliningrad, with just 400,000 people, has carried its AIDS banner with a mixture of perverse pride and self-conscious resignation. In January 1997, when I talked with young people hanging around the city's central square, where drugs are bought, sold and injected, most of them waved me away with a casual "We're all going to die—who cares." Sergei was exceptional on all counts: He said he wanted to talk, he set up an appointment for the following day, and he showed up sober.

His story was a classic. Now 22 years old, shooting up opium surrogates, the extract of locally grown poppy—the drug of choice in Kaliningrad—off and on since he was 14, he landed in jail for a street brawl at 20. He came out a year and a half later with drug-resistant TB: In Russian prisons, if TB is treated, the medication is given sporadically and at low doses, so most inmates quickly develop resistance to every drug they're given. The way Sergei tells it, the pain in his lungs was so great that he started shooting up again as soon as he returned to Kaliningrad. Then he heard about HIV and went to get tested. The test came back positive.

"They told me not to lose hope, fed me some sort of fairy tale about an American basketball player who's got it," he told me. "Can you tell me the truth, though? Are there drugs? Can I get them? I'll take whatever, for TB or for HIV." There was little I could say. The prevailing philosophy in Russia is to refrain from treatment until symptoms appear; in any case, outside of four or five large cities, clinics experience shortages not only of HIV drugs but of staples such as aspirin. Sergei said he was getting off drugs. I wrote down for him the address of the local AIDS center, whose staff had just that morning assured me that they were there to counsel the recently infected.

AIDS centers are peculiar post-Soviet institutions that date back to 1987, when several children

were infected with HIV in hospitals in southern Russia. Dire predictions peppered the media: The most commonly repeated forecast was 10 million infected by the year 2000. The epidemic, however, took its time in coming, and the staff of the 76 AIDS centers throughout Russia—over 1,000 people—apparently had nothing to do. Three years ago, a staff member of the Omsk AIDS center told me jokingly, “We have no AIDS epidemic, so we try to create it.” Local health authorities tried to find work for the centers, at one point making them responsible for supervising all vaccination campaigns. In several cities, the centers slowly morphed into business ventures entirely unrelated to AIDS.

The epidemic finally arrived in 1996. According to the federal AIDS Research Center in Moscow, 1,494 people tested positive for HIV that year—more than in all the preceding years combined. Since then, the total number of infections has doubled about every six months. As of July, according to government figures, there were nearly 9,000 Russians living with HIV, while 296 have officially died of AIDS. These are just the numbers obtained by state institutions, however. Dr. Vadim Pokrovsky, the director of the AIDS Research Center, has said that actual infections may be 10 times the government’s figure.

The official numbers have been compiled through an aggressive testing policy that Russia has pursued since the late ’80s. People are tested upon admission to hospitals, before surgery or during pregnancy, often without their consent or knowledge; some local authorities mandate the testing of “risk groups.”

Russia has traditionally equated counting the ill with controlling an epidemic. Throughout the ’70s and ’80s, for example, the country’s main response to TB was simply to administer biennial chest X-rays for the entire population. Virtually all the money the state has spent on AIDS has gone to testing: Nearly 20 million HIV tests have been performed every year since 1989. AIDS centers primarily administer blood tests and tally up the results.

When I finally saw Sergei again last spring I didn’t recognize him. In the year and a half since we’d met, he’d lost about 30 pounds and all of his teeth, except for a single gold one in the front. He was back in jail for an 18-month sentence, having been nabbed carrying a radio out of a neighbor’s apartment. A couple of months after his sentence was handed down, I found him still in a pretrial detention jail, sharing a six-by-12-foot cell with three other inmates who had HIV and TB. “It’s the TB that’s killing him,” a court clerk told me, apparently remembering testimony from Sergei’s trial. One of his lungs is completely gone, she explained, and the other was starting to look like a sieve.

Once all of Sergei’s papers are processed, he will likely be shipped off to Kaliningrad’s Colony 13, the first and only prison in Russia with special facilities for HIV positive inmates. As many as 90 percent of the 2,000 HIV positive people in the Kaliningrad region are IV drug users, who drift in and out of penal institutions. Prison authorities test all incoming inmates. At the end of 1996, there were 96 HIV positive detainees in the prison system; within six months, that number had doubled.

The federal law says that HIV positive inmates should serve their sentences in “special

penitentiary treatment facilities.” But given the lack of treatment options, the Kaliningrad authorities decided simply to quarantine HIV positive inmates. They spent $100,000 to erect an eight-foot-tall brick wall, topped with barbed wire, around one of the barracks in Colony 13. Since September 1997, when the facility opened, it’s become home to about 200 men. One thing the prison chiefs hadn’t anticipated was that prison guards would grow frightened of the inmates. “My staff is scared to go onto that territory,” complains Lt. Col. Viktor Riazhev, deputy warden of the colony. “Each one of those inmates can take a needle with blood on it, and that becomes a deadly weapon. None of my staff has weapons like that.”

Now the prison administration calls on police special forces to manage the HIV positive inmates. The morning I visited the colony, a dispute had arisen over the quantity of food served the inmates, who had declared a protest hunger strike. So the special forces had moved in to rough up the inmates and make them eat. When they are not engaging in confrontation with the authorities, the inmates, according to the prison psychologists, can be divided into two groups: Those who constantly examine themselves for signs of imminent death, and those who refuse to believe that HIV exists at all. That does seem to sum up their options, and the options of many others living with HIV in Russia.

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