

# **Racializing Europe: Transnational and National Dimensions of Biopolitics, Health and HIV/AIDS. The Case of Ukraine**

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## **Declaration**

I hereby declare that no parts of this dissertation have been submitted towards a degree at any other institution other than CEU, nor, to my knowledge, does the dissertation contain unreferenced material or ideas from other authors.

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Viktoriya Zhukova

*To Olya and Yana*

## Abstract

Abundant research has been done on the HIV/AIDS epidemic in the states of sub-Saharan Africa, discursively marking the African continent as an HIV-positive space on a global geopolitical map. My original contribution to knowledge is that my project expands scholarly debate on the HIV/AIDS epidemic towards the post-Soviet region, Ukraine in particular. In the dissertation, I suggested that the racialization of populations within a schema of medicalization and pathologization of discreet bodies and within discreet borders and territories, is a process that as much characterized European peripheries as it does non-European postcolonies. Given the central role of modern medicine in biopolitical governance, the HIV/AIDS epidemic serves as a useful tool for mapping certain kinds of processes that involve the networking, production and surveillance of bodies and borders, regimes of treatment, construction of population within and without borders, the production of social problems and discourses around them and attributing certain social problems to certain bodies, populations and spaces. Discourse analysis of international and Ukrainian state documents, reports and mass media sources on the epidemic in Ukraine urged me to (re)introduce the concept Race as an analytical tool for this dissertation. With a help of the concept I point to the fact that discourses on HIV/AIDS are involved in racializing post-Soviet states by producing difference through the alliance of medicine and politics. Relying on the Foucauldian concept of modern state racism, I address race as an all encompassing category, which points that at a given time and geopolitical space any other category (e.g. gender, sexuality, class, disability, age, state of homelessness etc.) or better to say the constellation of such categories, play out to justify/conceal the logic of transnational and/or state racism, involved in the production of inequality and domination, which perpetuate deterioration of life conditions and well-being among populations and spaces the most disproportionately affected by (global) power inequalities. In other words, race is a concept

which translates social and political-economic inequalities into individual pathologies and inscribes them into marginalized body-subjects. In the context of the HIV/AIDS epidemic, on the one hand, racist discourses produce certain bodies, populations and spaces as naturally prone to the epidemic. On the other hand, they leave largely unquestioned (global) power inequalities which affect health, well-being and life chances making the populations, bodies and spaces vulnerable to the epidemic. Such discourses preserve the status quo of political interests, social, institutional and economic actors and processes invested in the epidemic throughout the world. In this dissertation I aim to question discourses involved in racializing certain bodies, populations and spaces as diseased and highlight relations of (global) power inequalities as both making those bodies, populations and spaces vulnerable to disease and concomitantly, marking them as pathological (often because underdeveloped) on the global geopolitical map.

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## Abbreviations

AFEW	<i>AIDS Foundation East-West</i>
AIDS	<i>Acquired immunodeficiency syndrome</i>
ARV	<i>Antiretroviral drug</i>
CEE	<i>Central and Eastern Europe</i>
CA	<i>National Committee to Combat AIDS, Responsible to the President of Ukraine</i>
DAA	<i>National Committee on the Problems of Prophylactics of Drug Addiction and AIDS</i>
EJAF	<i>Elton John AIDS Foundation</i>
FDA	<i>Food and Drug Administration</i>
GDPR	<i>Global Drug Prohibition Regime</i>
GF	<i>The Global Fund to Fight AIDS, Tuberculosis and Malaria</i>
HIV	<i>Human immunodeficiency virus</i>
IDU	<i>Injecting drug user</i>
IHRA	<i>International Harm Reduction Association</i>
IHRD	<i>International Harm Reduction Development Program</i>
IMF	<i>International Monetary Fund</i>
IO	<i>International Organization</i>
MARA	<i>Most-at-risk adolescents</i>
MMT	<i>Methadone maintenance treatment</i>
MSM	<i>Men who have sex with men</i>
NGO	<i>Non-governmental organization</i>
NIH	<i>National Institute of Health</i>
OST	<i>Opioid Substitution Treatment/Therapy</i>
PAHO	<i>Pan American Health Organization</i>

PEPFAR	<i>President's Emergency Plan For AIDS Relief</i>
PLHA	<i>People Living with HIV/AIDS</i>
PLWH	<i>People Living with HIV</i>
PMTCT	<i>Prevention of mother to child transmission</i>
STI	<i>Sexually transmitted infections</i>
STD	<i>Sexually transmitted diseases</i>
TRIPS	<i>Agreement on Trade Related Aspects of Intellectual Property Rights</i>
UN	<i>United Nations</i>
UNAIDS	<i>Joint United Nations Programme on HIV/AIDS</i>
UNDP	<i>United Nations Development Programme</i>
UNESCO	<i>United Nations Educational, Scientific and Cultural Organization</i>
UNFDAC	<i>United Nations Fund for Drug Abuse Control</i>
UNFPA	<i>United Nations Population Fund</i>
UNGASS	<i>United Nations General Assembly Special Session</i>
UNICEF	<i>United Nations Children's Fund</i>
UNODC	<i>United Nations Office on Drugs and Crime</i>
USAID	<i>United States Agency for International Development</i>
WB	<i>World Bank</i>
WCS	<i>Women of commercial sex</i>
WHO	<i>World Health Organization</i>

## Introduction

A good deal of literature and research exists on the HIV/AIDS epidemic in African countries,<sup>1</sup> reinforcing the image of HIV/AIDS as a disease of the African continent. Little is written on the epidemic in Ukraine, even though, the epidemic in the state is “the most severe in Europe.”<sup>2</sup> Such a discrepancy in literature might be partly related to the fact that for a long time African AIDS has represented a paradigm of a disease of underdevelopment, backwardness and ignorance, to which Europe could not belong by definition.<sup>3</sup> My projects aims to add to the existing research done on HIV/AIDS by extending a scholarly debate on the epidemic towards the post-communist geopolitical<sup>4</sup> space of Ukraine, a state of in-between, the space relating to Africa by not-being properly developed but at the same time

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<sup>1</sup>For instance, Tony Barnett, and Piers M. Blaikie. *AIDS in Africa: Its Present and Future Impact* (New York: Guilford Press, 1992); Richard C. Chirimuuta and Rosalind J. Chirimuuta. *AIDS, Africa, and Racism* (London: Free Association Books, 1989); Barney Cohen and James Trussell, *Preventing and Mitigating AIDS in Sub-Saharan Africa Research and Data Priorities for the Social and Behavioral Sciences* (Washington, D.C.: National Academy Press, 1996; Raymond W. Copson, *AIDS in Africa* (Washington, D.C.: Congressional Research Service, Library of Congress, 2000), Helen Epstein, *The Invisible Cure: Africa, the West, and the Fight against AIDS* (New York: Farrar, Straus, and Giroux, 2007); Douglas A. Feldman, *AIDS, Culture, and Africa* (Gainesville: University Press of Florida, 2008); Mark Hunter, *Love in the Time of AIDS Inequality, Gender, and Rights in South Africa* (Bloomington: Indiana University Press, 2010); Helen Jackson, *AIDS Africa: Continent in Crisis* (Avondale, Harare, Zimbabwe: SAFAIDS, 2002); John Iliffe, *The African AIDS Epidemic: a History* (Athens: Ohio University Press, 2006); Stephanie Nolen, *28: Stories of AIDS in Africa* (New York: Walker & Co., 2007); Gerald M. Oppenheimer and Ronald Bayer. *Shattered dreams?: an Oral History of the South African AIDS Epidemic* (Oxford: Oxford University Press, 2007); Amy S. Patterson, *The Politics of AIDS in Africa* (Boulder, Colo: Lynne Rienner Publishers, 2006); Ida Susser, *AIDS, Sex, and Culture: Global Politics and Survival in Southern Africa* (Chichester, West Sussex, U.K.: Wiley-Blackwell, 2009); Liz Walker, Graeme Reid, and Morna Cornell, *Waiting to Happen: HIV/AIDS in South Africa : the Bigger Picture* (Boulder, Colo.: Lynne Rienner, 2004), etc.

<sup>2</sup> The Centers for Disease Control and Prevention (CDC) in Ukraine, "Fact Sheet." Last modified March 2012. Accessed March 20, 2013. <http://www.cdc.gov/globalhealth/countries/ukraine/pdf/ukraine.pdf>.

<sup>3</sup> Parts of this dissertation, esp. from Chapters I and II, appear in my article, Viktoriya Zhukova, "Identity Factory: HIV/AIDS and the Figure of Its Sufferer in Early Independent Ukraine," *The Anthropology of East Europe Review*, 29, no. 2 (2011).

<sup>4</sup> Alan Ingram defines geopolitics as “the process of imagining, contesting and controlling global space.” Alan Ingram, "HIV/AIDS, Security and the Geopolitics of US–Nigerian Relations ," *Review of International Political Economy*, 14, no. 3 ( 2007): 512. I rely on that definition, however, defining geopolitics myself not as the process but rather as a complex network of discourses involved in production, redistribution, management, contesting and controlling global space.

leaning towards Europe by representing its not-yet economically and politically developed part.<sup>5</sup>

According to International HIV/AIDS Alliance in Ukraine, there are around 350 thousand of HIV positive people in the state, 1.1% HIV-prevalence amongst the general population in 2012.<sup>6</sup> More than 115 thousand HIV-positive people in Ukraine were under observation in health care institutions in the year 2011.<sup>7</sup> More than 16 thousand among them lived with AIDS (see table 1.). Today in Ukraine the number of people living with HIV/AIDS (PLHA) among the general population is higher than in any other Eastern European country.<sup>8</sup>

**Table 1. Current data on the epidemic in Ukraine**

Number of HIV+ people in Ukraine in 2012	350 000
HIV-prevalence	1.1%
Number of HIV+ people under observation in health care institutions in Ukraine in 2011	< 115 000
People leaving with AIDS out of those under observation in 2011	< 16 000

*Source:* Created from data from the International HIV/AIDS Alliance in Ukraine. <http://www.aidsalliance.org.ua>

This thesis is not about the medical phenomenon of HIV/AIDS that impacts the body as it is, the medical practices involved in it, the improvement of treatment, etc. What is also

<sup>5</sup> I find the terms Africa, post-Soviet, underdeveloped/developing, transitional, Europe, West as well as risk groups, general population, etc. problematic and because of that, operational for this dissertation. On the one hand, I use them because they already exist as discursive formations. They are entangled in numerous discourses and produce effects in material world. On the other hand, in the dissertation I question and analyze political nature of such discourses and interests of actors involved in their reproduction. This way I problematize the terms, instead of simply rejecting them.

<sup>6</sup> International HIV/AIDS Alliance in Ukraine, "Ukraine" (<http://www.aidsalliance.org/linkingorganisationdetails.aspx?id=6> (accessed December 10, 2012).

<sup>7</sup> International HIV/AIDS Alliance in Ukraine, "Statistics: Epidemiology of HIV-infection/AIDS in Ukraine (by 01. 07. 2011)." <http://www.aidsalliance.org.ua/cgi-bin/index.cgi?url=/en/library/statistics/index.htm> (accessed April 4, 2013).

<sup>8</sup> Alan Whiteside, *HIV/AIDS: a Very Short Introduction* (Oxford: Oxford University Press, 2008), 10.

not in the scope of this dissertation is activism in struggles against HIV/AIDS in Ukraine. By no means, however, does this dissertation aim to disrespect individual and group efforts of activists working within the institutional frameworks, trying to change the world for a better place to be.

To discuss HIV/AIDS as a discursive phenomenon is to treat HIV/AIDS as an analytical tool for looking at certain processes in Ukraine. HIV/AIDS is an ambiguous referent: on the one hand, a virus; on the other hand, we are talking about a nosology of symptoms which is AIDS. However, even AIDS does not necessarily mean one set of symptoms. In general, there is a contextual linguistic apparatus that has a range of possibilities and they change over time. HIV/AIDS as a concept is rather ambiguous even for specialists. HIV is a set of debilitating conditions associated with the virus. AIDS is a set of opportunistic infections. But the ambiguity is that people might have those conditions or diseases associated with AIDS (e.g. tuberculosis) even without being HIV-positive. Another ambiguity is the concept of risk groups associated with the epidemic. Even medical specialists who I talked to pointed to the fact that HIV is prevalent among people who are tested the most. In other words, it is found where it is looked for. HIV/AIDS is thus enfolded within a series of discursive embodiments that are ambiguously intelligible as HIV/AIDS, and as socially disadvantageous conditions of life that render bodies immune deprived and vulnerable, as well as a very specific problem that the right drug treatments and the right scientific expertise can claim will eradicate.

Given the central role of modern medicine in biopolitical governance,<sup>9</sup> the HIV/AIDS epidemic serves as a useful tool for mapping certain kinds of processes that involve the

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<sup>9</sup> By biopolitics I refer to a set of (transnational) governmental politics which concentrate on managing “health, hygiene, birthrate, life expectancy, race...” of population. The notion of biopolitics helps to explain politicization of health and its relations with the realm of social through the discourses and practices which strive at normalization and control of various social groups. Michel Foucault, *The Birth of Biopolitics : Lectures at the Collège de France, 1978-79*, ed. Michel Senellart, transl. Graham Burchell, (Basingstoke [England] ; New York : Palgrave Macmillan, 2008), 317.

networking and surveillance of bodies and borders, regimes of treatment, construction of population within and without borders, the production of social problems and discourses around them and attributing certain social problems to certain bodies, populations and spaces. On the one hand, the HIV/AIDS epidemic is a multidimensional problem involving political-economic and biomedical, as well as legislative aspects. For various authorities, HIV/AIDS in Ukraine signifies many different things (poverty, corruption, drug addiction, prostitution, backwardness, lack of pro-market reform, etc). On the other hand, the HIV/AIDS epidemic becomes a kind of shorthand, a simple signifier for the complex and dramatic political changes currently transforming the socio-economic fabric of Ukraine.

I claim that the simplification of the complex set of processes that is the multidimensional HIV/AIDS epidemic is facilitated by modern state and transnational institutions operating within a logic of biopolitical governance, constructing certain populations and spaces as naturally prone to the epidemic. This way coordinates of power inequalities (i.e. social-economic disadvantage, unemployment, lack of access to quality health services, poverty, etc.) become inscribed on individual bodies and certain spaces as individual pathologies (e.g. sexual promiscuity, drug addiction, criminality, etc.).<sup>10</sup> Such a simplification obscures any further analysis of the larger complex processes that produce vulnerable bodies within highly geopoliticized and pathologized spaces (e.g. expansion of drug trafficking through the regions the most affected by the epidemic; and interventions by international financial institutions' (the WB, the IMF), cutting social expenses from the state budget; as well as oligarchization of the state<sup>11</sup>). I argue that concepts of race and modern transnational and state racism help to explain such a simplification.

Michel Foucault claims it is in the modern era of biopower that life becomes the main focus of power: "The existence in question is no longer the juridical existence of sovereignty;

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<sup>10</sup> I am indebted to Dr. Susan Craddock for this point.

<sup>11</sup> I will return to the discussion on oligarchization in more detail in Chapter 2.



at stake is the biological existence of population.”<sup>12</sup> The diversification of the technique of power connected to discipline (targeting at individual bodies) and biopolitics (dealing with a body of population), ensured hierarchal relations within society and social segregation.<sup>13</sup> The productive power of biopolitical discourses created and classified— rather than solely repressed – multitudes of deviant identities. The production of discourses on vitality and health, which the idea of (national) populations helped to ground, facilitated the emergence of “modern state racism.”

Racism took shape at this point (racism in its modern, “biologizing,” statist form): it was then that a whole politics of settlement (peuplement), family, marriage, education, social hierarchization, and property, accompanied by a long series of permanent interventions at the level of the body, conduct, health, and everyday life, received their color and their justification from the mythical concern with protecting the purity of the blood and ensuring the triumph of the race.<sup>14</sup>

Relying on the Foucauldian concept of modern state racism,<sup>15</sup> I address Race as an all encompassing category, which points that at a given time and geopolitical space any other category (e.g. gender, sexuality, class, disability, age, state of homelessness etc.) or better to say the constellation of such categories, play out to justify/conceal the logic of transnational and/or state racism, involved in the production of inequality and domination. In other words, race is a concept which translates social and political-economic inequalities into individual pathologies and inscribes them into marginalized body-subjects. In the context of the HIV/AIDS epidemic, on the one hand, racist discourses produce certain bodies and spaces as more prone to it. On the other hand, they naturalize socio-political inequalities concerning the health, wellbeing and life chances of people and concomitantly preserve the status quo of

<sup>12</sup> Michel Foucault “Right over Death and Power over Life,” in *The Foucault Reader*, ed. by Paul Rabinow (New York: Pantheon, 1984), 260.

<sup>13</sup> Foucault, “Right.”

<sup>14</sup> Michel Foucault, *The History of Sexuality: An Introduction Vol. I.* (New York: Pantheon, 1978), 149.

<sup>15</sup> Foucault, *History*, 149-150; Foucault, Michel. *Society Must Be Defended : Lectures at the College de France, 1975-76*, edited by Mauro Bertani and Alessandro Fontana. General editors, François Ewald and Alessandro Fontana. Translated by David Macey. New York : Picador, 2003.

political interests and processes perpetuating the spread of the epidemic both locally and globally.

Addressing the concept of race in post-Socialist context, I respond to Sharad Chari and Katherine Verdery's call for more research needed to "think in comparative and interconnected ways about how colonialism, socialism, and their aftermaths constructed "race" and "enemy," employing racial technologies and expertise to differentiate spaces and populations through their contrasting propensities to life and death."<sup>16</sup> This dissertation enlarges the scholarly discussion on gender/sexuality/class/race/space power inequalities which perpetuate poor health among less empowered groups of people. More particularly, the dissertation shows how the above mentioned tensions and inequalities are embedded in the knowledge production on HIV/AIDS, and related to it, policies and politics on the transnational and the Ukrainian national level.

If we accept the argument that the concept of race has been historically constructed to legitimize power inequalities,<sup>17</sup> it becomes obvious in the modern era of postcolonial AIDS that raced is not only Africa but also certain post-Soviet spaces, Ukraine in particular. Having lost its position of belonging to one of the greatest world power, now the post-Socialist transitional state struggles to fit into global market economy, with its largely working class population becoming an international source of cheap industrial labour, cheap domestic labour abroad (baby sitters, nurses, care givers, etc.), sex work and other service providers; with its territory representing a new lucrative market and space for neo-colonial intrusion, in the context of HIV/AIDS in particular. This is precisely what Cindy Patton names "a new

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<sup>16</sup> Sharad Chari , and Katherine Verdery, "Thinking between the Posts: Postcolonialism, Postsocialism, and Ethnography after the Cold War," *Comparative Studies in Society and History*, 51, no. 1 (January 2009): 27.

<sup>17</sup> See for instance, Etienne Balibar and Immanuel Wallerstein, *Race, Nation, Class : Ambiguous Identities*, transl. of Etienne Balibar by Chris Turner (London : Verso, 1991); Foucault, *Society*. I also concentrate on the argument more in Chapter 1.

form of colonialism,” when the competition for territory as “land” shifts to competition for the sake of “consumer markets and sources of cheap labour.”<sup>18</sup>

The spread of the HIV to newly independent states has largely participated in what I prefer to describe as a racializing Europe,<sup>19</sup> concomitantly creating the post-Soviet region as a zone of humanitarian interventions, where the rights of people living with HIV/AIDS (PLHA) served to justify political interventions by international organizations and Western philanthropic foundations not only in the realm of public health policy but also criminal justice, social security, and family affairs to name a few. The story is not all new, as the “metaphor of healing” has long been used to validate colonial interventions. The discourse of colonialism used in the 19<sup>th</sup> century by Robert Moffat from “London Missionary Society,” is now successfully applied in the context of “war” against the HIV/AIDS epidemic (which the US Vice President in 2000, Al Gore, while talking about fighting AIDS in Africa, labeled a “sacred crusade”)<sup>20</sup>:

Africa still lies in her blood. She wants...all the machinery we possess, for ameliorating her wretched condition. Shall we, with a remedy that may safely be applied, neglect to hear her sounds? Shall we, on whom the lamp of life shines, refuse to disperse her darkness? . . .<sup>21</sup>

What makes the context of Ukraine peculiar if compared to the 19<sup>th</sup> century colonial discourse on Africa is that the metaphorical blood the state lies in is seropositive.<sup>22</sup> This puts the post-Soviet state in a context similar to that of the South Africa in the late 1970s, opening up its borders and markets to neo-colonialism in face of both Bretton Wood institutions and

<sup>18</sup> Cindy Patton, *Globalizing AIDS* (Minneapolis: University of Minnesota Press, 2002), 27.

<sup>19</sup> By Racializing Europe I refer to discourses producing and managing post-Soviet region as a Western/European Other, similar to, yet not identical with the “third world,” in the context of the HIV/AIDS epidemic in Ukraine in particular.

<sup>20</sup> White House Press Office 2000, in David Campbell, “The Visual Economy of HIV/AIDS” accessed April 4, 2013. <http://www.david-campbell.org/visual-hiv-aids/contents/pdf/part1.pdf>.

<sup>21</sup> Robert Moffat in Jean Comaroff, “the Diseased Heart of Africa,” in *Knowledge, Power, and Practice: the Anthropology of Medicine and Everyday Life*, ed. by Shirley Lindenbaum and Margaret Lock (Berkeley: University of California Press, 1993), 313.

<sup>22</sup> However, the comparison of the Ukrainian context with neo-colonial discourses on the HIV/AIDS epidemic in sub-Saharan Africa today, makes the context not that peculiar anymore. I concentrate on the issue in more detail in Chapter 5.

Western pharmaceutical companies, under the umbrella of international organizations' (IOs) humanitarian mission of healing in the state. Once, the discourse on the humanitarian mission is produced, international actors mark Ukraine as a diseased space and bodies within this space acquire specific racist coloring as well. On the one hand, the risk of getting infected becomes discursively enclosed and naturalized within the borders of such bodies and spaces, ensuring the Western world that the epidemic is endemic to the space of the post-Soviet/Ukrainian population. On the other hand, the risk justifies international intervention in the state policy-making and helps to bring previously unreachable post-communist space into the global market. At the same time, certain actors and processes perpetuating the epidemic within the given space go largely unnoticed as is evident on the example of the epidemic spread in South Africa. But this example is partially applicable to the context of newly independent Ukraine as well.

This dissertation concentrates on discursive production of a post-Soviet region's identity, Ukraine in particular, how it is shaped by global relations of inequality similar to but not identical with the third world. In that sense, my work is in dialogue with work of such scholars as Edward Said, Timothy Mitchell and Ann Stoler.<sup>23</sup> The dissertation also adds to the scholarship which concentrates on the production of European Other within the geographical location of Europe, i.e. József Böröcz, Attila Melegh, Maria Todorova, et. al..<sup>24</sup> I work in line with the scholarship but with a very concrete sociological focus. I analyze how discourses on the HIV/AIDS epidemic are producing the region and racializing Europe. I take those discourses as a way of mapping actual relations of (global) power inequalities, and

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<sup>23</sup> Edward W. Said, *Orientalism*, (New York : Vintage Books , 1979), Ann Laura Stoler, *Race and the Education of Desire : Foucault's History of Sexuality and the Colonial Order of Things*, (Durham: Duke University Press, 1995), Timothy Mitchell, *Colonising Egypt*, (Cambridge [Cambridgeshire] : Cambridge University Press, 1991).

<sup>24</sup> József Böröcz, *The European Union and Global Social Change: a Critical Geopolitical-Economic Analysis*, (Oxford, UK: Routledge, 2009); Attila Melegh, *On the East-West Slope: Globalization, Nationalism, Racism and Discourses on Eastern Europe*, (New York: Central European University Press, 2006); Maria Todorova, *Imagining the Balkans*, (New York: Oxford University Press, 1997), etc.

constructing the region through the appeal to HIV-infection and post-Soviet underdevelopment. In this context, blood becomes a political metaphor, sustaining a possible comparison of Africa and Ukraine in terms of the pathologized states. Blood operates discursively to bring together the racialized bodies of a pathologized population (it is in the blood) with a particular kind of (inadequate) state apparatus – African, post-Soviet – that is unable to provide for the bodies whose blood is sapping them of strength. The virus which is seemingly internal to the bodies of the population (in the blood) is at the same time a metaphor for a state infrastructure conceptualized in terms of lack – underdeveloped, corrupt, backward – and in need of international intervention. Hence, in the dissertation I bring (HIV-positive) blood into an equation not only between nationalism and racism, but also internationalism.

I ask what the epidemic tells us about an institution of the state, international relations and biopolitical governance of certain populations. The growing HIV/AIDS epidemic in Ukraine has become, I argue, a mediating factor in transnational biopolitical governance – a contested terrain in which rivalries for political-economic gain in the post-Soviet state are played out between state and non-state actors. In other words, I examine the HIV/AIDS epidemic as a site of transnational and state governmentality, fusing the political economy of an epidemic – HIV/AIDS – with the biopolitical question of which economic resources are to be allocated to which population groups within the borders of the nation state. Related to that, I also analyze how racializing the post-Soviet region as a Western/European Other happens in the context of the HIV/AIDS epidemic in Ukraine in particular. A question raised through the inclusion of Ukraine in the global story of HIV/AIDS is how are representations of Ukraine as a post-communist nation state shaped by HIV/AIDS discourses? Conversely, how representations of the epidemic and its sufferers are impacted by being located in a post-communist and liminal space (between Russia and the West)? What does the discursive logic

of the epidemic reveal about the characterization of the post-Soviet Ukrainian state (nationally and transnationally) as being ‘in need’ of aid, and how do such perceptions inform public debates over issues such as the redistribution of wealth and low standards of living; as well as issues absorbed under the rubrics of democratization, humanitarianism, and international relations? How are the epidemic and the figure of its sufferer instrumentalized in power struggles between various actors involved in struggles for market reform, decentralization, drug markets, etc? In examining the epidemic as a site of transnational and state governmentality characterized by entanglements of political economies of disease with biopolitics, further questions are raised concerning the very categories through which ‘sufferers’ become socially intelligible. How do such categories come to constitute the figure of the sufferer? What sorts of social, institutional and economic actors are invested (both literally and figuratively) in HIV/AIDS, and which kind of political framework can be deployed to make sense of these investments? Which actors are involved in the dissemination of information about the epidemic and its vulnerable ‘risk groups? In other words, how does the epidemic become a highly politicized space facilitating governmental, NGO and international interventions in the realm of social service provision, policy making, legal change, etc.?

All of the above beg certain questions of definition. What, for example, is ‘the state’? One way to think of post-Soviet statehood in this particular context is as a set of media channels and other social institutions through which expert knowledge on a given topic is disseminated and consolidated. Expertise is not, however, on this view, necessarily in agreement; tensions exist between different groups of experts, made all the more explicit by virtue of the powerful moral and emotional resonance of HIV/AIDS discourses across the

world, especially in Ukraine where the state reflects so many complex networks of actors and forces that it operates almost as ambiguously and obliquely as the HIV virus itself.<sup>25</sup>

In this sense, the fluid and diffuse nature of post-Soviet statehood dovetails with a certain understanding of post-Soviet space as a transnational space within a hierarchal system of global governance, in which various states and transnational institutions possess different degree of power based on their political-economic position among other states and their relations with/to those states. Discourses on the epidemic in Ukraine underline rather low position and role of the Ukrainian state in the hierarchy. They also serve as an astute channel for international intervention in the state political-economic and legislative matters and reflect geopolitical tensions and global power inequalities related to them. Thus, it is argued, inequalities play a central role in the spread of the epidemic.<sup>26</sup> These socio-economic inequalities have been underplayed in the biomedical discourses on the epidemic, since it has been largely pharmaceutical intervention in the epidemic that became a part of transnationally driven biopolitics in Ukraine; again, overshadowing political-economic factors involved in the epidemic spread.

In relation to rapid redistribution of wealth in Ukraine after the independence, I use the concept of oligarchization to refer to the speedy creation of a new economic class in Ukraine with various groups of oligarchs becoming increasingly strong political and

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<sup>25</sup> On the complex nature of networks, actors and forces involved in the post-Soviet state formation, Ukraine in particular, read more in Bohdan Harasymiw, *Post-Communist Ukraine*, (Edmonton: Canadian Institute of Ukrainian Studies Press, 2002); Taras Kuzio, ed., *Democratic Revolution in Ukraine : from Kuchmagate to Orange Revolution*, (London: Routledge, 2009); Taras Kuzio, *Ukraine under Kuchma: Political Reform, Economic Transformation and Security Policy in Independent Ukraine* (London: Macmillan, 1997); Andrew Wilson, *Ukraine's Orange Revolution*, (New Haven, Conn.; London: Yale University Press, 2005); Serhy Yekelchuk, *Ukraine: Birth of a Modern Nation*, (Oxford; New York: Oxford University Press, 2007), etc.

<sup>26</sup> Such as facilitating the supply of cheap Ukrainian labor to transnational corporations, the IMF's demand for decrease in social spending from the state budget, and the role of international financial institutions' push for market economy reform and privatization. Oleksandr Dergachov, ed., *Ukrainian Statehood in the Twentieth Century: Historical and Political Analysis* (Kiev: Political Thought, 1996); Harasymiw, *Post-Communist Ukraine*; Kuzio, *Democratic Revolution*; Kuzio, *Ukraine under Kuchma*; Perle, Jane. "In Ukraine, a Free-Market Lesson Learned Too Well." *The New York Times* (January 1995) <http://www.nytimes.com/1995/01/01/business/in-ukraine-a-free-market-lesson-learned-too-well.html?pagewanted=all&src=pm> (accessed 04.04.2013), etc.

economic actors in the state.<sup>27</sup> I do not refer to oligarchization in an ideological way to signify backwardness or in order to juxtapose it with more law-abiding Western elites. This is clearly not my intention. Instead, by using the concept, I want to identify certain processes, actors, institutions that characterize the landscape that I am looking at and make it different and unique. What makes Ukraine unique in this case is not only its relation to international institutions, West, Russia, etc. but the speed of transition, redistribution of capital and wealth acquisition at which it has taken place. What happened in a very short span of time were massive redistributions of wealth; rapid acquisition of personal incomes through monopolization of state resources.<sup>28</sup> Oligarchization, hence, becomes one of the main factors, a reverse side of the so-called “pauperization” of the Ukrainian population.<sup>29</sup> All of these factors facilitated the epidemic spread, making the population vulnerable to various diseases as well as drug use, crime, sex business, drug trafficking, etc..

In Ukraine since its independence, a set of processes related to socio-economic and political instability, geopolitics and (global) power inequalities had an effect on both a body of population as well as individual bodies of people living in the state. Similar to how HIV causes immune deficiency in an individual body; so did the processes cause immune deficiency among the individual bodies of people belonging to disempowered groups of population. Similar to how HIV weakens a body and creates favorable conditions for AIDS; so were all of the processes mentioned above related to deterioration of health conditions of

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<sup>27</sup> I borrow the term oligarchization from Geir Flikke, to which he refers while talking about “processes through which power is concentrated in the hands of few.” Geir Flikke, “From External Success to Internal Collapse: The Case of Democratic Russia,” *Europe-Asia Studies*, 56, no. 8 (Dec 2004): 1208. However, I use the term to signify processes after the Ukrainian independence due to which some groups of people became disproportionately rich (related to unequal access to and redistribution of the state resources) and influential in state decision-making. Anders Åslund in his discussion on oligarchs in Russia and Ukraine, states that the term started to be widely used in reference to some businessmen in both states around mid-nineties “as the first truly rich people emerged,” who had strong connections with political parties and the President. Anders Åslund, “Comparative Oligarchy: Russia, Ukraine and the United States,” in *Europe after Enlargement*. Åslund, Anders, and Marek Dąbrowski (New York, NY: Cambridge University Press, 2007), 144.

<sup>28</sup> Åslund, “Comparative,” Oleksandr Dergachov, *Ukrainian Statehood*; Harasymiw, *Post-Communist Ukraine*; Kuzio, *Democratic Revolution*; Kuzio, *Ukraine under Kuchma*; Andrew Wilson, *Ukraine's Orange Revolution*; Yekelchuk, *Ukraine: Birth, etc.*

<sup>29</sup> I refer to Couze Venn’s term “pauperization”, which he defines as “a process of producing the poor.” Venn, “Neoliberal,” 221. I concentrate more on pauperization in Ukraine in Chapter 2.



the body of population by pushing people in unfavorable life conditions ( e.g. poverty, unemployment, alcoholism, drug addiction, poor nutrition, worsened quality of life, sex work, drug trafficking, etc.) which facilitated proliferation of various infections and diseases ranging from influenza to tuberculosis and HIV/AIDS epidemic in Ukraine.

### **Overview of the Dissertation**

In Chapter 1, I give an outline of the main theoretical metanarratives on HIV/AIDS which shaped discursive production of the epidemic and the figure of its sufferer on supranational and state levels. In Chapter 2, I provide an analysis of the first state discourses on HIV/AIDS and the figure of its sufferer in Ukraine during the early years of the state independence. I examine state biomedical discourse on the epidemic and within it, various analytical categories i.e. race, age, sexuality, drug use and space involved in the discursive formation of the figure of HIV/AIDS sufferer. I am also interested in exploring the intersection of the political economy of the epidemic with biopolitical governmentality. I argue that what happened in the state in the early nineties was discursive simplification of complex political-economic and social processes that were involved in worsening of life and health conditions of majority of the population in Ukraine. The simplification happened through racializing discourses on the epidemic, in which the epidemic spread was attributed to certain individual bodies, populations (risk groups) and regions (spaces) largely affected by drug use; at the same time obscuring complex processes that perpetuated the epidemic and made people vulnerable to it (e.g. change of political-economic system accompanied by oligarchization of the state, general impoverishment of majority of population, raise of drug trafficking, sex business, criminal activities, etc.). Such racializing discourses also corresponded to the language of international organizations and consequently, established a solid platform for the IOs' involvement with HIV/AIDS in Ukraine around the year 2000. In Chapter 3, I concentrate on NGOization as a process which accompanied the increasing IOs'

involvement in HIV/AIDS related issues in Ukraine. I argue that the epidemic facilitated the process of NGOization and with that installation of transnational governmentality in Ukraine directed at management of bodies, populations and a post-Soviet state. The international organizations with a help of NGOs (largely reliant on the IOs' donations) use HIV/AIDS discourses as a channel for influencing state decision-making, promoting certain discourses on the epidemic as well as certain political-economic interests in the state.

Not only did the first discourses on the epidemic in the state facilitated transnational governmentality in Ukraine but they also opened up a channel for pharmaceutical intervention as a part of transnationally driven biopolitics in the state. In Chapter 4, I analyze opioid substitution treatment debate under the framework of HIV-prevention in Ukraine. I focus on peculiarities of biopolitical governance in the post-Soviet space. My main argument for the chapter is that pharmaceutical intervention was an important part of the transnationally driven biopolitics in Ukraine. The intervention was heavily reliant on the figure of intravenous drug user as a figure of the HIV/AIDS sufferer introduced by the first discourses on the epidemic in Ukraine. The figure of an injecting drug user was further instrumentalized in power struggles between state and non-state actors and was used by IOs as a channel for opening new markets and reaching clientele groups in the post-Soviet space. The IOs' involvement, NGOization, and related to that, power struggles between various actors dealing with HIV/AIDS in the state, was accompanied by the emergence of discourses on feminization as a sign of generalization of the epidemic. In Chapter 5, I analyze in detail discursive production of the figure of HIV/AIDS sufferer in Ukraine as a (pregnant) woman. I examine how feminization of the epidemic in the state - when female (often pregnant) body's vulnerability to HIV/AIDS becomes an identifier of the global vulnerability to the epidemic - is accompanied by pathologizing of Ukraine as an impoverished state in need of international biopolitical and political economic guidance and pharmaceutical intervention. I

argue that naturalization of the epidemic in Ukraine and with that justification of transnational governmentality in a post-Soviet space happen due to third-wording of the state due to the reference to women and reproduction. The figure of street children was another figure of HIV/AIDS sufferer which participated in third-wording of Ukraine and with that gave more legitimacy to transnational governmentality in the state. In Chapter 6, I argue that transnational biopolitical discourses produced the figure of street children in Ukraine as a population to be managed in the state as a space to be managed. Street children were discursively constructed as both victims of the state political-economic underdevelopment and also mobile vagabonds heavily involved in the HIV-spread. The figure was also used as a push for a faster pro-market reform and economic liberalization, which, according to the discourses, would fasten the economic transition and naturally resolve the issues which were pushing the children to the street and perpetuating the epidemic.

# Chapter 1: Theoretical Framework: On Racializing Politics and HIV/AIDS

## 1.1 On Biopolitics, Geopolitics, Political Economy and Racism

Anglo-Saxon academic literature on HIV/AIDS framed within neo-Marxist, post-modern, feminist and post-colonial approaches is based on several driving concepts, i.e. space, body, borders and risk” united under the umbrella of race. Put in the context of a post-Soviet country, Ukraine in particular, it becomes even more obvious that we live in an era of modern/neo-racism or racism refined. The concept refers to the proliferation of power inequalities and unjust treatment of various groups of people on the global and state levels justified (not through the skin color difference but rather) through the concept of risk discursively inscribed on various spaces and bodies to reinforce the boundaries between developed/underdeveloped world as well as boundaries between the (global) general population and its (diseased) Other.<sup>30</sup> What also makes this era neo is that globalization changed and expanded political economic context in which racism is instrumentalized. In the context of neo-colonialism, tacit racism is present in discourses of international organizations, transnational corporations, pharmaceutical industries and other actors involved in their struggle over political influence, new markets, clientele groups as well as pools of cheap labor and biomedical research objects. Having chosen Ukraine as its case study, this dissertation analyzes and challenges discourses on HIV/AIDS in Ukraine as paradigmatic to neo-racist and neo-colonialist discourses in many other parts of the world today. However, it

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<sup>30</sup> In my understanding of the concept I rely on a number of scholarly research done on race but also (global) power inequalities Balibar and Wallerstein, *Race*; Patton, *Globalizing*; Foucault, *Society*; Böröcz, *European*; Said, *Orientalism*; Susan Craddock. *City of Plagues: Disease, Poverty, and Deviance in San Francisco*, (Minneapolis: University of Minnesota Press, 2000); Susan Craddock, "Disease, Social Identity, and Risk: Rethinking the Geography of AIDS," *Transactions of the Institute of British Geographers New Series*, 25, no. 2 (2000): 153-168; Melinda Cooper, "Insecure Times, Tough Decisions: The Nomos of Neoliberalism," *Alternatives: Global, Local, Political*, 29, no. 5 (Nov-Dec 2004): 515-533; Melinda Cooper, *Life as Surplus: Biotechnology and Capitalism in the Neoliberal Era* (Seattle: University of Washington Press, 2008); Nicholas King, "Security, Disease, Commerce: Ideologies of Postcolonial Global Health," *Social Studies of Science*, 32, no. 5/6 (Oct. – Dec., 2002): 763–789.

also concentrates on peculiarities and complexities which accompany translation of the racist discourses in this particular geopolitical region.

The idea of exporting risk applied in meta-discourses on HIV/AIDS follows the logic of risk in (neo)liberalism. Melinda Cooper, while talking about classical liberalism, points to the fact that for market economy, risk is a necessary prerequisite of freedom and a constitutive part of “pleasure/pain” (profit/loss) paradigm.<sup>31</sup> In this case risk is exported to colonial zones. The relation between risks associated with political economy and the HIV/AIDS epidemic is evident on the example of South Africa, which might be taken as paradigmatic to other ‘underdeveloped’ states as well. Referring to Giovanni Arrighi, Cooper states that until late 1970s early 1980s, the US power on the global scale was losing in face of global markets in financial capital.<sup>32</sup> At that time the “monetarist counterrevolution” that happened in the US brought money back to the US markets, facilitating the country’s economic revival.<sup>33</sup> This situation, however, reflected poorly on South Africa, rechanneling financial flow off the country to the US markets, creating a dept crisis in South Africa in 1980, and 1990s.<sup>34</sup> In referring to situations like this, József Böröcz pointed out that the “backwardness” of those states that are “not-yet” economically and politically developed is established by the previous advancement of the “already developed” States:

In order to think of any contemporary social form as the desirable “already” for the desirous reformers of the “not yet,” it is necessary to assume, as liberal thought does invariably, that the “backwardness” of those that are “not-yet” advanced has no causal connection to the previous advancement of the more “developed” role model. If the achievement of the “advanced” social forms is acknowledged to be due to benefits derived from somebody else’s wretchedness, or if the suffering of the wretched is recognized as having been caused by the “advancement” of the developed, the teleological blueprint becomes morally unacceptable and even nonsensical.<sup>35</sup>

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<sup>31</sup> Cooper, “Insecure,” 518.

<sup>32</sup> Cooper, *Life*, 58-9.

<sup>33</sup> Cooper, *Life*, 29, 59.

<sup>34</sup> Cooper, *Life*, 59.

<sup>35</sup> József Böröcz, “Goodness is Elsewhere: The Rule of European Difference”

*Comparative Studies in Society and History Comparative Studies in Society and History* 48, no. 1 (January 2006): 117.

The crisis opened up South African spaces for the IMF and the World Bank reforms for economic liberalization, which included decentralization as lessening state control over import, liberalization of currency control, the removal of subsidies and alienation of the state from public service provision, which perpetuated collapse in public health sector, increasing the growth of the HIV/AIDS epidemic in the country,<sup>36</sup> facilitating impoverishment and poor health and life conditions for those populations which were the most disproportionately hit by the change of the political economic order. Financial and economic crisis in South Africa as created by the US monetary policy, has rarely, if at all, been addressed by dominant discourses as a directly related to the HIV/AIDS spread, instead the epidemic was naturalized in the African zone of exception.

In Ukraine, the role of Western institutions in promoting pro-market economy reforms related to decentralization and unburdening the state budget from expenses on ‘social’ sphere can hardly be underestimated as well. Hence, neither can their role in perpetuating the epidemic be ignored. Hardships related to the change of the political economic system (largely welcomed and supported by a number of Western actors as well as oligarchic groups in the state to various extent) after the state independence in 1991, from socialism towards capitalism/neo-liberalism was directly related to poverty, unemployment, instability and related to it, social decline and insecurities in Ukraine. Transition became an enigmatic explanation to hardship that many people faced in the country. However, if unpacked, the concept points to the fact that not only state oligarchic groups but also Western financial as well as humanitarian, philanthropic institutions and projects were to various degree related to perpetuating power inequalities accompanied by raise of risk behaviors (e.g. drug use, sex work, etc. often as coping strategies for survival under the given system) and cases of HIV-

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<sup>36</sup> Cooper, *Life*, 59.

infection among the population in the state.<sup>37</sup> Yet discourses on the epidemic in Ukraine concentrated on risk groups and risk behaviors rather than relations of (global) power inequalities perpetuating the epidemic spread.

In this dissertation I rely on Foucauldian concept of discourse. For Foucault, discourses are entities in which power and knowledge merge together.<sup>38</sup> Discourses are both a tool and an effect of power. They embody positive aspects of power by producing certain knowledge on various issues and representing certain groups of people in a particular way as subjects to/figures of that knowledge. To analyze discourses, according to Foucault, is to see what effects of power they support through certain kinds of knowledge production, and to track what political processes facilitate certain discourses at a given point of time.<sup>39</sup> Similarly, Judith Butler points to the fact that certain bodies and identities are created by discourses to serve specific political ends (e.g. sustain the dominance of law in society). They, however, are represented in the very same (juridical) discourses as if these bodies existed in material world and the function of discourses was to only represent them.<sup>40</sup> Joan Scott also questions discursive production of subjects and suggests, instead of denying the existence of such subjects, to analyze discourses that produced them.<sup>41</sup>

The argument is important for an analysis of HIV/AIDS as embodiments of discourse; it facilitates an emphasis on the productive power of discourses to sustain power inequalities, linking various political actors within an array of networks and vested interests. For instance, discourses on HIV/AIDS in Ukraine were a part of biopolitics, i.e. surveillance, control and normalization of population(s) by producing certain identities and spaces as more (or less) prone to illness. Such discourses produce figure of HIV/AIDS sufferers as injecting drug

<sup>37</sup> I develop this later in Chapters 2 and 3, subchapters 2. 1 and 3.1.

<sup>38</sup> Foucault, *History*, 100-2.

<sup>39</sup> Foucault, *Birth*, 100.

<sup>40</sup> Judith Butler, "Excerpts from Gender Trouble," in *Theorizing Feminisms*. Edited by Elizabeth Hacketts and Sally Haslinger, eds. (New York: Oxford University Press, 2006 [1990]), 354.

<sup>41</sup> Joan Scott, "The Evidence of Experience," in Sharlene Hesse-Biber, et al., *Feminist Approaches to Methodology*, New York: Oxford University Press, 1999 (1991), 96.

users. Various IOs and NGOs start collecting information (questionnaires, reports, etc) about injecting drug users (IDUs) as a target group for the services that the NGOs provide in the context of HIV-prevention. This way the mechanism of surveillance over IDUs starts functioning. Certain services, e.g, substitution treatment, require for IDUs to come back to the NGOs regularly and withdraw from using any types of drugs apart from the one prescribed by the program. Hence, further medical surveillance and control of IDUs is sustained under the umbrella of HIV-prevention.<sup>42</sup>

In the context of epidemic disease, discourses also translate “coordinates of vulnerability to disease” - related to “coordinates of social inequality and powerlessness”<sup>43</sup> - into risk behaviors and call for personal responsibility in case of disease. This way actors who are engaged with such discourses naturalize disease, silencing power inequalities (lack of access to medical care, unemployment, poverty, etc) perpetuating it. Sharing needles while using drugs would be one of the examples of risk behavior. IOs and NGOs then would require IDUs to be personally responsible for not getting HIV-infected by participating in needle exchange programs. In such a discourse, HIV-spread among IDUs is naturalized as prevalent among the group because its members engage in dangerous activity and do not take full responsibility to protect themselves. Under this logic drug use becomes an end in itself in an analysis of the epidemic proliferation among the group. What goes unquestioned by IOs and NGOs’ biopolitical discourses on risk behaviors is the socio-economic context which pushes various people to use drugs, i.e. unemployment, poverty, lack of educational opportunity and social engagement, etc. Hence, IOs and NGOs dealing with the HIV/AIDS epidemic in Ukraine seem to most of the times prioritize needle exchange and opioid

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<sup>42</sup> I concentrate on it more in Chapter 4.

<sup>43</sup> The idea of the relation between coordinates of vulnerability to disease, coordinates of social inequality and powerlessness and risk behaviors is borrowed from Craddock, *City*; Craddock, *Disease*.



substitution therapy as an effective way to address drug use<sup>44</sup> rather than develop programs which would improve the socio-economic status of people (at risk of) using drugs (e.g. help with employment, education opportunities, accompanied by social engagement, medical and psychological counseling, etc).

However, in a new political economic system in the post-Socialist state such questions are largely left unaddressed by many parties involved, be it oligarchic groups ruling in the state or Western neo-liberal organizations colonizing it. What such a situation exemplifies is the tight relation between (global) political economic system and biopower. The more political economy is directed towards economic liberalization/market reform (e.g. privatization of public sectors, decentralization, liberalization of currency control, the removal of subsidies and alienation of the state from public service provision), the more enhanced and potent is the presence of biopower and techniques related to it (surveillance, normalization and disciplining of population(s)).<sup>45</sup>

### 1.1.1 Biomedical Interpretation of Disease

Couze Venn argues that in the context of neocolonialism, neoliberalism is a zero sum game, when ways of wealth acquisition produce the rich and the poor.<sup>46</sup> In other words, oligarchization around the globe is the reverse side of pauperization of many under the neoliberalist political economic system. With reference to Foucault, Venn points to the fact that such a system is strongly intertwined with biopolitical and racist discourses that elaborate, and are reflections of, new techniques of power rendering individual bodies “relatively docile, if not compliant” through such techniques of biopower as massive surveillance, subjugation, etc. submerged under biopolitical governance:

<sup>44</sup> I concentrate on it more in Chapter 4.

<sup>45</sup> For enabling me to come to this conclusion, I am grateful to Laurie Ouellette’s lecture “It’s not TV, it’s Birth Control: Reality Television and the ‘Problem’ of Teenage Pregnancy,” the University of Minnesota. October 12, 2012.

<sup>46</sup> Venn, “Neoliberal.”

Within the frame of biopolitical power, the politico-ontological component of the discourse of power is figured in terms of racism. . . . The latter [racism] indicates the elaboration of a new form of power over life, exercised over both populations (migrants, ‘illegal’ refugees, etc.) and individuals (the abnormal, the criminal, the dissident, etc.), a power which has become even more entrenched than it was, institutionalized in new forms of governance and individuation. . . .<sup>47</sup>

I want to extend Venn’s argument in stating that in the context of global economic liberalization and push for market reform and neocolonialism it is not only bodies and populations but also spaces that with the help of modern racist discourses are policed, governed, and (re)created. Racism here functions as the very terms of a discourse produced at the intersections of political economy (accompanying unequal redistribution of wealth) and biopolitics (management of the disadvantaged bodies, populations and spaces). Venn also argues that neoliberal discourse produce category of the poor as personally responsible for their own poverty due to their backwardness, underdevelopment and being inadequate economic subjects.<sup>48</sup> He states that the discourse either victimizes the poor related to their underdevelopment, marginalizes them as a category of an underclass or criminalizes them. He claims that such a construction is grounded in racism:

What is significant is that when we cease to think of pauperism as a ‘natural’ or necessary condition, and instead examine pauperization as a process of producing the poor, we find longer histories of poverty that parallel the conjoined history of subjugation, conquest and exploitation, implicating the othering of the other, in the form of the (politically ambivalent) ‘discourse of race war’ . . . , or ‘state racism’ founded in racial purity and the vilification of the ‘other’ . . .<sup>49</sup>

Pauperization, understood here in terms of the concrete material effects of race war, is produced at the same time as a way of thinking: a reflexive logic that naturalizes, marginalizes and criminalizes specific populations within certain spaces delineated geopolitically – in the language of neocolonialism and economic liberalization. This seems definition of pauperization robust enough to encompass what is happening in Ukraine today, with a focus on the HIV/AIDS

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<sup>47</sup> Venn, “Neoliberal,” 215.

<sup>48</sup> Venn, “Neoliberal,” 207.

<sup>49</sup> Venn, “Neoliberal,” 221.

epidemic in particular.<sup>50</sup> Alan Ingram while talking about relations between biopolitics and geopolitics, points to the fact that modern discourses on security and development are very much entangled with each other and reinforce the division between strong developed states and the states that are not capable/willing to protect their own population.<sup>51</sup> Ingram refers to Duffield and Waddel's discussion of human security as a concept presupposing "effective" states (through a network of various developmental agencies) transforming "ineffective" states into "cooperative" ones under the umbrella of responsibility to protect populations of the "ineffective" states.<sup>52</sup> Ingram also points out that uneven development of the states is very much ingrained in colonial aspects of geopolitics and political economy of the global order. Similar to Venn, he states, referring to Bhattacharyya, that lots of problems (often attributed to underdevelopment) are elements of the project of "economic liberalization and integration", however, in liberal discourse they are "matters to be managed" rather than reasons to problematize the existing global order:

As the 1990s wore on, triumphalist accounts of global technological, social and economic integration began to be challenged by liberal narratives pointing to its 'dark sides', the ways that it opened spaces for corruption, organized crime, traffic in illicit commodities, emerging infectious disease and unregulated migration. To be sure, such problems are to some extent internal to the project of economic liberalization and integration rather than unfortunate externalities, but in liberal discourse these risks and downsides became matters to be managed rather than prompts for more fundamental questioning of global orderings . . .<sup>53</sup>

To reiterate: under the current world order of economic liberalization it is not only bodies and populations that are to be managed but also spaces, which those bodies inhibit. The downsides of the order (to which inequalities are an integral part) are often underplayed in the racializing discourses, which oftentimes attribute such downsides to 'deviances' of the bodies and spaces and concomitantly justify neocolonialist interventions through the appeal to protect those that are disproportionately hit by the very same world order.

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<sup>50</sup> Venn, "Neoliberal," 221.

<sup>51</sup> Alan Ingram, " HIV/AIDS, Security and the Geopolitics of US–Nigerian Relations," *Review of International Political Economy*, 14, no. 3 (2007): 513.

<sup>52</sup> Ingram, "HIV/AIDS, Security," 512.

<sup>53</sup> Ingram, "HIV/AIDS, Security," 513.

### 1.1.2 Biomedicine and Biopolitics: Body, Space, Class, Sexuality and Reproduction

The naturalization of HIV/AIDS as belonging to particular raced bodies and spaces happens largely due to biomedical discourses on disease. Foucault argued that since the nineteenth century, medicine became one of the most potent elements of power-knowledge, providing a link between individual bodies and the ‘social body’; opening up spaces for disciplinary and regulatory effects. “[M]edicine”, he writes, “becomes a political intervention-technique with specific power effects.”<sup>54</sup> Since its origins, the HIV/AIDS epidemic has been approached by dominant discourses throughout the world (i.e. state officials, mass media, medical personnel, etc.) as largely a medical issue. Biomedical interpretations of the epidemic have successfully translated what Susan Craddock convincingly names “coordinates of social inequality and powerlessness” (involved in shaping “coordinates of vulnerability” to disease) into a paradigm of risk behavior.<sup>55</sup> This paradigm delineates groups within the larger population as directly involved in the epidemic spread based on their personal behavior/lifestyle (such groups include, for example, sex workers, injecting drug users, homosexual men).<sup>56</sup> Risk is often defined through the framework of socially constructed (moral) rights and (diseased) wrongs inscribed on a body. Biomedical discourse facilitates biopolitical processes in the societies where the disease is experienced. Biomedical interpretation of disease serves to reinforce dominant norms and morals, management, surveillance and social control of certain bodies, populations and spaces.<sup>57</sup> As Susan Craddock, while talking about AIDS and tuberculosis, states:

Like smallpox before them, these diseases [AIDS and tuberculosis] are now serving in part as codifiers of normality, a discursive categorization driven largely by medical

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<sup>54</sup> Foucault, *Society*, 252.

<sup>55</sup> Craddock, “Disease.”

<sup>56</sup> For more information see Craddock Susan, *City*; Craddock, “Disease.”

<sup>57</sup> Craddock, *City*; Craddock, *Disease*; Sander L. Gilman, *Disease and representation: images of illness from madness to AIDS* (Ithaca: Cornell University Press, 1988); Erving Goffman. *Stigma: Notes on the Management of Spoiled Identity* (London: Penguin, 1990); Cindy Patton, *Inventing AIDS* (New York: Routledge, 1990); Patton, *Globalizing*, etc.

discourse and embraced by a society wanting to believe itself outside the boundaries of pathological.<sup>58</sup>

Erving Goffman claims that the peculiarity of knowledge production on HIV/AIDS is that it has been strongly connected to “the management of spoiled identity.”<sup>59</sup> In other words, the subjects of HIV/AIDS sufferer have been inscribed on already-stigmatized/racialized groups – gays, drug-users, black people, sex workers, immigrants, etc. Moreover, these groups’ “peculiar practices” (sex, drug use) have been pointed to as the clues for the nature of the disease.<sup>60</sup> According to Cindy Patton, such an inscription was used as an enactment of the mechanisms of “surveillance” and social control over certain groups of “deviant bodies.”<sup>61</sup>

Craddock states that in order to contain disease in a definite (marginalized) space, it is necessary to keep marginalized bodies within this space and assure that they are easily coded according to different analytical criteria such as sexuality, ethnicity, nationality, etc.<sup>62</sup> She also talks about the discursive production of “spatial pathologies” and claims that “certain bodies are constructed as disease-ridden, but an equally important part of some framings is the concomitant pathologization of the spaces these bodies inhabit.”<sup>63</sup> By providing a link between space and disease, Craddock claims, that the latter is of vital importance in producing space “as lived, seen (built), and cognitively mapped.”<sup>64</sup> In its turn space shapes conception and management of disease and diseased bodies. Similarly, Allaine Cerwonka insists on the intimate relation linking the production of spaces and social categories:<sup>65</sup>

. . . geo-political borders are very much entangled with other kinds of borders such as those of race and with the geographies of privilege and disaster . . . in thinking borders and sexuality together . . . We see the interesting ways in which the constitution of spatial categories and the border making required for them are entwined with the

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<sup>58</sup> Craddock, *City*, 253.

<sup>59</sup> Erving Goffman, in Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge* (Berkeley: University of California Press, 1996), 11.

<sup>60</sup> Patton, *Globalizing*, xvii-xviii.

<sup>61</sup> Patton, *Globalizing*, xviii.

<sup>62</sup> Craddock, *City*, 9.

<sup>63</sup> Craddock, *City*, 11.

<sup>64</sup> Craddock, *City*, 8.

<sup>65</sup> Allaine Cerwonka, “Slippery Paths: On the Difficulties and Possibilities of Thinking Sexuality and Borders Together” (paper prepared for COST Workshop, Budapest, November 5-6, 2010).

constitution of other important social categories such as first world, white, and so forth. What this suggests for me is that we need to attend to the way in which these geo-political borders are saturated with other identities and perhaps cannot be constituted without them.<sup>66</sup>

Within the context of the HIV/AIDS epidemic, it becomes possible to assert that not only are certain groups of population heavily racialized in Ukraine through discourses linking particular bodies and lifestyles to particular border ones and impoverished regions, but Ukraine itself as a geopolitical space becomes racialized (read, within a biomedical framework, pathologized) on the global geopolitical map.<sup>67</sup> Furthermore, race categories are entangled, not only with particular spaces, zones and borders, but with other vectors of social identity: in particular class and sexuality.

Bock suggests that race hygiene as a concept exists to reinforce class structure at all levels.<sup>68</sup> According to Bock, racism can affect both lower as well as representative of upper/middle class who fail class expectations (e.g. homosexual men, IDUs, etc.). In “Society Must Be Defended” Foucault cites Marx who admits to Engels that he found the ideas for class struggle from French historians who were writing on race struggle.<sup>69</sup> Balibar refers to neo-racism (or the way he puts it, “the new racism”) as “a racism of the era of ‘decolonization’, of the reversal of population movements between the old colonies and the old metropolises, and the division of humanity within a single political space.”<sup>70</sup> He further states that race as a concept was historically classed and constructed to legitimize superior position of aristocracy and justify slave-trade, e.g. through biologizing race, exploitations of certain forms of labour were legitimized.<sup>71</sup> Balibar claims that neo-racism as a single discourse on racailization of social groups (working class in particular) emerged after the

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<sup>66</sup> Cerwonka, “Slippery Paths.”

<sup>67</sup> To this I return in Chapters 5 and 6.

<sup>68</sup> Gisela Bock, “Racism and Sexism in Nazi Germany: Motherhood, Compulsory Sterilization and the State,” *Signs*, 8, no. 3 (1983): 416.

<sup>69</sup> Foucault, *Society Must Be Defended*. (New York: Picador, 2003), 79.

<sup>70</sup> Balibar and Wallerstein, *Race*, 21.

<sup>71</sup> Balibar and Wallerstein, *Race*, 207-209.

industrial revolution. It represented people belonging to lower class through the framework of “material and spiritual poverty, criminality, congenital vice (alcoholism, drugs), physical and moral defects, dirtiness, sexual promiscuity and the specific diseases which threaten humanity with 'degeneracy.’”<sup>72</sup> In the context of South African racial segregation, Didier Fassin claims that racist discourses were historically used to control wealth, maintain power and exploit local populations.<sup>73</sup>

As racism legitimizes power inequalities historically, so does (after the collapse of USSR) race mark the impoverished population of Ukraine as well as the boundaries between the West and its post-Soviet Other on a global neo-colonial map. Discourses on the HIV/AIDS epidemic in Ukraine only reinforce the boundaries, marking the territory of the state with underdevelopment, (bio)political impotency and the (“unprotected”) population with the HIV-infection. This is the situation similar to what Venn describes when he is talking about discursive construction of the poor as marginalized underclass in the context of neocolonialism and neoliberalism.<sup>74</sup> Yet in this case it is not only the poor population but Ukraine as geopolitical space that is marked, transnationally, as an impoverished, peripheral European zone on the neocolonial map of the world. Allaine Cerwonka argues that it is largely through the reference to sexuality that production of spatial and categorical boundaries happens:

. . . sexuality functions in the modern era as one of the more important circuits through which power travels and social order is constituted. Therefore, sexuality is one of the lens through which we can best see how categories define one another; and we can see how the delineation of difference – the work of geo-political entities, as well as of social categories like race, gender and nationality – is constituted and naturalized.<sup>75</sup>

<sup>72</sup> Balibar and Wallerstein, *Race*, 209.

<sup>73</sup> Didier Fassin “The Politics of Death,” in *Foucault on Politics, Security and War*, ed. by Michael Dillon and Andrew W. Neal (New York, N.Y.: Palgrave Macmillan, 2008), 161-2.

<sup>74</sup> Venn, “Neoliberal,” 221.

<sup>75</sup> Cerwonka, “Slippery Paths.”

Foucault claimed that sexuality was the *modus operandi* linking the individual to the social body - an objective of both disciplinary power and biopolitics.<sup>76</sup> Undisciplined sexuality was tightly linked with theories of degeneracy, according to which, perverted or unregulated sexuality negatively impacted the overall health of the general population.<sup>77</sup> Such depictions of degenerate sexualities could be easily attached to groups representative of dire power inequalities within a given (national or imperial) body politic. Ann Stoler argues: “Sexual excess and misguided sentiments characterized those who were more fit to be slaves, indentured workers and the labouring under class or, like creoles and Indos in the Indies, unfit to rule an imperial world.”<sup>78</sup> Similarly, Cerwonka talks about discourses on “aberrant” sexuality as involved in creating borders between Europe and its dangerous and polluted Other:

There is a long association between sexuality and qualities such as contagion, shame, disease and pollution . . . sexuality in spaces outside of Europe are constituted as threats not only to the individual but also to the health of the body politic (through disease as well as through the threat of miscegenation) . . . The so-called crisis of sexuality in Africa, (a geography of rape and sexual disease constructed through popular media and humanitarian discourses), facilitates the production of imagined and material borders between the purity and whiteness of Europe, for instance, and an uncivilized polluting Other beyond its borders.<sup>79</sup>

In her postcolonial but thoroughly Foucauldian analysis of colonial and metropolitan discourses on sexuality, Ann Stoler has claimed that in the context of colonialism, discourses on sexuality inscribed (and hence, naturalized) the borders between both racialized and classed groups against which white middle class (re)productive Europeaness was constructed:<sup>80</sup>

. . . colonial enterprises produced discourses that were not only about a racialized sexuality and a sexualized notion of race. These colonial discourses of desire were also productive of, and produced in, a social field that always specified class and gender locations. . . The fact that these discourses do not reduce to racial typologies

<sup>76</sup> Foucault, *Society*, 252-3; Foucault, *History*, 145 -7.

<sup>77</sup> Foucault, *Society*, 252.

<sup>78</sup> Stoler, *Race*, 194.

<sup>79</sup> Cerwonka, “Slippery Paths.”

<sup>80</sup> Stoler, *Race*, 165-95.



alone suggests that the colonial order coupled sexuality, class and racial essence in defining what it meant to be a productive – and therefore successfully reproductive – member of the nation and its respectable citizenry.<sup>81</sup>

In her discussion of racist characterizations of Black mothers in the US, Dorothy Roberts has pointed out that race, class, sexuality and reproductive capacity are intricately linked in a discourse that represents “Black childbearing as a dangerous activity”<sup>82</sup> through which the (racialized) poor transmit their deficiencies (lifestyle, criminality, etc.). This intersectional logic is similar to that remarked upon by Balibar, who speaks of a “single discourse” on racialized social groups, the working class in particular, ever since the industrial revolution.<sup>83</sup> And Venn, too, describes inequality (poverty) as a necessary condition for the neoliberal order, while at the same time poverty is produced discursively as a set of problems or degeneracy (written on individual bodies) that threaten the social security and order.<sup>84</sup>

In the context of post-Socialist Ukraine – in tension with older understandings of state obligation to secure the welfare of the average working man and woman – modern racism and global racism intersect to give rise to the perception of certain ‘local populations’ as representative of a global epidemic threatening the sexual reproductively of heterosexual Ukrainian citizens. It is thus no coincidence that with increased international involvement in HIV/AIDS related issues in Ukraine since the early 2000s, the vector of the epidemic spread in the state increasingly leans towards (hetero)sexual transmission.<sup>85</sup> As an example is the discourse of the International HIV/AIDS Alliance in Ukraine:

The main route of HIV transmission in the country from 1995 till 2007, inclusive, was parenteral (mainly through injections of drugs). For the first time in 2008 a

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<sup>81</sup> Stoler, *Race*, 178.

<sup>82</sup> Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Vintage Books, 1999), 3-21, 21.

<sup>83</sup> Balibar and Wallerstein, *Race*.

<sup>84</sup> Venn, “Neoliberal.”

<sup>85</sup> I concentrate on it more in Chapter 5.

change in transmission routes was observed – the proportion of sexual transmission was higher than parenteral. In 2009–2010 the share of people infected through sexual route continued to grow, reducing the role of parenteral route of HIV-infection transmission.<sup>86</sup>

Reinforcing the boundaries between healthy European sexuality and a polluted Other, this discourse was heavily reliant on an intersection of class, sexuality and (in the context of the epidemic in Ukraine) reproduction. In this context, class war becomes synonymous with race war – both denote the vulnerability of a certain socio-sexual reproductive order. In her comparative study of national and international legal orders of reproduction in the European periphery, Ruth Miller collapses sexual and reproductive crimes, as well as the seemingly distinct domains of politics and war,<sup>87</sup> asserting the political nature of all sexual, reproductive and biological identities within Carl Schmitt's friend/enemy distinction.<sup>88</sup> The illegality/criminality of a sexual act, argues Miller, is defined by the sovereign decision as to whether the perpetrator represents a friend or colonizer of the reproductive (female) body. Miller refers to a womb as a biopolitical space: ". . . the womb represents *biological* space turned into biopolitical space. . . And it is thus above all in the womb that the potential for modern and post-modern politic has been reached."<sup>89</sup> Citing Deborah Bergoffen's analysis of the political implications of heterosexual rape, Miller's work draws our attention to the privileged coordinate – within the legal framework of international conflict – of women's vulnerability in rape.<sup>90</sup> It is through *the (passive) capacity* of a woman's body to be raped that the concept of rape is articulated.<sup>91</sup> Woman's vulnerability becomes representative of human vulnerability (i.e. open to attack by an enemy).

<sup>86</sup> International HIV/AIDS Alliance in Ukraine, "Statistics:Epidemiology of HIV-infection/AIDS in Ukraine (by 01. 07. 2011)." Accessed April 4, 2013. <http://www.aidsalliance.org.ua/cgi-bin/index.cgi?url=/en/library/statistics/index.htm>.

<sup>87</sup> Ruth Austin Miller, *The Limits of Bodily Integrity: Abortion, Adultery, and Rape Legislation in Comparative Perspective* (Aldershot, Hampshire, England: Ashgate, 2007), 162-166.

<sup>88</sup> Miller, *Limits*, 172.

<sup>89</sup> Miller, *Limits*, 173. Emphasis original.

<sup>90</sup> Bergoffen in Miller, *Limits*, 172-3.

<sup>91</sup> Miller, *Limits*, 172-3.

Following Miller, the definition of rape could be extended to specifically cover a woman's sexual activities with an HIV-positive man, where the act is seen to facilitate the HIV-virus' trespass of the woman's bodily integrity and occupation of the biopolitical zone of her womb (carrying with it the threat of degeneracy). On this reading, women's vulnerability to the virus becomes representative of the vulnerability of humanity as such. Woman's bodily borders are metaphorically extended to the borders of the nation state and beyond, calling for humanitarian intervention. I call this, following the political and medical terminology of international and Ukrainian sources, *feminization* of the epidemic.<sup>92</sup> The feminization of HIV/AIDS in Ukraine requires a political theoretical analysis able to avoid endlessly pointing to the way in which the "civilizational boundaries" are drawn in favor of asking what kind of citizenship is produced through the bodily borders of sexually active women in relation to HIV positive men. Which bodies are to be excluded from citizenship? Which bodily and geopolitical borders make what forms of citizenship?<sup>93</sup>

### 1.1.3 Biological Citizenship

Nicholas Rose talks about the emergence of "biological citizenship" at the time of proliferation of biomedicine and biotechnology.<sup>94</sup> This kind of citizenship is partially understood in biological terms, when the biology of an individual body becomes political. In this case, claims for citizenship rights are made "in the name of their damaged biological bodies."<sup>95</sup> Referring to Paul Rabinow's concept of "biosociality," Rose defines "biosocial groupings" as "activist communities" united in having a particular disease and making biopolitical claims based on that identity:

<sup>92</sup> I concentrate on the issue in detail and provide examples from discourses of feminization in Ukraine in the Chapter 5.

<sup>93</sup> In her case, Miller referred to civilization boundaries drawn with the help of sexual legislation. Miller, *Limits*, 133.

<sup>94</sup> Nicholas Rose, *The Politics of Life Itself. Biomedicine, Power, and Subjectivity in the Twenty-First Century*, (Princeton University Press 2007), 131-54.

<sup>95</sup> Rose, *Politics*, 133.

Contemporary “biosocialities” are similarly formed around beliefs in a shared diseased heritage. They are frequently self-defined activist communities mobilized by the hope of a cure. That is to say, they are made of those who affiliate themselves in various ways to a shared marker of identity, and who campaign energetically, for example by demanding resources for the biomedical research that might reveal the genomic bases of these diseases.<sup>96</sup>

Similarly, in the context of the HIV/AIDS epidemic in Ukraine, people living with HIV/AIDS demand participation in state policy-making related to the epidemic as well as demand from the state to facilitate access to pharmaceuticals. João Biehl points to the recent emergence of the process which he calls “pharmaceuticalization of public health”.<sup>97</sup> He states that in times when medicines provide a strong link between state and civil society, pharmaceutical companies start using the language of activists on access to medicines as human rights. In this case, what happens is conflation of patienthood, civil activism and pharmaceutical interests in human rights discourses, resulting in the foregrounding of specific demands within the biosocial framework of human rights, namely: (i) that the government supply medical drug treatments and (ii) that this drug be the newest version available on the global market. Biehl refers to this kind of human rights discourse as “market-based biopolitics,” in which pharmaceutical companies are largely engaged.<sup>98</sup> It refers us to my argument about a strong link between biopower and global political economy today, when pharmaceuticalization becomes a part of (trans)nationally driven biopolitics. What happens in the context of the epidemic, in Ukraine in particular, is production of particular identities, e.g. PLHA, which facilitate economic and political interests of certain actors involved in it, e.g. pharmaceutical industry.

Writing about AIDS treatment and global health politics, Biehl points to an increasing importance that pharmaceutical companies acquire in health-related policy-making, both on

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<sup>96</sup> Rose, *Politics*, 174.

<sup>97</sup> João Biehl, “Pharmaceuticalization: AIDS Treatment and Global Health Politics,” *Antropological Quarterly*, 80, no. 4 (Fall, 2007): 1100.

<sup>98</sup> “Pharmaceuticalization,” 1093.

the state and international level.<sup>99</sup> On the one hand, he relates the raise of their importance to neoliberal governmentality which facilitated inclusion of private sector in decision-making concerning social problems on the level of global governance. On the other hand, he relates the increase of the importance of pharmaceutical companies to the shift of the language of rights from being political to becoming biologically-based rights. Both processes were eventually used in the interest of pharmaceutical industry and facilitated “pharmaceuticalization of public health.”<sup>100</sup> In such a context, pharmaceutical discourse largely under umbrella of humanitarianism started being increasingly involved in state and activists relations, relations between AIDS-related international organizations (IOs) and NGOs and individuals affected by the epidemic. Hence, the project of ‘life-saving’ corresponded to the project of engaging those lives into global pharmaceutical market. As Biehl puts it:

. . . a pharmaceutically centered model of public health is being consolidated worldwide, and medicines have become increasingly equated with health care for afflicted populations. As with other disease entities, pharmaceutical companies have operated astutely within legal and regulatory windows of opportunity in the case of AIDS, redirecting activist and political gains to their own advantage—be it as public relations gains through corporate philanthropy, as financial profits from global treatment projects, or as market expansion via developing states that have made AIDS “the country's disease”. . .<sup>101</sup>

In this case, borders between biosociality, activism, state policy-making, promotion of market interests and global biopolitical governmentality become increasingly blurred.

It is noteworthy that a similar conflation of biological citizenship and political economy of disease was not exceptional to the HIV/AIDS epidemic and had already happened in newly independent Ukraine under the political rubric of the Chernobyl nuclear disaster. In this context, according to Adriana Petryna, instrumentalizing the “special Chernobyl status” and the discourse on rights of the people affected by the disaster, Chernobyl-related NGOs and

<sup>99</sup> Biehl, “Pharmaceuticalization.”

<sup>100</sup> Biehl, “Pharmaceuticalization.”

<sup>101</sup> Biehl, “Pharmaceuticalization,” 1107.

IOs gained access to state policy-making and profitable commodity exchange; biotech and pharmaceutical industry gained increased access to Ukrainian markets; while certain state political parties got access to wider electorate.<sup>102</sup> It is an important episode in the history of the region that facilitated the development of new kinds of economic policy and relationships between state and non-state actors – national and international, which only developed further in the context of the HIV/AIDS epidemic in Ukraine.

## **1.2 Political Economy and the Commodification of Health**

In his article on neo-liberal political economy, Venn states that if in 19<sup>th</sup> century, it was Europe who benefited to a huge extend from liberal capitalism, today it was “wealthy elites across the globe (often in forms of kleptocracies and mafia capitalism. . .). . .” who benefited excessively from neoliberal economy.<sup>103</sup>

Venn argues that liberal capitalism as a political economic system has unequal redistribution of power and wealth as its basis. He refers to the situation as a zero-sum game:

. . . liberal capitalism, as well as economies that have no place for redistributive justice, have always operated as zero-sum games; in short, what is accumulated by the rich is taken from the poor through a dispossession that pauperizes them . . .<sup>104</sup>

He also states that inequality is an inherent feature and condition of liberal capitalism and neoliberalism.<sup>105</sup> The situation that Venn describes might be applied to what was happening in Ukraine after the independence. While talking about the epidemic of HIV/AIDS in South Africa, Melinda Cooper states that not only “shifting dynamics of imperialism” in 1980s-1990s but also commercial strategies of pharmaceutical industry (mostly in the US) were involved in the perpetuation of the epidemic<sup>106</sup> (through cuts in public health spending,

<sup>102</sup> Adriana Petryna, *Life Exposed : Biological Citizens after Chernobyl* ( Princeton, N.J. : Princeton University Press, 2002), 143-8.

<sup>103</sup> Venn, “Neoliberal,” 215.

<sup>104</sup> Venn, “Neoliberal,” 208.

<sup>105</sup> Venn, “Neoliberal,” 213.

<sup>106</sup> Cooper, *Life*, 58.

impoverishment of local population, international patent policies, TRIPS, etc.). Given that since the collapse of the Soviet Union, South Africa ceased being the main space of the epidemic spread and contagiousness, Cooper's formula of neo-colonialism plus commercializing health equals the epidemic spread could be applied to post-Soviet spaces as well.

Cooper states that after the Fordist economy, bioeconomy promised a new regime of accumulation based on financial investments in biotech and pharmaceutical industry and pushing heavy industry "off-shore."<sup>107</sup> At the end of the 20 century, under the influence of pharmaceutical industry lobbies, the US government started investing more in life science and medical research, concomitantly lobbying for international legislation which would guarantee that the big Western pharmaceutical companies could control production, markets and prices in the pharmaceutical sector globally (e.g. TRIPS; NASDAQ, Bayh Dole Act, etc). Marketization of the sector by the transnational corporations (majority of which are based in the US)<sup>108</sup> turned health into commodity affordable by the economically better-off. For instance, the Agreement on Trade Related Aspects of Intellectual Property Rights, (TRIPS) 1994, by WTO, complicated access to pharmaceuticals for many people in the world as they became too expensive and production of their cheaper generic version was made problematic under TRIPS.<sup>109</sup> As Evelyne Hong puts it: "under this free market model, when free choice and competition are golden rule, health is not an absolute human right but rather a private good."<sup>110</sup>

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<sup>107</sup> Cooper, *Life*, 15-51.

<sup>108</sup> Paul Davis and Meredith Fort, "The Battle against Global AIDS," in *Sickness and Wealth: the Corporate Assault on Global Health*, ed. by Meredith Fort, Mary Anne Mercer, and Oscar Gish (Cambridge, Mass.: South End Press, 2004), 147.

<sup>109</sup> I am indebted to Susan Craddock for this point.

<sup>110</sup> Evelyne Hong, "The Primary Health Care Movement Meets the Free Market," in *Sickness and Wealth: the Corporate Assault on Global Health*, ed. by Meredith Fort, Mary Anne Mercer, and Oscar Gish (Cambridge, Mass.: South End Press, 2004), 35.

The process of health commodification was facilitated by attributing disease to the private realm of individual bodies. Such an attribution corresponded to the neoliberal logic of personal responsibility. The logic went in line with proliferation of market economy. The proliferation was accompanied by decline of welfare states, short-cuts in social provision and public health sector as well as rise of pharmaceutical empire in the US and decentralization in underdeveloped states, not without the influence of the US and Bretton Woods institutions. All of the mentioned above could not help perpetuating the disease spread among underdeveloped non-Western populations especially. In this climate, individualizing risk meant shifting it from the realm of public sector responsibility and rearticulating the phenomenon of the disease through the concept of risk groups, risk behavior and individual responsibility (Selective Primary Health Care). This approach was claimed to be more economically cost-efficient than following the logic of the WHO-UNICEF Alma-Ata Declaration (1978), with its “Health for All” goal.<sup>111</sup>

The alliance between the market economy and biomedicalization<sup>112</sup> of disease, HIV/AIDS in particular, led to further proliferation of the commodification of health, when decentralization and privatization of the health sector, the law on patenting of intellectual property (TRIPS), etc. made health care accessible to mainly those who could economically afford it and decreased access to medical care for many people in developing states,<sup>113</sup> perpetuating disease among the less wealthy and the poor. Such a situation put a non-Western world in dependency of (the mostly US) pharmaceutical companies and/or donor organizations perpetuated its unequal position on the global scale, as Cindy Patton put it the

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<sup>111</sup> For more information see Meredith Fort, Mary Anne Mercer, and Oscar Gish, ed., *Sickness and Wealth: the Corporate Assault on Global Health*, (Cambridge, Mass.: South End Press, 2004).

<sup>112</sup> By biomedicalization of disease I mean much greater emphasis given to pharmaceutical solutions and viral transmission in the context of disease rather than social, political and economic contexts of vulnerability. I am indebted to Susan Craddock for helping me come up with the definition.

<sup>113</sup> In this dissertation I use terms “developed” and “developing” state(s) interchangeably to signify their inferior and unequal position in a global geopolitical map produced by western neo-colonial discourses.



“health of people from developing states still depends on their overt masters.”<sup>114</sup> As pharmaceutical industries organize health along the lines of market-friendly logics new discourses emerge focusing not only on the socio-political need to regulate and control disease epidemics, but also on various drug treatments, which are transformed into luxury goods only available to an elite few. This latter focus is particularly true for discourses on epidemics in developing states, where the living conditions of the general population can be easily read through the lenses of pauperization, oligarchization, and power inequalities. Hence, commodification of health in the developing world transforms populations into patients, in whose name humanitarian intervention to these states can take place.

In Rose’s work, where the very terms of citizenship, political belonging and public participation are increasingly understood in heavily medicalized terms, he makes a similar point for the Western countries of contemporary global capitalism: precisely that populations are being reimagined (and reconstituted) as medical subjects and agents.<sup>115</sup> The difference of ‘the non-Western scenario’<sup>116</sup> in this case is that the discourses which constructed populations as medical subjects in developing countries were not only accompanied by the expansion of pharmaceutical markets (which arguably might not be that economically profitable as Western markets were). But such a medicalization of citizenship also reinforced global power inequalities, making developing countries dependent on Western donor institutions, when access to drugs and medical treatment campaigns became a political tool for influencing developing state decision-making. Before I dwell upon humanitarian mission of the institutions in the developing world, I briefly concentrate on the concept of transnational governmentality which can hardly be disentangled from the mission.

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<sup>114</sup> Patton, *Globalizing*, 28.

<sup>115</sup> Rose, *Politics*.

<sup>116</sup> By the ‘non-Western scenario’ I refer to discourses involved in reimagining (and reconstitution) of populations as medical subjects and agents in ‘developing countries’.

### 1.2.1 Transnational Governmentality

While scholars of international relation disagree on the role of the international in shaping national politics and on the long-term tendencies characterizing the development of relations between the international and national, there is an agreement that the international does play a role in shaping national-level politics and governmentality.<sup>117</sup> I use a Foucauldian concept of governmentality which refers to a set of institutions, procedures, tactics, etc. with a help of which populations are governed; and also the emergence of governmental apparatuses and development of “savoir” – a complex set of knowledge about and for populations.<sup>118</sup>

According to Anthony Anghie, state sovereignty is treated differently when it comes to weak and strong states.<sup>119</sup> In this case, the sovereignty of a weak state, largely due to colonial legacies, is constructed in a way that permits for more intervention of strong states and international agencies (e.g. through IOs developmental, humanitarian projects, etc.). Similarly, human rights discourses play out differently for different purposes in strong and weak states. Governmentality, in a weak state – as compared to that of a strong state - undergoes a more emphasized influence of transnational actors and reflects transnational asymmetries (human rights being a concept often utilized by transnational actors in this context). Therefore, biopolitics on the state level are shaped by international influences and interactions.

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<sup>117</sup> In my discussion I mainly refer to Thomas Biersteker, Cynthia Weber and Rosalind Petchesky who concentrate on the critical approach to international relations and address sovereignty and health from a global perspective. Thomas J. Biersteker and Cynthia Weber, ed., *State Sovereignty as Social Construct* (New York : Cambridge University Press, 1996); Rosalind Pollack Petchesky, *Global Prescriptions : Gendering Health and Human Rights* (London ; New York : Zed Books ; Geneva, Switzerland : United Nations Research Institute for Social Development ; New York : Distributed in the USA by Palgrave, 2003); Cynthia Weber, *Simulating Sovereignty : Intervention, the State, and Symbolic Exchange* (Cambridge [England] : Cambridge University Press, 1995). I am thankful to Susan Zimmermann for the comment.

<sup>118</sup> Michel Foucault, “Governmentality,” in *The Foucault Effect: Studies in Governmentality*. Graham Burchell, Colin Gordon and Peter Miller (Chicago: University of Chicago Press, 1991), 102-3.

<sup>119</sup> Antony Anghie, “Colonialism and the Birth of International Institutions: Sovereignty, Economy, and the Mandate System of the League of Nations,” *Journal of International Law and Politics* 34 no. 3 (2002): 513-633.

In the context of the HIV/AIDS epidemic in Ukraine, I find it useful to apply the concept of “transnational governmentality” introduced by James Ferguson and Akhil Gupta who have extended the notion of Foucauldian governmentality in order to address the relations between state and transnational actors.<sup>120</sup> Transnational governmentality signifies a constellation of governmental and transnational institutions that influence knowledge production and policy formation on the state level. Applying Ferguson and Gupta’s term transnational governmentality in relation to HIV/AIDS in Ukraine requires further redefinition, however. The concept “transnational” needs in this instance to be understood to encompass such border-crossing formations as International Nongovernmental Organizations, e.g. pharmaceutical corporations, international private charitable and philanthropic organizations, etc. and Supranational Intergovernmental Organizations, e.g. EU, WHO, etc. All these formations were important actors in shaping discourses on the epidemic in Ukraine mainly under the umbrella of humanitarianism in the state.<sup>121</sup>

In his article on “Humanitarianism Transformed,” Michael Barnett talks about politicization and institutionalization of humanitarianism as a field in the nineties. If prior to its institutionalization, humanitarianism as such was to be a space free from politics, increasing interests of Western state and non-state actors and oligopoly of donors made the field much more political.<sup>122</sup> Since then humanitarian acts have started reflecting more and more the interests of some donor-parties. In the situation when the oligopoly of donors is located in the West, local actors/recipients of aid become suspicious of hidden political agendas, which are facilitated by analogies with older styles and techniques of Western

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<sup>120</sup> James Ferguson and Akhil Gupta, “Spatialising States: Towards an Ethnography of Neoliberal Governmentality” *American Ethnologist* 29 no. 4 (2002): 989.

<sup>121</sup> I concentrate on it in Chapters 3-6 in more detail. Those formations are different political actors, yet analysis of political and structural difference between them is not in the scope of the dissertation. For the dissertation they matter as constituencies involved in transnational governmentality alongside with and at times in opposition to various state actors, such as state Ministries, governmental officials and state agencies. For the sake of simplification and clarity (in order to avoid numerous and complex abbreviations), I refer to those organizations as International Organization (IOs).

<sup>122</sup> Michael Barnett, “Humanitarianism Transformed,” *Perspectives on Politics* 3. # 4 (Dec., 2005): 724.

domination (imperial, colonial, etc.) Barnett quotes the 2004 report of the Feinstein International Famine Center on current situation with humanitarianism to prove the point: “Many in the South do not recognize what the international community calls the universality of humanitarian values as such. . . Humanitarian action is viewed as the latest in series of imposition of alien values, practices, and lifestyles.”<sup>123</sup> Critical scholars writing on the Western aid to post-Soviet space find it to be a tool for foreign politics and link it with NGOization, democracy promotion, security discourses and the project of decentralization and market economy endorsement in the developing states.<sup>124</sup> In this case under the umbrella of democracy promotion, NGOization of post-Soviet states was taking place as if to prevent the states’ relapse to communism. As Atlani-Duault while talking about international developmental aid to post-Soviet countries (which included creation of local NGOs on women’s rights, education, HIV/AIDS prevention, etc.) stated:

. . . this support is a part of institutional ideology, the goal of which, since the beginning of the 1990s, was to create a strong countervailing force against state power and thereby ensure the success of political and economic liberalism in that period of post-Cold War political incertitude.<sup>125</sup>

In a similar vein Janine R. Wedel addresses developmental aid as a political act: “... donors’ agendas were inherently political. Donors set out to tear down communism and to encourage civil society and democracy.”<sup>126</sup> Wedel also states that Western aid was given in exchange for faster acceptance of and reform towards market economy within the states.<sup>127</sup> The idea of democratic states was also a promise for post-Soviet more peaceful coexistence, (no more Cold War) with the West. In this situation, when it becomes nearly impossible to

<sup>123</sup> Feinstein International Famine Center qtd. in Barnett, “Humanitarianism,” 734.

<sup>124</sup> For more information see for instance, Laetitia Atlani-Duault, *Humanitarian Aid in Post-Soviet Countries : an Anthropological Perspective* (New York, NY : Routledge, 2007); Gerald Sussman, *Branding Democracy: U.S. Regime Change in Post-Soviet Eastern Europe* (New York : Peter Lang, 2010); Janine R. Wedel, *Collision and Collusion : the Strange Case of Western Aid to Eastern Europe* (New York: St. Martin's Press, 1998).

<sup>125</sup> Atlani-Duault, *Humanitarian Aid*, 3.

<sup>126</sup> Wedel, *Collision* 42.

<sup>127</sup> Wedel, *Collision*, 22.

avoid confronting the possibility that foreign aid operates as a foreign policy tool, it becomes likewise impossible to research the links between foreign aid, income distribution and poverty reduction without seeming to point to hidden agendas, as such outcomes can hardly be claimed as the main objective of the aid. A scholarly article in 2009 on foreign aid admitted the importance of the issue as well as the lack of attention given to it despite the importance. In the article the authors stated:

This paper contributes to the literature on aid effectiveness by examining its effects on in-come distribution and poverty. While these constitute the primary objectives of foreign aid, research on the achievement of those goals is scarce.<sup>128</sup>

The research done by the scholars not only concluded that there is a little effect that the aid produces on poverty reduction but in some cases the aid actually might reinforce inequalities: “. . . aid increases inequality as aid may be spent on projects that have no productive value.”<sup>129</sup> Hence, a number of scholars were quite critical about such aid accompanied by the project of democratization and development. Gerald Sussman states that “The dissolution of Soviet power throughout the region of Central and Eastern Europe (CEE) and Central Asia excited a new kind of Western intervention a “soft imperialism” described in official lexicon as “democracy promotion”.”<sup>130</sup> Ukraine was to get a big share of the Western developmental aid.<sup>131</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) has been a rather powerful instrument in pushing the Ukrainian government by means of grants to change state legislation, open market for opioid substitution treatment drugs, let the clientele group enter those markets.<sup>132</sup> The GF also facilitates decentralization shifting socio-medical issues to NGO sector and making the state include NGO workers in policy-making processes. Functioning on GF money, Ukrainian NGOs become its watchdogs for

<sup>128</sup> Alberto Chong, Mark Gradstein and Cecilia Calderon, “Can Foreign Aid Reduce Income Inequality and Poverty?” *Public Choice* 140 no. 1/2 (Jul., 2009): 79.

<sup>129</sup> Chong and Gradstein, “Can Foreign Aid,” 79.

<sup>130</sup> Sussman, preface to *Branding Democracy*, xvi.

<sup>131</sup> Wedel, *Collision* 18.

<sup>132</sup> I concentrate on it more in Chapters 3 and 4.

state purchase of ARV and state policy-making as well. Pharmaceutical and pro-capitalist/market industry functions through the GF involvement in the issue. And all that happens under the umbrella of humanitarianism.

Thus it is worth noting in times when economic and financial aggression can be seen to perpetuate epidemic spread in developing countries, humanitarian discourse (as colonial missionary discourse in Africa before it) is used to overshadow neocolonial violence of territory acquisition for the sake of market report and cheap labor. The increasing intervention of IOs in (African and post-Soviet) spaces, installing NGOs as governmental watchdogs but also “safety-valves” against centralization,<sup>133</sup> merely confirm Cooper’s assertion that the US is leading a “guerilla-movement” on a global scale against the emergence of a “Soviet-like superpower state,” what he describes as a “permanent neoliberal counterrevolution.”<sup>134</sup> On the other hand, such humanitarian interventions perpetuate the discourse of what Böröcz calls “European Goodness,” the moral supremacy of the West.<sup>135</sup> It is a kind of a discourse which silences injustices in Europe and shifts attention from (global) structural inequalities involved in the disease perpetuation and justifies neo-colonial interventions into newly independent sovereign states. One more reason for Western interventions in the post-Soviet space is the development of a security discourse related to underdeveloped states which pose a potential threat to the global order: for instance, securitization of AIDS on the global level coincided with the Global Fund creation and an increasing involvement of international institutions in the HIV/AIDS related issues in Ukraine. Following the logic of securitization, Western institutions were interested in containing the epidemic within the global zones of exception by means of the institutional involvement and donations because if unmanaged, the epidemic represented a risk of leaking

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<sup>133</sup> Atlani-Duolt, *Humanitarian Aid*, 106.

<sup>134</sup> Cooper, *Life*, 88.

<sup>135</sup> Böröcz, “Goodness.”

to Western territories in the age of globalization when borders were no longer mattering that much as they used to.

### 1.2.2 “Emerging Disease World View”

In 2005, Landis MacKellar stated that during the period 1993-2003, the developmental assistance for health and population generally decreased; however, HIV/AIDS received large amounts of developmental aid, regardless of the fact that it bore a relatively small burden of disease on the global scale.<sup>136</sup> MacKellar explains the fact by effective work of HIV/AIDS advocacy groups as well as the “fear factor” (“the concern in donor countries that the epidemic may affect their own populations if not controlled elsewhere”).<sup>137</sup> Nicholas B. King refers to such a fear as “postcolonial anxiety:” “This is not the horror of matters (or bodies) out of place, which presuppose the identification of place for matter; instead, it is the horror of places no longer mattering, of a ‘third-worlding at home.’”<sup>138</sup> Such an anxiety had its roots in the US discourses on infectious disease in the late twentieth century. Already in the late eighties, a set of health related scientific conferences, reports, medical articles, and mass media coverage in the US has concentrated on relations between human beings and microbes; Nicholas B. King refers to their overarching discourse as “the emerging disease worldview.”<sup>139</sup> The characteristic features of such a discourse were the claim that in times of globalization, the US was no longer safe from infectious disease raging in other parts of the world.

David Campbell states that since the US National Institutes of Health conference on “emerging viruses” in 1989, the US interpretation of global health had occurred through the

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<sup>136</sup> Landis MacKellar, “Priorities in Global Assistance for Health, AIDS, and Population,” *Population and Development Review* 31 no. 2 (Jun., 2005): 298.

<sup>137</sup> MacKellar “Priorities,” 303.

<sup>138</sup> King, “Security,” 773.

<sup>139</sup> King, “Security,” 766-7.

“emerging diseases worldview.”<sup>140</sup> In the National Academy of Science’s Institute of Medicine report on “Emerging Viruses: Microbial Threat to Health in the United States,” 1992, it was high mobility of people, population growth, war, economic crises, urbanizations, human behavior, etc. that were mentioned as factors contributing to the emergence of pathogens.<sup>141</sup> Hence, the microbiology claimed that public health policy should target not an individual disease but disease emergence in general.<sup>142</sup> The US response to such a situation would be an establishment of what King calls a “global clinic,” which would mean “the surveillance of the global population in the deterritorialized space of informatics, telemedicine, databases and the internet.”<sup>143</sup> The logic of such surveillance lay in the fact that the emerging disease would be spotted and controlled in the developing world with the help of the developed one, before the disease could reach it. The US’ role in serving the international health in this case would be to provide scientific expertise which would include surveillance, information management, biomedical research and distribution of pharmaceutical products.<sup>144</sup> That was the processes, in which transnational biopolitical governmentality was engaged in Ukraine during the HIV/AIDS epidemic.

The impossibility of preventing disease leakage out of marginalized polluted zones triggers what Craddock refers to as “border anxiety” and “a collapsing of both social categories and spatial boundaries.”<sup>145</sup> Hence, the risk associated with zones of exception threatens the disease spread to the (global) general population with its ability to leak through the imaginary and material borders. Under such discourses, the epidemic in the

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<sup>140</sup> Campbell, “The Visual,” 6.

<sup>141</sup> Joshua Lederberg, Robert E. Shope, and Stanley C. Oaks, Jr., ed., *Emerging Infections: Microbial Threats to Health in the United States*, ed., (Washington, D.C.: National Academy Press, 1992). <http://www.nap.edu/openbook.php?isbn=0309047412>

<sup>142</sup> Cooper, *Life*.

<sup>143</sup> King, “Security,” 774-76.

<sup>144</sup> King, “Security,” 774-76.

<sup>145</sup> Craddock, *City*, 9.



‘underdeveloped’ spaces became a security issue for the developed West (in the same way as pauperization represents both a key element and a threat to Western neoliberal order).

### 1.2.3 Security Discourse

The discourse that conflated war and (bio)medicine can be traced back to the emergence of germ theory in the late 19<sup>th</sup> century, when emerging medical (and other cultural) discourses were becoming saturated with the metaphor of war – continuous war – between humans and microbes.<sup>146</sup> However, there were a series of events in the twentieth century that preceded and facilitated the emergence of a particular kind of security discourse in relation to the HIV/AIDS epidemic. In her overview of the development of security framework around the HIV/AIDS epidemic, Zuhale Yeşilyurt Gündüz links the development of the framework to the emergence of the concepts of “human security and securitization” in the UN’s Human Development Report in 1994.<sup>147</sup> Gündüz states that in 1990, the United Nations Development Program (UNDP) started issuing Human Development Reports with a Human Development Index, which concentrated on collecting data on longevity, standards of living and well-being, health, education, income of populations, etc. In the webpage of the Human Developmental Reports, the role of people is admitted as a core of developmental processes:

The Human Development Report (HDR) was first launched in 1990 with the single goal of putting people back at the center of the development process in terms of economic debate, policy and advocacy.<sup>148</sup>

In 1994, the UN Human Development Report defined a new concept of security as “human security, which equates security with people rather than territories, with development

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<sup>146</sup> Cooper, *Life*, 76.

<sup>147</sup> Zuhale Yeşilyurt Gündüz, "The HIV/AIDS Epidemic - What's Security Got to Do with It?," *Perceptions*, 9 (Summer 2006): 50-1. <http://sam.gov.tr/the-hiv-aids-epidemic-whats-security-got-to-do-with-it/> (accessed April 6, 2013).

<sup>148</sup> UNDP, "Human Development Report 1990: Concept and Measurement of Human Development," <http://hdr.undp.org/en/reports/global/hdr1990/> (accessed April 6, 2013).

rather than arms.”<sup>149</sup> Colin McInnes states that underlying logic of securitization of HIV/AIDS on the global level (the Security Council, USAID, etc.) was the suggested causal link between HIV/AIDS, socio-economic destabilization, failing states and hence, threat to international security and terrorism.<sup>150</sup> Or in the similar logic a causal link between HIV/AIDS, economic decline, income inequalities, triggering of socio-political unrest, which again would threaten international stability.

In other words, the epidemic was discursively produced as a security issue in the same way as poverty had been in neoliberal theory, according to Venn.<sup>151</sup> Following the logic of Venn’s argument about poverty as both a by-product and condition of neoliberalism, the epidemic was also one of the outcomes of the political-economic system grounded in poverty and inequalities as much as it was a security issue under the given system. For Melinda Cooper, security discourses of this kind fall in line with US foreign policies and international relation theorists who argue that the concept of security should encompass “life itself.”<sup>152</sup> According to Cooper, Clinton’s neoliberal era in the US went under the logo “No end to innovation,” facilitating prosperity of pharmaceutical industry and large investments in life science. Succeeding Bush’s neo-conservative era went under the call “no end to danger,”<sup>153</sup> conflating public health, biomedicine and militarism. In the US official documents, infectious disease outbreak and bioterrorism started being treated as similar emergency threats.<sup>154</sup> The neoconservative logic of military security still was very much favoring bioeconomy and pharmaceutical industry. Hence, addressing the HIV/AIDS epidemic as a security issue allowed to conflate militarism and biomedicine (often under the umbrella of transnational biopolitics) favoring two of the most lucrative industries today.

<sup>149</sup> UNDP, "Human Development Report 1994: New Dimensions of Human Security," <http://hdr.undp.org/en/reports/global/hdr1994/> (accessed April 6, 2013).

<sup>150</sup> Colin McInnes, "HIV/AIDS and Security," *International Affairs* 82 no. 2 (2006): 315-6.

<sup>151</sup> Venn, "Neoliberal."

<sup>152</sup> Cooper, *Life*, 80.

<sup>153</sup> Cooper, *Life*, 97-98.

<sup>154</sup> Cooper, *Life*, 74.

Another event that facilitated securitization of HIV/AIDS and convergence of biomedical and security discourses was the so-called “revolution in military affairs” in the US (under Clinton), which saw biowarfare as a possible option of catastrophic terrorism.<sup>155</sup> In this light bioweapon was addressed as the “weapon of the poor” and a defensive bioweapons research became an important part of the US military affairs restructuring.<sup>156</sup> On the one hand, Cooper argues that the US focus on biowarfare was linked to self-transformation of the US defense that struggled to prevent the emergence of “a Soviet-style superpower state”.<sup>157</sup> On the other hand, the 1980s discourse on “catastrophic risk,” only facilitated the US neoliberal and biomilitary politics: “The catastrophe bond resolves the apparent dilemma by transforming uncertainty itself into a tradable event, protected by a legally binding contract.”<sup>158</sup> In this context, securitization of HIV/AIDS as holding a risk of catastrophic event allowed to transform the epidemic into a tradable event for political and pharmaceutical interests.

In January 2000, the US issued a National Intelligence Estimate (NIE 99-17D) addressed infectious diseases, including HIV/AIDS, as a threat to global health.<sup>159</sup> The same month then US Vice President Al Gore in his speech to the Security Council called for international community to wage “the war against AIDS,” referring to AIDS as “a global aggressor that must be defeated.”<sup>160</sup> The same year in April, an article in the Washington Post stated that Clinton administration addressed HIV/AIDS as a security issue as well:

Convinced that the global spread of AIDS is reaching catastrophic dimensions, the Clinton administration has formally designated the disease for the first time as a threat

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<sup>155</sup> Cooper, *Life*, 86.

<sup>156</sup> Cooper, *Life*, 86.

<sup>157</sup> Cooper, *Life*, 88.

<sup>158</sup> Cooper, *Life*, 85.

<sup>159</sup> National Intelligence Council, “Special Report: National Intelligence Estimate: The Global Infectious Disease Threat and Its Implications for the United States.” <http://www.wilsoncenter.org/sites/default/files/Report6-3.pdf>. (accessed April 6, 2013).

<sup>160</sup> Vice President Gore's: Speech Archive, “Remarks as Prepared for Delivery by Vice President Al Gore. U.N. Security Council Session on AIDS in Africa.” Last modified January 10, 2000. [http://clinton3.nara.gov/WH/EOP/OVP/speeches/unaid\\_health.html](http://clinton3.nara.gov/WH/EOP/OVP/speeches/unaid_health.html) (accessed April 6, 2013).

to U.S. national security that could topple foreign governments, touch off ethnic wars and undo decades of work in building free-market democracies abroad.<sup>161</sup>

Later that year the UN Security Council issued a Resolution 1308 (17 July 2000). The Resolution admitted that “. . . the HIV/AIDS pandemic, if unchecked, may pose a risk to stability and security.”<sup>162</sup> The next year UN General Assembly resolution S-26/2 “Declaration on Commitment on HIV/AIDS” addressed the HIV/AIDS epidemic as “global emergency.”<sup>163</sup> In the foreword to the declaration then the UN Secretary General, Kofi Annan, called for the global cooperation in the “war” against HIV/AIDS: “In the war against HIV/AIDS, there is no us and them, no developed and developing countries, no rich and poor — only a common enemy that knows no frontiers and threatens all peoples.”<sup>164</sup>

The security framework in the context of HIV/AIDS went in line with the biomedical/biopolitical discourse on the epidemic, in a sense that it facilitated surveillance, normalizing, and managing discourses around the epidemic. This is similar to the situation which Venn described while referring to poverty as both a biopolitical and a security issue under neoliberal order.<sup>165</sup> Stefan Elbe has defined the language of risk and international security in heavily Foucauldian language of biopolitics:

*. . . the framing of HIV/AIDS as a security issue is a significant development in contemporary world politics, not just because it represents a novel way of conceptualizing the AIDS pandemic, but also because it turns international security into a site for the global dissemination of a biopolitical economy of power that first emerged in eighteenth-century Europe around the government of ‘life’.*<sup>166</sup>

<sup>161</sup> Barton Gellman, “AIDS Is Declared Threat to US National Security,” *Washington Post*, April 30, 2000. <http://www.commondreams.org/headlines/043000-02.htm> (accessed April 6, 2013). Original link could not be found, the article was posted under the given URL.

<sup>162</sup> Security Council General, “UN Security Council Resolution 1308 (2000) on the Responsibility of the Security Council in the Maintenance of International Peace and Security: HIV/AIDS and International Peace-keeping Operations,” [http://data.unaids.org/pub/basedocument/2000/20000717\\_un\\_seresolution\\_1308\\_en.pdf](http://data.unaids.org/pub/basedocument/2000/20000717_un_seresolution_1308_en.pdf) (accessed 9/3/11)

<sup>163</sup> UN General Assembly Resolution S-26/2, “Declaration of Commitment on HIV/AIDS,” 6 [http://data.unaids.org/publications/irc-pub03/aidsdeclaration\\_en.pdf](http://data.unaids.org/publications/irc-pub03/aidsdeclaration_en.pdf) (accessed April 6, 2013).

<sup>164</sup> Kofi Annan, foreword to “Declaration of Commitment on HIV/AIDS,” UN General Assembly Resolution S-26/2, 3.

<sup>165</sup> Venn, *Neoliberal*.

<sup>166</sup> Stefan Elbe, “AIDS, Security, Biopolitics,” *International Relations* 19 no. 4 (2005): 404.

According to Elbe, the appeal to HIV/AIDS as a security issue from the perspective of biopolitics allowed to “(i) render the biological characteristics of populations a matter of ‘high’ politics; (ii) sanction an institutional apparatus for the detailed statistical monitoring and surveillance of the world population in relation to HIV/AIDS; and (iii) invite the investment of a whole plethora of formal and informal international political actors around optimizing the health of populations.”<sup>167</sup> Based on the emerging disease worldview, the security discourse was not only concerned with globalizing biopolitics but also in pharmaceutical commodity exchange as a part of biopolitics. King states that according to the emerging disease worldview, “control” of infectious disease will be achieved through worldwide consumption of biomedical technology.”<sup>168</sup> In this case, the humanitarian interest of the US to stop the infectious disease spread from the developing countries required economic incentives for its industry as well. In the book “America’s Vital Interest in Global Health: Protecting our People, Enhancing our Economy, and Advancing our International Interests” by the Institute of Medicine Board on International Health, the US, 1997, it is stated that:

The question is how to make it economically feasible for the best of American science, technology and industry to address major global health problems and enable US industry to profit rather than suffer losses, by that engagement . . .<sup>169</sup>

From the perspective of emerging disease worldview, bringing poor countries into the global (pharmaceutical) market facilitates development. In this sense, poor health as an obstacle for economic development might be addressed through the framework of discourses on international development. As King puts it: “Western involvement in the global health is thus justified by the need to foster continuous economic development and modernization. In the context of globalization, these concerns are smoothly interwoven with the US economic

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<sup>167</sup> Elbe, “AIDS,” 405.

<sup>168</sup> King, “Security,” 776.

<sup>169</sup> Institute of Medicine Board on International Health, *America’s Vital Interest in Global Health: Protecting our People, Enhancing our Economy, and Advancing our International Interests*. Washington, DC: National Academy Press, 1997: 36 [http://www.nap.edu/openbook.php?record\\_id=5717&page=36](http://www.nap.edu/openbook.php?record_id=5717&page=36) (accessed 10/10/12).

interests and national security.”<sup>170</sup> Biehl argues that as soon as a state recognizes AIDS as “the country’s disease,” a therapeutic market is created.<sup>171</sup> The creation of such a market is facilitated by developmental agencies such as WHO, UNAIDS and WB which are involved in conflating patienthood and civic participation. It is precisely developing states that are of interest of the expanding pharmaceutical markets. As a representative of one of the market research companies stated:

Positive economic growth, stabilizing political structures, growing patient populations and increasing direct foreign investment in the emerging markets of Brazil, Russia, India and China (BRIC) are creating significant opportunities for pharmaceutical companies to expand into these markets and maximize future revenue potential. Pharmaceutical sales across the BRIC economies grew by 22.3 percent in 2005, compared to single digit growth in the major markets of the U.S., Europe and Japan.<sup>172</sup>

Alongside the logic of the emerging disease worldview, security discourse on HIV/AIDS produced a set of developing states as a risk group in the HIV/AIDS related discourses. States of the former Soviet Union were included in the list as well. In the report of the International Crisis Group, 19 June 2001, “HIV/AIDS as a Security Issue,” Africa ceased being the only contagious and HIV-positive part of global space: “And as the destruction [by the epidemic] becomes increasingly visible in Africa, a viral coup is quietly conspiring in China, India, and former Soviet Union.”<sup>173</sup> The same report stated that such states as China, India, Russia and Ukraine, undergo similar with Africa scenario of “infection, devastation, and disintegration” in the context of HIV/AIDS, potentially threatening international stability.<sup>174</sup> In 2000, the US issued a National Intelligence Estimate (NIE 99-17D) that addressed infectious diseases, including HIV/AIDS, as a threat to global health, pointing to the regional trends of infectious diseases classified the countries as developing, former

<sup>170</sup> King, “Security,” 781.

<sup>171</sup> Biehl, “Pharmaceuticalization,” 1099-1100.

<sup>172</sup> “Pharmaceutical Growth Opportunities in Brazil, Russia, India and China: Healthcare Reform, Market Dynamics and Key Players.” Business Insights, Aug 1, 2006. in Biehl, *Pharmaceuticalization*, 1098.

<sup>173</sup> International Crisis Group, “HIV/AIDS as a Security Issue” (last modified 2001): 24. [http://www.crisisgroup.org/~media/Files/africa/HIV-AIDS as a Security Issue.pdf](http://www.crisisgroup.org/~media/Files/africa/HIV-AIDS%20as%20a%20Security%20Issue.pdf) (accessed April 6, 2013).

<sup>174</sup> International Crisis Group, “HIV/AIDS,” 3.

communist and developed, merging the first two into one in the context of disease: “Developing and former communist countries will continue to experience the greatest impact from infectious diseases...but developed countries also will be affected.”<sup>175</sup> The UN General Assembly resolution S-26/2 “Declaration on Commitment on HIV/AIDS,” that addressed the HIV/AIDS epidemic as “global emergency” also grouped several regions, including Central and Eastern European region, as undergoing “similar [to African region] threats” in the context of the epidemic raise, which in its turn hold the potential to seriously affect the rest of the world too.<sup>176</sup> The UNAIDS report on regions affected by the epidemic similarly stated: “Eastern Europe and Central Asia are the only regions where HIV prevalence clearly remains on the rise.”<sup>177</sup> What the discourse on HIV/AIDS as a security issue thus did was reinforce symbolic (that is to say *geopolitical*) mappings of the world. More global spaces in which this contagious disease appears dangerously and increasingly underregulated and ill treated joined sub-Saharan Africa. Should the epidemic progress, so the discourse, it would become a threat to the developed world and international security in general. And this is exactly what happened.

## Conclusion

My research has largely concentrated on institutional practices and relations, on knowledge production on the epidemic and political ends it served and by which it was influenced. What the rest of the dissertation will examine is how certain biopolitical, geopolitical and political-economic interests are ingrained in often very pro-human/pro-life slogans of institutions representing them. It also shows how people affected by the epidemic

<sup>175</sup> CIA National Infectious Disease Threat Report (NIE 99-17D January 2000), “The Global Infectious Disease Threat and Its Implications for the United States,” under “Regional Trends,” <http://mason.gmu.edu/~bbrown/courses/2004fall/govt351/CIA%20National%20Infectious%20Disease%20Threat%20Report-excerpt.pdf> (accessed April 6, 2013).

<sup>176</sup> UN, “Declaration of Commitment on HIV/AIDS,” 6-9.

<sup>177</sup> UNAIDS, “Eastern Europe and Central Asia,” <http://www.unaids.org/en/regionscountries/regions/easterneuropeandcentralasia/> (accessed April 6, 2013).

might be manipulated into power struggles between and for the benefit of much stronger actors involved.

In the context of the HIV/AIDS, biopolitical and security discourse produced certain bodies, populations and spaces as naturally prone to disease. This way the epidemic was to be discursively enclosed within certain spatial and categorical boundaries. Production of such boundaries largely happened through the reference to diseased class, sexuality and reproduction of racialized bodies within certain racialized spaces. Attributing disease to specific bodies and spaces corresponded to neoliberal and neocolonial logic. On the one hand, such an attribution shifted the burden of welfare provision to the realm of individual responsibility. On the other hand, it opened certain geopolitical spaces for international humanitarian intervention. The intervention helped to open up new pharmaceutical markets as well as facilitated installation of transnational governmentality in a post-Soviet region affected by the epidemic. At the same time the spatial mapping of the epidemic within the security and biomedical discourses constructed population of certain developing states as both in need of medical interventions and as threatening global security by the infectious disease, reinforcing the borders between healthy developed and infectious developing states (not only African anymore but also post-Soviet/Eastern European) and opening up new pharmaceutical markets, while silencing (global) power inequalities that perpetuate poverty and with that the epidemic spread in underdeveloped spaces, Ukraine in particular.



## Chapter 2: “Inventing Ukrainian AIDS:” The Production of an Epidemic in Early Independent Ukraine

In the chapter, I analyze biopolitical discourses on HIV/AIDS in Ukraine and actors and tensions related to dissemination and consolidation of expert knowledge on the epidemic.<sup>178</sup> This chapter aims to contribute to the critical HIV/ AIDS literature by focusing on discourses on HIV/AIDS in Ukraine, in the period prior to and at the beginning of the epidemic, when state institutions were the main stakeholders on HIV/AIDS-related issues. In the chapter, I mainly analyze discourses of the two state organizations through which expert knowledge on HIV/AIDS was disseminated and consolidated. I analyze the verbatim record of speeches delivered in 1993-1996 by the first state bodies that were set up to deal with HIV/AIDS in Ukraine: the National Committee to Combat AIDS, Responsible to the President of Ukraine (CA), and the National Committee on the Problems of Prophylactics of Drug Addiction and AIDS (DAA). I am interested in exploring the intersection of the political economy of the epidemic with biopolitical governmentality (i.e. the intersection of bodies, spaces and knowledge production). I argue that what happened in the state in the early nineties was a discursive simplification of complex political-economic and social processes that were involved in the worsening of life and health conditions for the majority of the population in Ukraine. The simplification happened through discourses on the epidemic, in which the epidemic spread was attributed to certain individual bodies, populations (risk groups) and regions (spaces) largely affected by drug use; at the same time allowing for biopolitical management and surveillance of bodies, populations and spaces and, concomitantly, obscuring the complex processes that perpetuated the epidemic and made people vulnerable to it (e.g. change of political-economic system accompanied by

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<sup>178</sup> Parts of this Chapter appear in my article, Viktoriya Zhukova, "Identity Factory: HIV/AIDS and the Figure of Its Sufferer in Early Independent Ukraine," *The Anthropology of East Europe Review*, 29, no. 2 (2011).

oligarchization of the state, general impoverishment of majority of population, rise in drug trafficking, sex business, criminal activities, etc.).

## **2.1 Political Economic Background of the Development of the Epidemic in Ukraine**

To understand the history of the HIV/AIDS epidemic in Ukraine, there is a need for an analysis of broader, background politico-economic processes. Comprehending politico-economic processes in independent Ukraine also helps to grasp limitations which were on the way of effectively dealing with HIV/AIDS spread in the state. The epidemic in Ukraine happened after the Reagan and then Clinton administrations opted for bioeconomy as a way of economic development.<sup>179</sup> It also happened after the US economic crisis in late 1970s-early 1980s was exported to global margins, i.e. African continent, perpetuating gradual collapse of social security, public health in particular, and thus, HIV/AIDS proliferation in South Africa.<sup>180</sup> Last but not least, it happened after the collapse of USSR, an almost century old superpower. After the fall down of the USSR there appeared a plethora of newly independent states, and emerging export markets and spaces for the promotion and proliferation of market economy. Not only Western actors were interested in decentralization of economic processes in the states. According to Johanna Bockman and Gil Eyal, Eastern European economists, in Russia in particular, were interested in neoliberal reform by way of shock therapy no less than Western neoliberals themselves.<sup>181</sup> There was certain interest in pro-market reform on behalf of the emerging oligarchy in other newly independent states, Ukraine in particular, as well, i.e. privatization, certain degree of decentralization, opening new markets, etc.

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<sup>179</sup> Bioeconomy is a post-Fordist way of economic development in the US, which is embedded in profiting from biotechnologies, life science and increasing commodification of health. Read more about global political economic background of the epidemic in Cooper, *Life*,

<sup>180</sup> Cooper, *Life*, Vicente Navarro, ed., *Neoliberalism, Globalization, and Inequalities: Consequences for Health and Quality of Life* (Amityville, N.Y.: Baywood Pub., 2007).

<sup>181</sup> Bockman and Eyal, "Eastern."

This is also not to say that introduction of pro-market reform, however slow, was the only driving force for economic change in the country. I argue that change of economic structure and system in Ukraine, accompanied by waves of inflation, unemployment, deterioration of life quality, etc. was related to a set of complex processes conflating historical legacy of the Ukrainian SSR, formation and establishment of the Ukrainian oligarchy as well as the influence of international financial institutions (IFI) on Ukrainian state policies and decision-making; all the mentioned above tightly linked to the promotion of neoliberal economy in the state and the particular ways in which it was translated in the newly independent state. Couze Venne argues that liberal capitalism as a political economic system has unequal redistribution of power and wealth as its basis. He refers to the situation as a zero-sum game featuring inequality as an inherent condition:

Another key element of neoliberalism and ordoliberalism which supports the thesis of pauperization or systematic dispossession is its claim that inequality is not only a by-product of a system based on competition, but is required as a condition; inequality is seen to be an inherent and necessary feature of free market economy, and is justified on the basis of its necessary and regulating role as a mechanism, which means that the state must not intervene to ‘compensate the effects of economic processes . . .’<sup>182</sup>

Even if the concept of neoliberalism is somewhat obscure (there is no one neoliberalism but rather various ways in which it is translated in different geopolitical contexts)<sup>183</sup> I still find that the processes, that Venn unties under umbrella of neoliberalism, largely correspond to what was happening in Ukraine after the independence. The unequal redistribution of state resources, rapid oligarchization accompanied by decline of medical and social security and impoverishment of the majority of population were related to worsening of life choices and health conditions, which in the end made the disproportional amount of people vulnerable in face of the HIV/AIDS epidemic in Ukraine.

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<sup>182</sup> Venn. “Neoliberal,” 213.

<sup>183</sup> John Clarke, “Living with/in and without Neo-liberalism,” *Focaal* 51 (2008): 135–147.

### 2.1.1 Oligarchization of the State (1991-1998)

According to a Ukrainian economist, Stanislav Sokolenko, after the independence, Ukraine inherited a rather poor legacy of being a “subsystem” to serve the single economic complex of the USSR, which left the state economy quite dependent on global markets’ tendencies after the independence.<sup>184</sup> Similarly, a book on the “Economic History of Ukraine and the World” published by Ukrainian scholars in 1999, stated that during the USSR majority of Ukrainian factories and great plants were subordinate to Moscow and less than 20% of ready-made output was produced in Ukraine.<sup>185</sup> The manufacturing machinery left from the Soviet times was rather outdated too. An all Ukrainian magazine “Tyzhden” in its special issue dedicated to 20 years of the Ukrainian independence stated that the share of branches that filled up consumer market in general amount of GDP was only 29%, which created deficit in goods in the Ukrainian SSR.<sup>186</sup> The rest of economy was represented by plants and factories involved in hard industry, i.e. coal industry, machine-building and metallurgy. The newly independent state lacked different operational elements which would ensure proper functioning of its own national economic system.<sup>187</sup> The curve towards heavy industry in the country made it more complicated to reform the economy.<sup>188</sup> Hence, people in power in the newly independent Ukraine had to work with a changing economic structure both adjusting to a market economy and establishing its own economic system. However, the system which was being established prioritized the interest of the few at the expense of pauperization of many, a situation to which Venn refers as a “zero-sum game”.<sup>189</sup> Hardships

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<sup>184</sup> Stanislav Sokolenko, *Globalizatsiya I Ukrainska Ekonomika [Globalization and the Ukrainian Economy]* (Lviv: Logos: 1999). In this dissertation all translation of Ukrainian and Russian sources (written in translit first, followed by the English translation) into English is mine unless stated otherwise.

<sup>185</sup> B. D. Lanovyk, Z. M. Matysyakevych, and R. M. Mateiko, *Ekonomichna Istoriya Ukrainy I Svitlu [Economic History of Ukraine and the World]* (Kyiv: Vikar, 1999).

<sup>186</sup> "20 Rokiv Pneviryannya Natsii bez Elity [20 Years of National Distress without an Elite]." *Tyzhden'*. 33. no. 98 (Aug-Sept 2011): 7-9.

<sup>187</sup> Lanovyk, Matysyakevych and Mateiko, “*Ekonomichna.*”

<sup>188</sup> *Tyzhden'*, "20 Rokiv," 7-9.

<sup>189</sup> Venn, “Neoliberal.”

related to the political-economic legacy of Ukraine as a post-Soviet country were only reinforced and later overshadowed by the establishment of a new political-economic regime.

Many of the business people and politicians in Ukraine who made their fortune right after the collapse of the Soviet Union have retained a disproportionate amount of political and economic power. In the dissertation I refer to such people in Ukraine collectively, using the term oligarchy. Anders Åslund also refers to the term while talking about extremely wealthy people, owners of big business who have strong political networks and connections with the President in Ukraine and Russia.<sup>190</sup> While talking about elite and party system in one of the Ukrainian regions, Kimitaka Matsuzato admitted that in the state “official parties are often nothing more than a façade of elite clans”.<sup>191</sup> Andrew Wilson similarly stated that in Ukraine, oligarchy is tightly related to the state.<sup>192</sup> Inna Melnykovska and Rainer Schweickert claim that oligarchy clans have been the most influential groups in state institution making in Ukraine since its independence.<sup>193</sup> Here is how they describe oligarchy in Ukraine:

The oligarchic clans are a special hybrid of the political and business elite, which is major actor in both Ukraine’s politics and its economy. They are not groups of relatives or systems of kinship, as are the classic European and Asian clans, but rather business entities.<sup>194</sup> Thus, they are mainly interested in accumulating wealth and capturing new markets. . . access to state power enables the oligarchic clans to secure their economic interests and make profits, which they use to broaden their political power. A symbiosis of politics and business does not involve just a simple patronage connection. Besides lobbying, networking and bribing to influence politics, the oligarchic clans aim at assimilating the political elite. The assimilation of clan’s members in politics and vice versa is a common phenomenon in Ukraine. . . State officials supply the clans with valuable information about state policy plans and ensure them a privileged economic position and profits by providing licenses, tax exemptions and subsidies.<sup>195</sup>

<sup>190</sup> Åslund, “Comparative,” 144.

<sup>191</sup> Kimitaka Matsuzato, “Elites and the Party System of Zakarpattya Oblast’: Relations among Levels of Party Systems in Ukraine,” *Europe-Asia Studies* 54, no. 8 (Dec., 2002): 1293.

<sup>192</sup> Andrew, Wilson. “Virtual Politics, Real Corruption,” *The World Today* 57, no. 6 (Jun., 2001): 15.

<sup>193</sup> Inna Melnykovska and Rainer Schweickert, “Who You Gonna Call? – Oligarchic Clans as a Bottom-up Force of Neighborhood Europeanization in Ukraine,” *Heft* 67 (2008):8.

<sup>194</sup> “Relatives could be included in a clan, but relative relationships play a secondary role.” – footnote by Inna Melnykovska and Rainer Schweickert, “Who.”

<sup>195</sup> Melnykovska and Schweickert, “Who,” 9.

From the first years of independence, it was “red directorate,” i.e. heads of big companies involved in heavy industry and also heads of collective farms that became strong actors in independent Ukraine.<sup>196</sup> In the newly independent Ukraine high ranking officials were among the first to get access to privatization of state enterprises; possession of which was tightly related with their further acquisition of wealth and political power.<sup>197</sup> After the first elections, a large share of red directorate entered parliament. The red directorate opted for postponing pro-market reforms and policies which would lead to sharp economic change.<sup>198</sup> Moreover, the structure of the parliament, with its left wing majority, was impossible to unite in support of coherent reforms. The situation was best characterized by Leonid Kuchma, one of the representatives of red directorate who later became Prime Minister and then the Ukrainian President. Kuchma continuously admitted that his government lacked systematic vision of policy-making and expressed his concerns in a famous statement “Tell me, what are we building?”<sup>199</sup>

Alongside the red directorate other actors got the status of Ukrainian oligarchy during the period 1994-1998.<sup>200</sup> They got wealthy and powerful through business activities related to energy resources, predominantly gas, but also steel exports, oil trade, coal subsidies, subsidized state credits, agricultural and chemical exports, provision of various financial and juridical services such as offshore access, financial machinations, e.g. financial pyramids, etc.<sup>201</sup> All the actors mentioned above were in constant rivalry, which slowed down economic development in Ukraine. During parliamentary elections in 1998, representatives of parties of different oligarchic groups – even though, lacking clear politico-ideological programs - got to

<sup>196</sup> “Ukraine: Country Fact Sheet,” *The Economist*. (Sep. 24, 2008)

<http://www.economist.com/node/12078400> (accessed Sep. 6, 2011); Tyzhden’, “20 Rokiv,” 24.

<sup>197</sup> Leonra Fuxman, “Ethical Dilemmas of Doing Business in Post-Soviet Ukraine,” *Journal of Business Ethics* 16 no. 12/13 (Sep. 1997): 1278-9.

<sup>198</sup> Tyzhden’, “20 Rokiv,” 26-8.

<sup>199</sup> *The Economist*, “Ukraine;” Tyzhden’, “20 Rokiv,” 28.

<sup>200</sup> *The Economist*, “Ukraine;” Tyzhden’, “20 Rokiv,” 36-7.

<sup>201</sup> Åslund, *Comparative Oligarchy* (2005), 10; *The Economist*, “Ukraine;” Tyzhden’, “20 Rokiv,” 62-3.

the parliament and allied around the President.<sup>202</sup> The move provided them with access to the state budget, control over companies' profit and possibility of their lucrative privatization and lessening of rivalry in business and politics. Therefore, the Ukrainian oligarchic groups did not see the state as an obstacle for big business but to the contrary, used it as a tool to protect their own interests. While accepting the course to market economy, they by no means struggled to perform substantial reforms for deregulation and decentralization.

If the general course of the Ukrainian government towards reforming the state seemed to be rather inconsistent ever since the independence, one clear trend in the state building was that the restructuring of the Ukrainian economy prioritized particular forms of big business interests.<sup>203</sup> State budget expenses during the 1990s were often higher than state revenues, reflecting loss of monies due to privatization, taxation, custom dues, excise duties, etc. with many producers opting to participate in a semi-legal "shadow economy". During the 1990s, there was also a tendency to pay off the overdue debts of private companies for imported energy resources from the state budget, in the interests of the oligarchy.<sup>204</sup> At the same time, large amounts of money were spent on covering state loans, law-enforcement, national security, and the general maintenance of the state apparatus, etc. Other issues, socio-medical issues including, have not received sufficient funding from the state budget. Such were the peculiarities of the changing political-economic system or translation of neoliberalism in Ukraine.

<sup>202</sup> Tyzhden', "20 Rokiv," 72; Åslund, "Comparative Oligarchy (2007)," Oleksandr Dergachov, *Ukrainian Statehood*; Harasymiw, *Post-Communist Ukraine*; Kuzio, *Democratic Revolution*; Kuzio, *Ukraine under Kuchma*; Andrew Wilson, *Ukraine's Orange Revolution*; Yekelchuk, *Ukraine: Birth*.

<sup>203</sup> Tyzhden', "20 Rokiv," 34-5 Åslund, "Comparative Oligarchy (2007)," Oleksandr Dergachov, *Ukrainian Statehood*; Harasymiw, *Post-Communist Ukraine*; Kuzio, *Democratic Revolution*; Kuzio, *Ukraine under Kuchma*; Andrew Wilson, *Ukraine's Orange Revolution*; Yekelchuk, *Ukraine: Birth*.

<sup>204</sup> V. M. Geits, *The Ukrainian Economy 1991-2009* (Kyiv: Derzhkomstat Ukrainy, 2010), 68.

## 2.1.2 Pauperization in the State

In the mid-late nineties, the rapid raise of oligarchs in Ukraine was accompanied by general impoverishment of majority of population. The situation was related to the fact that redistribution of state resources was not happening in an egalitarian manner. Such redistribution only widened the continuously increasing gap between the rich and the poor in the country.<sup>205</sup> Ukrainian analysts treat the period 1990-1994 as one of deep economic decline in Ukraine.<sup>206</sup> Economic activity in state sector has been decreasing constantly. In 1994, the level of production was just 60% of that in 1990.<sup>207</sup> All industrial branches were in decline, default crisis among national producers rose, and rates of production and selling output continued to decrease.<sup>208</sup> Unemployment rose from 7,000 in 1991 to over one million in 1999, an effect of the closures of factories and industrial plants that accompanied changes to the economic structure.<sup>209</sup> In 1993, according to Ukrainian analysts, the rate of inflation and prices skyrocketed, the phenomena linked to state budget deficits, the rapid ascension of US currency and the politics of trade liberalization in Ukraine.<sup>210</sup> The economic situation in Ukraine was among the worst in the post-Soviet world. Between 1990 and 1994, the standard of living of the majority of population declined by half as a consequence of economic decline.<sup>211</sup>

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<sup>205</sup> The Economist, "Ukraine," Tyzhden', "20 Rokiv," 34-5. Åslund, "Comparative Oligarchy (2007)," Oleksandr Dergachov, *Ukrainian Statehood*; Harasymiw, *Post-Communist Ukraine*; Kuzio, *Democratic Revolution*; Kuzio, *Ukraine under Kuchma*; Andrew Wilson, *Ukraine's Orange Revolution*; Yekelchyk, *Ukraine: Birth*.

<sup>206</sup> V.F. Besedin, *Oglyad Ekonomiky Ukrainy [Overview of the Economy of Ukraine]* Vol 1. (Kyiv: Institute of Economy 1996), 6.

<sup>207</sup> Geits, *The Ukrainian*, 17.

<sup>208</sup> Geits, *The Ukrainian*, 30.

<sup>209</sup> Yuriy V. Bytsyura, *Ekonomika Ukrainy v Tsyfrakh [Economy of Ukraine in Numbers]* (Kamyanets-Podilskyi: Abetka-NOVA, 2004), 14, 17.

<sup>210</sup> Bytsyura, *Ekonomika*, 27.

<sup>211</sup> Besedin, *Oglyad*, 69.



According to a Ukrainian analyst, Vasiliy Besedin, the shift to a market economy resulted in the rapid worsening of social security and quality of life in Ukraine, gauged by the transformation of 80% of the population into “paupers”, according to international standards:

Qualitative changes in the standard of living of the general population, which accompanied development of market relations in Ukraine during 1990-1994, led to significant qualitative transformations, negative by nature; a decrease of all basic indices of the level of the life of the population is one of the manifestations of economic crisis and inflation.<sup>212</sup>

Education also suffered mainly due to the little state budget given for education, teachers and professors left their positions and educational establishments closed down.<sup>213</sup> The quality of medical care deteriorated, and the material basis of medical establishments worsened too. National production of pharmaceutical products was neglected, while state budgets could not afford to import alternative medicines from abroad. It is on this political-economic background that the HIV/AIDS epidemic was developing in Ukraine.

## **2.2 Beginning of the Epidemic**

According to the official narrative, the first cases of HIV/AIDS among the citizens of Ukraine were registered in 1987. During the next seven years the HIV- spread was slow but gradually increasing by 15-30 cases per year. By the end of 1994, there were 183 officially registered HIV-positive people. Majority of the first cases of HIV-transmission in the country, according to the state data, happened through heterosexual intercourse. During the period from 1987 to 1994, 43 citizens of Ukraine were diagnosed with AIDS, in 1994 – 17 new cases registered (see table 2).<sup>214</sup>

<sup>212</sup> Besedin, *Oglyad*, 75.

<sup>213</sup> In 1993 alone, more than 25,000 teachers and more than 5,000 professors resigned. Bytsyura, *Ekonomika*, 311-4.

<sup>214</sup> National Committee on the Problems of Prophylactics of Drug Addiction and AIDS, *Zbirnyk Materialiv P'yatoi ta Shostoi Sessiy Natsionalnogo Komitety z Profylaktyky Narkomanii ta Zahvoryuvannya na Snid: Stenograma Vystupiv 19-20 Grudnya 1995, Kyiv, 5 Grudnya, Odesa* [Collection of Materials of the Fifth and

**Table 2. Comparative data on HIV/AIDS in Ukraine, 1987-1996**

Officially registered HIV-cases 1987- 1994 (before the epidemic)	183 (majority heterosexual intercourse)
AIDS cases in Ukraine 1987-1994	43
New AIDS cases registered in 1994 only	17
HIV-positive people in 1995 (beginning of the epidemic)	1 490 (70% IDUs)
HIV-positive people by September 1996	9 720
New cases of AIDS registered in 1995	38
AIDS cases by the end of first nine months of 1996	89

*Source:* Created from data from DAA, 1997.

The first state body to deal with HIV/AIDS in Ukraine was set up by the Cabinet of Ministers in 1991 (see table 3). The Governmental Committee was in charge of the organization and the implementation of measures to combat AIDS in the Ukrainian Soviet Socialist Republic.<sup>215</sup> The Committee consisted of about twenty people and was a separate governmental body responsible for dealing with HIV/AIDS on the state level. The next year, however, the government dissolved the Committee and set up another body, the National Committee to Combat AIDS, responsible to the President of (now independent) Ukraine.<sup>216</sup> Among the main tasks of the Committee was to govern, implement and coordinate state AIDS-related measures and policy, facilitate international cooperation and cooperation with the WHO in particular, monitor HIV- spread among the population and assist in the formation of public opinion related to AIDS. In the first national programs to combat HIV/AIDS as well as during its first sessions, (when there were no officially pronounced

*Sixth Sessions of the NCPPDAA: Verbatim Record of Speeches 19-20 December 1995(Kyiv), 5 December 1996 Odesa]* (Kyiv: Zdorovya, 1997): 37, 47. For more convenience I will refer to the document as DAA, 1997 in subsequent references.

<sup>215</sup> *Golos Ukrainy* no 68 (June 4, 1991) .

<sup>216</sup> President of Ukraine, Decree no 141/92-пн ( September 16, 1992)

<http://zakon2.rada.gov.ua/laws/show/141/92-%D1%80%D0%BF> (accessed April 7, 2013).

HIV/AIDS epidemic in the state yet), the National Committee addressed socio-economic and political hardships in Ukraine as factors facilitating HIV-spread in the country.

**Table 3. State bodies dealing with HIV/AIDS in Ukraine, 1991-1998**

Years	Name of the Body	Probable reasons for change
1991	Governmental Committee set up by the Cabinet of Ministers	
1992- 1996	the National Committee on combating AIDS, responsible to the President of Ukraine	Related to the UN recommendation “Frameworks of main principles for coordinative work in the realm of HIV/AIDS on a state level” to set up a committee with a high level of authority for coordinative work in the realm of HIV/AIDS on a state level, responsible to President or Prime-Minister.
1996-1998	National Committee on prophylactics of drug addiction and AIDS was set up as a central body of executive authority on the basis of the Committee on AIDS	Referring to a close relation between drug addiction, STDs and AIDS in Ukraine, during the sixth session the Committee (1996) declared a need to combine respective programs on their prophylactics into one program.

*Source:* Created from data from CA, 1994; CA 1995; and DAA 1997.

The Committee regarded such conditions as fertile ground for flourishing black market economies: prostitution, drug addiction, and, with them, the spread of the HIV virus. Thus, the statement during the second session of the National Committee in 1993 was typical of general state discourses on HIV/AIDS prior to the epidemic: “...in Eastern Europe, including Ukraine, there are all the factors facilitating [the spread of the] AIDS epidemic: economic crisis, unemployment, [and the] rise of drug addiction and prostitution.”<sup>217</sup> Similarly, as participants of the third session of the National Committee in 1994 admitted:

<sup>217</sup> National Committee on Combating AIDS, Responsible to the President of Ukraine, *Zbirnyk Materialiv Drugoi Sessii Natsionalnogo Komitety borot'by iz Zahvoryuvannyam na Snid pry Prezidentu Ukrainy: Stenograma Vystupiv 8-9 Lystopada 1993 Roku*. Kyiv [Collection of Materials of the Second Session of the National Committee on Combating AIDS, Responsible to the President of Ukraine: Verbatim Record of

Our country is living through difficult times of active social, economic and political changes. In this situation, problems such as drug pushing, a rise in drug circulation, the spread of prostitution, STDs, etc. have become highly significant ones. The crisis in health care is complicated by financial difficulties and a deficit of resources. These factors lead to serious negative effects on the population, one of which is the further spread of HIV-infection (CA 1995:9).

In 1995, the then President of Ukraine, L. Kuchma, stated: “AIDS is a multidimensional problem because it combines medical-biological, socio-legislative and economic aspects of our life.”<sup>218</sup> However, as I show further in the chapter, with time, multidimensionality of HIV/AIDS was addressed less and less on the state level, instead it was simplified as a biomedical and social issue. In the period of political-economic and social hardship the transmission and spread of HIV was an issue kept very much in the background among other state issues. The amounts of money required for the social sphere to prevent the epidemic emergence were never covered by the budget.<sup>219</sup> For instance, in 1995, when the number of HIV-positive people registered in Ukraine increased almost tenfold compared to 1994,<sup>220</sup> the Ministry of Finance directed only around 10% of the money required by the Committee for the implementation of the National Program to combat HIV/AIDS.<sup>221</sup>

For a number of years the National Programs to Combat HIV/AIDS in Ukraine could not rely on any external funding either. In 1993, the Committee published a call for donations for the National Program in Ukrainian business newspapers; however, no money was forthcoming. The same year the Committee stated: “we can’t rely on charity donations yet.”<sup>222</sup> The situation was the same for the implementation of the Program the following year: “except for state money, the Committee has received no financial support from civil and

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*Speeches 8-9 November, 1993, Kyiv*] (Kyiv: Zdorovya, 1994), 3. For more convenience I will refer to the document as CA, 1994 in subsequent references.

<sup>218</sup> DAA, 1997:3.

<sup>219</sup> Bytsyura, *Ekonomika*, 311-4.

<sup>220</sup> DAA, 1997:47. See the comparative table at the beginning of this chapter.

<sup>221</sup> DAA, 1997:5.

<sup>222</sup> CA, 1994:41.

international organizations...”<sup>223</sup> and the year after that: “except for the state money the Committee has received no financial support from civil and international organizations...”<sup>224</sup>

Against this background of the epidemic’s emergence country-wide, state discourses on HIV/AIDS in Ukraine perceptibly changed. Political and economic hardships, which the Committee referred to as facilitating the spread of HIV in Ukraine, were gradually overshadowed by discourses individualizing the epidemic spread. Apart from medical and social aspects, other factors perpetuating the spread of HIV in Ukraine were addressed less and less on the state level. A year after the epidemic started, the head of the Committee, V. Iavsyuk, admitted that on the international level, the AIDS epidemic was addressed as both a socio-political and a bio-medical phenomenon.<sup>225</sup> He referred to the establishment of UNAIDS as a sign of the global recognition of multidimensionality of AIDS, when the UN redirected AIDS issues from mainly WHO competency to the institution specifically established for dealing with HIV/AIDS on the international level in mid nineties. Nevertheless, Ivasyuk added that in Ukraine the phenomenon of HIV has been acquiring “sharply social characteristics” because officially registered HIV-infected people in the main “led an asocial way of life which made them the root of infection.”<sup>226</sup> The statement reflects an evolving productive and normalizing process, whereby People Living with HIV/AIDS’ (PLHA) become a discrete and stigmatized set of group identities and individual lifestyles at a time when the economic and political dimensions of HIV-spread were being increasingly disregarded on the state level.

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<sup>223</sup> National Committee on Combating AIDS, Responsible to the President of Ukraine, *Zbirnyk Materialiv Tret'oi ta Chetvertoi Sessiy Natsionalnogo Komitety borot'by iz Zahvoryuvannyam na Snid pry Prezidentu Ukrainy: Stenograma Vystupiv 23-24 Travnya 1994, 24 Sichnya 1995 Roku*. Kyiv [Collection of Materials of the Third and Forth Sessions of the National Committee on Combating AIDS, Responsible to the President of Ukraine: Verbatim Record of Speeches 23-24 May 1994, 24 January 1995 Kyiv] (Kyiv: Zdorovya, 1995), 40. For more convenience I will refer to the document as CA 1995 in subsequent references.

<sup>224</sup> CA, 1995:59.

<sup>225</sup> DAA, 1997:35.

<sup>226</sup> DAA, 1997:38.

Measures included by most National Programs to combat AIDS hardly ever addressed economic and political factors as facilitators of the HIV-spread either, instead concentrating on the medicalization of AIDS, donor blood testing, risk groups and safe sex. During its second session, the National Committee stated that “the disease [AIDS]... can be prevented by taking simple measures: issuing propaganda on normal sexual conduct and basic medical prophylactic treatments.”<sup>227</sup> What constituted “normal sexual conduct” was not, however, defined. Hence, the efforts of the state bodies to deal with HIV/AIDS in the country focused more on governing population than on addressing more complex processes perpetuating the epidemic emergence and spread (e.g. unemployment, low quality of life, worsening of education and medical care, social and economic insecurities of the great majority of population, etc).

### **2.2.1 Racializing Populations, Bodies and Spaces in Ukraine (1987-1996)**

Lack of the Committee’s financial resources to deal with the epidemic together with an absence of mechanisms and political power to influence multidimensional processes related to the spread of HIV were among the reasons which gradually shifted the portrayal of the epidemic as multidimensional problem into the realm of risk groups and individual responsibility. Moreover, in the context of increasing commodification of health on the global level, individualizing risk was rendered the most cost-efficient way to deal with disease by Western donor and international institutions. Hence, following Western expert knowledge on the epidemic was one more reason the Committee discourses simplified the complexity of HIV/AIDS and gradually attributed it to risk groups and diseased spaces.<sup>228</sup> According to Venn, not only do liberal capitalism and neo-liberalism create pauperism among people but they also produce discourses that blame the poor themselves for their poverty relating it to

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<sup>227</sup> CA, 1994:16.

<sup>228</sup> In the next subchapter, I will address the reasons which allowed and encouraged dissemination of Western expert knowledge on the epidemic in Ukraine in more detail.

“backwardness, underdevelopment or their inadequacies as economic subjects”.<sup>229</sup> However, he states that in order to avoid conflicts, potentially triggered by the unequal distribution of power and wealth, biopolitical [surveillance, new forms of subjugation, etc.] mechanisms are applied “to ensure relatively docile, if not compliant populations”.<sup>230</sup> Following Foucault, Venn admits that the biopolitical power is related to racism, exercised over individual bodies (the abnormal, the criminal, the dissident, etc.) and populations (migrants, refugees, etc.).<sup>231</sup>

If put together these two arguments point to the situation that on the one hand, political economic system that is based on inequalities, produces poor populations through the mechanisms of power and wealth redistribution. On the other hand, with the help of biopolitical discourses based on racism, it renders the populations responsible for their impoverishment and exercises mechanisms of biopower to keep the populations docile. If put in the context of the HIV/AIDS epidemic, what happens is certain populations that appeared to be losers in the zero-sum game, were rendered responsible for worsening of their life and health conditions through biopolitical discourses that produced them as figures of HIV/AIDS sufferers and subjugated them to the mechanisms of biopower. In this case biopolitical discourse becomes a link between political economy and biopower. It is predominantly through the regulation of individually medicalized bodies – as potentially HIV-positive - in the name of the general health of the Ukrainian population that enables certain logic of the market to enter and proliferate as Ukrainian political economy.<sup>232</sup>

As it will be shown further in the chapter, from the first officially registered cases of HIV in Ukraine and throughout the period of epidemic spread across the country, categories constituting the figure of HIV/AIDS sufferer were not stable but constantly changing related

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<sup>229</sup> Venn, “Neoliberal,” 207.

<sup>230</sup> Venn, “Neoliberal,” 225.

<sup>231</sup> Venn, “Neoliberal,” 215.

<sup>232</sup> I am grateful to Dr. Anna Loutfi for this comment.

to already existing as well as emerging discourses and different socio-political processes taking place in the state.

The first discourses on HIV/AIDS in then the Soviet Ukraine linked HIV/AIDS to homosexuality.<sup>233</sup> At the same time, they also constructed the figure of the HIV/AIDS sufferer as a foreigner. The first references to the figure of the HIV/AIDS sufferer depict him (mostly him) as a foreigner and a homosexual (male). Women sex workers and homosexual women were seldom discussed overall, and even more rarely in relation to HIV/AIDS. The separation of the figure of the HIV/AIDS sufferer from the “general Ukrainian population” was facilitated by a pre-existing concept of Slavic sexual purity, which considered homosexuality as uncharacteristic of Slavs.<sup>234</sup> Since the independence in 1991, Ukrainian national identity formation was often based on the concept of the pre-Soviet “traditional family” (heterosexual parents and their children, with a husband as a breadwinner and a non-working wife).<sup>235</sup> Therefore, male homosexuality in general, and in the context of HIV/AIDS in particular, largely ceased to be a publicly debatable topic.<sup>236</sup> Unlike late Soviet and Western discourses, discourses in Ukraine more often targeted injection drug users and heterosexual intercourse rather than homosexuality in connection with HIV/AIDS.<sup>237</sup>

<sup>233</sup> Most of the research findings were presented in the paper Zhukova, Viktoriya. "Ukraine without AIDS or AIDS without Ukraine?": Discourses On HIV/AIDS and the Subject(s) of its Sufferer in Ukraine, 1988-1995." (paper presented for the course "Foucault – A Critical Introduction," CEU, Budapest, Hungary, November 19, 2009).

<sup>234</sup> For more information see Laurie Essig, *Queer in Russia: The Story of Sex, Self, and the Other* (Durham and London: Duke University Press, 1999); Dan Healey, *Homosexual Desire in Revolutionary Russia: The Regulation of Sexual and Gender Dissent* (Chicago and London: The University of Chicago Press, 2001); Vida Penezic, "Women in Yugoslavia," in *Post-communism and the Body Politic*, ed. by Ellen Berry (New York: University of New York Press 1995).

<sup>235</sup> Tetiana Zhurzhenko, "Strong Women, Weak State: Family Politics, and Nation Building in Post-Soviet Ukraine," in *Social Reproduction and Gender Politics in Ukraine* (Kharkiv: Folio, 2001): 24-5.

<sup>236</sup> Zhukova, "Ukraine without AIDS."

<sup>237</sup> According to O. Golichenko, it is only in 2001-2005 that men having sex with men (MSM), appear in general discourses as a more or less prevailing way of HIV transmission, following IDU, heterosexual sex, and sex workers O. Golichenko, "International Organizations State and Civil Society : the Case of HIV/AIDS Policies in Ukraine (1995-2005)" ( master's thesis, Central European University, 2005). The research published in the book "Gender and HIV/AIDS: New Approach to Prevention and Politics," 2004, states that according to the bulletin of the Ministry of Health and National Center of Combating AIDS # 23, 2004, in Ukraine there were only 46 registered cases of HIV-transmission through homosexual intercourse, two new cases were registered in 2002 and tree cases registered in 2003. Sergiy, Midentsev, "Gender ta VIL/SNID: Novyui Pidhid do



Until 1995, official state discourse pointed to heterosexual intercourse as the main root of HIV transmission.<sup>238</sup> In 1993, according to the official statistics, 92 cases of HIV-transmission (66.2%) occurred through sexual intercourse; 76 cases of them were registered as “heterosexual.”<sup>239</sup> Transmission through injections constituted 15 cases (10.9%), from mother to child 10 cases (7.2%), and in 16.2% the roots of transmission remained unknown. In 1994, heterosexual intercourse was still believed to be the main root of HIV-transmission (see table 4).<sup>240</sup>

**Table 4. Statistics on the HIV-transmission in 1993**

Cases if HIV-transmission through sexual intercourse	66.2% (92)
Heterosexual intercourse (out of the cases on sexual intercourse)	83% (76)
Injections	10.9% (15)
Mother-to-Child	7.2% (10)
Unknown roots of transmission	16.2%

*Source:* Created from data from CA, 1994.

The peculiarity of the situation was that, unlike in the West where the epidemic was attributed to certain risk groups, in Ukraine transmission happened mainly within the heterosexual general population. In the early-mid nineties, even among injecting drug users, it was widely held that the infection was spread mainly through sex and not needles, even if the discourse was not supported by either scientific or logical explanation. For instance, during the third session of the National Committee it was stated that “there are infected drug addicts in Ukraine too but they were infected through sexual intercourse.”<sup>241</sup> However, once a person injecting drugs tests HIV-positive, it is rather impossible to determine whether the

Zapobigannya I Polityky [Gender and HIV/AIDS: New Approach to Prevention and Politics]” (Ukraine: UNDP, 2004), 8.

<sup>238</sup> CA, 1994; CA, 1995.

<sup>239</sup> CA, 1994:4.

<sup>240</sup> CA, 1995:9.

<sup>241</sup> CA, 1995:13.

transmission happened through needles or heterosexual intercourse. So the statement seems to be produced based on the already existing discourse rather than scientific evidence. The Committee was, however, looking for the risk groups rather unsuccessfully. During the second session of the National Committee the concern was raised that: “the low levels of HIV-spread among groups of population at high risk of HIV-transmission (homosexuals, drug addicts, prostitutes, people with STDs) make us study the situation more deeply.”<sup>242</sup> The same concern was raised during the third session, as the low spread of HIV among risk groups continued to be noted, despite the fact that after the collapse of the USSR, “Ukrainian borders were opened” and the number of injecting drug users (IDUs) in the country rose: “The question appears, is it either really so, meaning that the level of AIDS spread is low or are we involved in the surveillance of the wrong groups of population with the wrong methods?”<sup>243</sup>

The confusion about the absence of risk groups in the context of the HIV/AIDS in Ukraine still remained during the fourth session. The members of the Committee were bewildered by the fact that HIV/AIDS in the country did not involve risk groups, which had already been a scapegoat for AIDS in more progressive countries for quite a while: “The infection spreads through sexual intercourse (68.5% of all cases)... Unlike in Western countries, in Ukraine, the majority of HIV-infected (more than 2/3) are people who do not belong to the traditional risk groups in the context of AIDS.”<sup>244</sup> The statement points to the fact that the Committee relied on Western definition of which populations might/should constitute risk groups, yet at that point of time the Committee could not apply the definition to match the realities of the HIV-spread in Ukraine.

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<sup>242</sup> CA, 1994:4.

<sup>243</sup> CA, 1995:8,10.

<sup>244</sup> CA, 1995:55.

### 2.2.1.1 Race, Citizenship and (Hetero)sexuality

Since the epidemiological control of the population reflected no risk groups that might be held responsible for HIV/AIDS within the country, the risk was located outside the borders of the country. The categories of race and citizenship played out in significant ways at the beginning of the HIV/AIDS epidemic in Ukraine, as state officials worked hard to distinguish carriers of the virus from members of the Ukrainian population:

During the first years, the main root of the infection was foreign citizens who came to Ukraine from African countries to study. Later their numbers went down, but there appeared a new threat of the epidemic spread of AIDS from large numbers of illegal immigrants, among whom we have already registered two people with AIDS . . . <sup>245</sup>

Characterizing the state of affairs regarding AIDS across the world, the head of the Committee in 1993, G. Matsuka, stated that the epidemic had stabilized globally, mainly due to the success of preventive campaigns among homosexuals and IDUs.<sup>246</sup> However, he stated that two big reservoirs for AIDS remained, i.e. heterosexuals and Africans. Matsuka was reproducing further a broader global discourse linking AIDS in Africa to AIDS in Ukraine: “It is noteworthy, that in Ukraine there are a big number of students from Africa. Contacts with African countries, in particular commerce, are widening. Therefore, this way of permanently importing HIV infection to Ukraine should not be overlooked. By the way, the first cases, according to an epidemiological survey, were also imported.”<sup>247</sup> The head of the Committee, while constructing AIDS as a disease imported to Ukraine from African reservoirs (how else if epidemiological data showed a low level of HIV-transmission among risk groups?), concomitantly redefined the Ukrainian heterosexual population as not being an AIDS reservoir but a population at risk. Hence, sexuality, when combined with nationality/race represented either an AIDS reservoir (African) or the general population at risk (Ukrainian). In such a discourse all the non-African cases seemed to either disappear or

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<sup>245</sup> CA, 1995:55.

<sup>246</sup> CA, 1994:13.

<sup>247</sup> CA, 1994:13.

could not be differentiated into risk groups.<sup>248</sup> While positioning Ukraine in an oppositional relation to Africa, the head of the Committee at the same time made efforts to portray developments in Ukraine as following a decidedly Western scenario in the context of AIDS, marking the country's more progressive European identity: "According to WHO conclusions, AIDS in our country develops by the same laws (principles) as in the West, but with several years' lag."<sup>249</sup> Hence, a geopolitical vector of the newly independent Ukraine directed towards the West was reflected in AIDS discourses on the state level. Citizenship as a category also played out in the context of AIDS in Ukraine. The split of PLHA in Ukraine into citizens and foreigners could be traced in the way statistics on AIDS were represented, as follows: "according to the data of the Ukrainian center of AIDS prophylactics and treatment, in 9 months of 1993, 34 people infected with HIV were registered, among them 29 citizens of Ukraine and 5 foreigners."<sup>250</sup> The same report stated that since 1987 in Ukraine, there had been 141 people infected with HIV and 196 foreigners registered as HIV-infected. According to a report presented during the third session, up to May 1994, in Ukraine among PLHA, there were 205 foreigners and 165 of "our compatriots".<sup>251</sup>

During the fourth session, the head of the Committee dismissed the national-racial assumption that some races and/or nations are naturally resistant to AIDS. At the same time he stated that the reason for the low level of the epidemic in the country might still reflect the peculiarities of Ukrainian AIDS: i.e., HIV in Ukraine might have modified to changing conditions and therefore could not be recognized by diagnostics; or, the ecological situation in Ukraine due to radiation was so bad that the immune system of an average Ukrainian reacted to the virus differently than it might do otherwise in a "classical scenario".<sup>252</sup> The discourse of imported AIDS remained during the session: "We realize that complete

<sup>248</sup> I am grateful to Susan Craddock for this comment.

<sup>249</sup> CA, 1994:13.

<sup>250</sup> CA, 1994:3.

<sup>251</sup> CA 1995:9.

<sup>252</sup> CA, 1995:57.

transparency or more precisely absence of eastern Ukrainian borders and uncertainty of its western borders requires us to have a serious discussion with our neighboring countries in order to guarantee safety of migration in relation to AIDS.”<sup>253</sup> The fear of the Ukrainian “open borders” was often voiced during the fifth sessions of the Committee:

We have fragile borders as nowhere else in the world. Transit flows of people from all regions of the planet are coming through this country. Inhabitants of the most “HIV-infected” countries actively come to us. And theoretically we can expect that their behavior leads to maximum infection around them.<sup>254</sup>

The power of the discourse triggered predictable forms of political reaction. Since the threat of HIV/AIDS to the body of population carried external characteristics, the deportation of foreign carriers seemed to be a logical solution to the case. According to the law of Ukraine “On AIDS Prevention and Social Protection of the Population,” on 12 December 1991, the Art. 8, foreigners who came to Ukraine to work or study should mandatory pass a test on HIV.<sup>255</sup> According to the Art. 12, HIV-positive foreigners in Ukraine had to be expatriated, unless they were married to a Ukrainian citizen. One of the Russian newspapers addressed then current Ukrainian politics concerning HIV-positive foreigners as a cautionary tale:

. . . it is ridiculous to think that control on the foreign immigration will have a sufficient effect here [in Russia] on the spread of the epidemic. Ukraine is a good example in the case. It expatriated all of the infected foreigners from the country and banned the entrance for HIV-positive foreigners into the country, but failed to stop the epidemic anyway.<sup>256</sup>

A new edition to the law in 1998, Art. 11, stated that foreigners applying for a visa to Ukraine for more than three months had to bring a document which would prove their HIV-negative status. The article 16 of the law stated that foreigners with an HIV/AIDS status who

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<sup>253</sup> CA, 1995:64.

<sup>254</sup> CA, 1995:25-6.

<sup>255</sup> The Government of Ukraine Law of Ukraine no 1972-XII ( December 12, 1991), Art. 8, 12. <http://zakon.nau.ua/doc/?uid=1085.66.1&nobreak=1> (accessed April 7, 2013).

<sup>256</sup> HU OSA 205-4-206, container 182, AIDS 1995-1995:Social Issues, Russia, "AIDS Does not Hurt Our Sight?" *Ogonek* (May 29, 1996).

“by their behavior create a threat to the health of others” could be expatriated from Ukraine.<sup>257</sup>

When state discourses gradually stopped attributing the virus-spread to foreigners and admitted that HIV reached large numbers of the Ukrainian citizens, modern state racist discourse participated in the alienation of the virus from the general population took place by means of fragmenting the general into various risk groups, as have long been expected by the Committee. From then on, the category of our citizens was mainly referred to in official statistics without an explicit intention to blame the category of foreigners for the epidemic’s spread. For instance, during the fifth session, it was stated that in the period from 1987 to 1995, there were 1,485 cases of infection total - 224 foreigners and 1,261 – Ukrainian citizens.<sup>258</sup> While summing up the situation with HIV/AIDS in Ukraine during the sixth session, the numbers given referred to “our citizens” predominantly: “In general as of 1<sup>st</sup> September [1996] in Ukraine...138 of our compatriots reached the final stage of the disease – AIDS; 55 of them died, including 10 children.”<sup>259</sup> Soon after the epidemic ceased being the issue attributed to foreigners in Ukraine, new categories started to characterize its sufferer in the country, e.g. drug use and its geographical location. The shift away from the foreigners discourse might have been related to the raising numbers of HIV-positive people in the state, many of those who tested HIV-positive being Ukrainians. When the medical data representing such numbers went in conflict with the existing discourse the biomedical discourse on the epidemic had to change.

### **2.2.1.2 Drug Use and Drug Trafficking**

Discourse on borders opening up for transit flows of people was accompanied by increasing flow of narcotic drugs through the boarders of newly independent Ukraine.

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<sup>257</sup> The Government of Ukraine Law of Ukraine no 155/98-BP (March 3, 1998), Art. 11, 16. <http://zakon2.rada.gov.ua/laws/show/155/98-%D0%B2%D1%80> (accessed April 7, 2013).

<sup>258</sup> DAA, 1997:7.

<sup>259</sup> DAA, 1997:37.

According to a research done on narcotic drugs business in Ukraine, after the independence the role of the state as a root for global drug trafficking has increased significantly. For instance, the research by the U.S. - Ukraine Research Partnership project, as a result of agreement between the National Institute of Justice (NIJ) and the Ukrainian Academy of Law Sciences (UALS), published in 2002, stated:

In the years since its independence, Ukraine has become a significant conduit for Southwest Asian (Afghanistan and Pakistan) heroin bound for European markets. The volume of Southwest Asian heroin available for world markets has increased sharply in recent years and growing amounts are smuggled through Ukraine. Porous borders, understaffed and underfunded counter-narcotics entities and the rise of organized crime syndicates have enabled traffickers to utilize Ukraine as a viable transit point. Further, Ukraine has become an opiate producer in its own right, cultivating approximately 300 new hectares of illicit poppy in 2000 . . .<sup>260</sup>

I. Grinenko in his book on narcotic drugs business in Ukraine made a link between Ukrainian politics towards global integration and liberalization and the increase of international drug trafficking through Ukraine:

Since the early nineties, Ukraine holds active politics towards European and global integration, towards liberalization of external economic, political and cultural connections. This direction – in general, being of a big positive importance for the state – is related with certain side-effects. International criminal structures, including transnational narcotic drug syndicates used the openness of the country. Hence, if before the early nineties Ukrainian citizens knew about “hard” drugs mostly as a reality of life in Western countries, today the problem with heroin became relatively wide-spread (as compared to the past) phenomena here [in Ukraine] too.<sup>261</sup>

Geographical location of Ukraine as on the way of drugs transit from countries-producers to main countries-consumers facilitated drug spread in the country. Since the second half of the nineties, Ukraine was an active transit zone for Afghan heroin to Western Europe on the “Balkan Route.”<sup>262</sup> Another heroin route through Ukraine was the infamous

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<sup>260</sup> Mary Layne, “The Growing Importance of Ukraine As A Transit Country for Heroin Trafficking,” under the title Introduction (June 2002) <https://www.ncjrs.gov/pdffiles1/nij/grants/196664.pdf> (accessed April 7, 2013).

<sup>261</sup> I. Grinenko, *Narkotychnyi Biznes i Natsional'na Bezpeka [Narcotic Drugs Business and National Security]* (Kyiv: Sfera, 2004): 238-9.

<sup>262</sup> Grinenko, *Narkotychnyi*, 8.

“Silk Route” from Central Asia to Asian and then European Part of Russia and through Ukraine to other European countries. A great deal of heroin reached Ukraine from its eastern regions and southern ports en route to Western Europe.<sup>263</sup> The influx of narcotic drug to the state decreased prices on the black market, which in its turn increased drug consumption. If at the beginning of the nineties, drug produced of poppy straw was the most widespread and accessible in Ukraine, after the independence narcotic drug market becomes more diversified in Ukraine with increasing number of people becoming heroin users.<sup>264</sup> The geographical zones within which the Committee located first instances of the epidemic emergence - and within which the epidemic was discursively contained in the nineties – coincided with the geography of transnational heroin trafficking. However, the fact was rarely, if at all, emphasized in the discourses on the epidemic. While talking about the explosion of HIV-spread in Ukraine, one of the members of the Committee linked it to young injecting drug users in the southern regions, and he emphasized the general rise of HIV-transmission through sexual intercourse.<sup>265</sup> No member of the Committee drew general attention to the fact that those specific regions were not naturally predisposed to drug use but was largely affected by drug trafficking business.

During the fifth session of the Committee it was stated that the regions the most affected by the epidemic were south-eastern regions, i.e. Mykolaiv region, Odesa region, Donetsk region and Lugans’k region.<sup>266</sup> The former two regions were the Black sea port zones to where narcotic drugs were shipped. The latter two were the regions on the drug trafficking roots to Russia. By the end of 1995, all regions of Ukraine, apart from some

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<sup>263</sup> Grinenko, *Narkotychnyi*, 250-2.

<sup>264</sup> Grinenko, *Narkotychnyi*, 242.

<sup>265</sup> DAA, 1997:47.

<sup>266</sup> DAA, 1997:3.



Western Ukrainian regions were involved in the epidemic process (see table 5).<sup>267</sup> The most affected regions were still sea port and river port zones prone to drug trafficking.

**Table 5. Regions affected by the epidemic, 1995-1996**

	1995	1996
Most affected regions	South-eastern: Odesa region Mykolaiv region Crimea Donetsk region Dnipropetrovsk region and Kyiv city	South-eastern: Odesa region Mykolaiv region Crimea Donetsk region Dnipropetrovsk region
Not affected regions	Western: Rivne region Volyn' region Hmelnytsk region	None

*Source:* Created from data from DAA, 1997.

### 2.2.1.3 Drug Use and the Epidemic

Already during the third session, several presenters drew attention to the fact that the number of drug addicts in Ukraine, including IDUs, “was approaching world record levels.”<sup>268</sup> The link between sex and drug use in the context of HIV/AIDS in Ukraine was maintained during the fourth session in 1995: “In 1994 the first cases of HIV-infected people infected through injection drug use were registered in Ukraine (in Poltava *region* (region) and Mykolaiv region). Obviously, they had numerous partners and this gives us reason to conclude that in our country HIV *potrapyv u seredovyshche narkomaniv* (entered the environment of drug addicts).”<sup>269</sup>

Illegal drug use and sexual intercourse was linked to HIV-spread among IDUs. During the fourth session, drug related issues were increasingly highlighted. Then President of Ukraine, Leonid Kuchma, while opening the session, stated that due to the risk of HIV spread to the environment of drug addicts, Ukrainian political-legislative priorities now included

<sup>267</sup> DAA, 1997:22-3.

<sup>268</sup> CA, 1995:8, 26.

<sup>269</sup> CA, 1995:67.

combating *narkobiznes* (drug business) and *narkomafia* (drug mafia).<sup>270</sup> Another presenter of the session admitted that, by 1995, Ukraine had not only become a transit country for narcotic drugs, but also “a country-user, a country-market and a country-producer” of narcotic drugs.<sup>271</sup> Yet there were no reference to drug trafficking roots as directly related to the rapid HIV-spread in the most-affected regions. Instead attention was given to IDUs in those regions as consumers of illegal drugs and HIV-carriers. The role of the drug business behind such a consumerism was somewhat mystified and consequently no plan for action was announced to stop the trafficking in the regions.

The end of the year 1995 marked the beginning of the officially recognized epidemic in the country. Since 1991, the main route of HIV-transmission was heterosexual intercourse, but during the fifth session of the Committee the epidemic became officially linked to drug addicts. The Committee stated that the epidemic emergence was related to the rapid HIV-spread among injection drug users in certain regions of Ukraine:

The year 1995 witnessed important developments in relation to the spread of the AIDS epidemic in Ukraine, which is connected to the spaláh (sharp increase) of HIV/AIDS in Mykolaiv region and Odessa region [South-Eastern Ukraine] among injecting drug users...However, we must admit that the registered high levels of infection did not happen today but perhaps have been developing over the last couple of years.<sup>272</sup>

Meanwhile, the speed of the epidemic spread and amount of people infected was dramatically increasing. During the several years prior to 1995, 183 HIV-positive people were registered in Ukraine; in the first 11 months of 1995, 1,100 people were registered, 880 of who were IDUs (see table 6).<sup>273</sup>

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<sup>270</sup> CA, 1995:51.

<sup>271</sup> CA, 1995:63.

<sup>272</sup> CA, 1995:22.

<sup>273</sup> DAA, 1997:7.

**Table 6. Marking the beginning of the epidemic**

HIV-cases prior to 1995	183 cases
HIV-cases first 11 months of 1995	1 100 cases (880 out of them among IDUs)

*Source:* Created from data from DAA, 1997.

With the official beginning of the epidemic, state discourses were quick to produce the main risk group based on drug use and locate it in a definite geographical space. Concomitantly, the discourse naturalized the IDUs equals HIV formula by admitting that HIV was already there and refusing to dwell further upon the reasons which led to the increase in drug abuse in the newly independent state. Then current President of Ukraine, Leonid Kuchma, voiced his concern about the impossibility of controlling HIV/AIDS once it had spread to the environment of drug addicts.<sup>274</sup> The resulting situation was a paradoxical one. On the one hand, state discourses on HIV/AIDS referred to an out-of-control epidemic spreading across the country. On the other hand, they linked high numbers of HIV/AIDS to certain well-defined regions and risk groups, enclosing the epidemic within certain territorial and bodily boundaries. Various factors underpinning pauperization and vulnerability to illnesses including the opportunistic infections characteristic of AIDS were overshadowed and replaced with a single biomedical and simultaneously racist discourse focusing on groups within the population, rendered individually responsible for the epidemic spread.

#### **2.2.1.4 Constituting Race Difference: Gender, Sexuality, Drug Use and Age**

With the official beginning of the epidemic the relation between drug use and sexual intercourse did not disappear; on the contrary, it was reinforced in state discourses on HIV/AIDS. During the fifth session, some concerns were voiced that related to sexuality and the gendered dimensions of the epidemic in Ukraine. Until 1993, the percentage of men and women infected with HIV was almost equal. Unlike the US, where the HIV-positive status of

<sup>274</sup> DAA, 1997:3.

women was largely ignored,<sup>275</sup> in Ukraine, in official documents and reports, the categories of HIV-positive women (both pregnant and mothers) were included - even before the official outbreak of the epidemic. Hence, during the second session of the Committee, it was mentioned that:

According to epidemiological surveys, the number of HIV-positive women in Ukraine constitutes almost half of the general number of HIV-carriers and people with AIDS registered in Ukraine: 61 cases among those aged 16 to 50 years old, respectively. In 10 cases it [infection] occurred as a result of mother to child transmission and during pregnancy, and in two cases due to breastfeeding.<sup>276</sup>

After 1994, however, the share of HIV-positive men began to rise: "...the increase in numbers of HIV-positive men is due to the rise of an active epidemic process among homosexual and bisexual men. It could be that the tendency will continue because among HIV-positive drug addicts registered in 1995 the majority is men."<sup>277</sup> During the sixth session it was announced that among people with AIDS, there were twice as many men as there were women.<sup>278</sup> While referring to the spread of HIV-infection in Ukraine, the Committee concluded that the rapid rise of the epidemic among IDUs might trigger its rise among the general population, as well as among "people without stable [sexual] partners [...] since from every HIV-infected male drug addict the infection can be transmitted in two ways at once, and from women – in all possible ways."<sup>279</sup> Hence, the gender of a female drug addict transformed this figure of the HIV/AIDS sufferer into a more socially dangerous one than her male equivalent. What the statement also implied was a tacit recognition about the link

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<sup>275</sup> In the Western context at the beginning of the epidemics, the figure of HIV positive women was constructed as often "invisible victims" of HIV/AIDS. Consequently, very little attention, research and resources were directed at HIV-positive women. This silence was pointed at by one of the US HIV/AIDS related activist group, ACT UP, challenging sexism in medical and governmental institutions with slogans like "Women Don't Get AIDS. They Only Die from It!" Brett C. Stockdill, *Activism Against AIDS: At the Intersections of Sexuality, Race, Gender, and Class* (Boulder, CO: Lynne Rienner, 2003):7-8.

<sup>276</sup> CA, 1994:60.

<sup>277</sup> DAA, 1997:23.

<sup>278</sup> DAA, 1997:47.

<sup>279</sup> DAA, 1997:9.

between risk groups and general population, which pointed to the increasing vulnerability of the latter to the HIV.

Since 1995, transmission among IDUs and heterosexual intercourse have been represented as constituting the most widespread modes of HIV-transmission: “Along with the rise of number of HIV-infected people as a result of using injecting drugs, there is a rise of infection through sexual intercourse (by 13 % in 1995, compared to 1994). The majority is people with STDs and people who do not have a stable sexual partner.”<sup>280</sup> Concomitantly, sexual intercourse as a mode of virus transmission became entwined with representations of promiscuous and/or diseased sexuality: “...it would be a mistake to think that today the problem of HIV transmission through sexual intercourse is not that important any more [-] the explosion of HIV-infection among certain sections of the heterosexual population – primarily patients of STD clinics, as well as prostitutes and their clients –is going to happen in the near future . . . ”<sup>281</sup>

The relation between sex and drug use also brought age into the equation - as another significant factor affecting HIV/AIDS transmission. According to the report delivered during the third session, the majority of HIV-infected people by 1994 were aged 20-40: “people in the most socially productive age.”<sup>282</sup> The fourth session supported the following statement: “the infection affects the most socially active and productive group of the population – those aged 20-40 years old (more than 70% of the infected).”<sup>283</sup> Since 1995, however, when the epidemic started being linked to drug addicts and the majority of people living with HIV were believed to be unemployed (e.g. “from these 1,000 [HIV-infected] drug addicts only a few work, and the rest of them do not have permanent jobs”)<sup>284</sup> the emphasis on the age of HIV-positive people shifted from socially active and productive to sexually active segments of the

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<sup>280</sup> DAA, 1997:37.

<sup>281</sup> DAA, 1997:20.

<sup>282</sup> CA, 1995:10.

<sup>283</sup> CA, 1995:55.

<sup>284</sup> DAA 1997: 22.

population. In other words, active sexuality constituted a threat in itself in the context of the epidemic: “The fact that among the HIV-infected, people aged 20-39 constitute the majority – the most sexually active – means that the next epidemic wave will be the spread of HIV through sexual intercourse.”<sup>285</sup> This way biopolitical discourse constructed the impoverished groups of young people as drug addicts with diseased sexuality threatening to spread the epidemic into the general population.

Initially, the category of age facilitated a representation of HIV-infected people as victims of the disease who were losing their social and productive value for the country as a whole. However, when the category of age was linked to drug use and sexual activity, the victims were redefined as the catalyst of the forthcoming wave of the epidemic: “Due to the fact that modes of AIDS-transmission<sup>286</sup> and STDs are the same... - and also taking into consideration intimate relations between both risk groups in the context of AIDS (drug addicts and people with risky sexual behavior) – we should expect a second, even higher wave of HIV-infection in the near future.”<sup>287</sup> Based on these statements it appeared that people with STDs were necessarily involved in risky sexual behaviors with drug addicts, and that both these groups represented a significant proportion of the population (with the second wave of the epidemic predicted to be even higher). A paradox inevitably paralyzed HIV/AIDS politics in Ukraine at this point, namely: how did this wave of infection reach a general population that does not engage in risky sexual behavior and does not use drugs? In a context where the entire population is identified to be ‘at risk’, how can we speak of the general population as distinct from certain specified risk groups? In other words, does the

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<sup>285</sup> DAA, 1997: 23.

<sup>286</sup> By that time in the reports of the Committee one could still notice the confusion between HIV and AIDS by the members of the Committee. Calling it “modes of AIDS transmission,” the member of the Committee refers to modes of HIV-transmission. HIV, being a virus, can be transmitted, AIDS, being a syndrome of immune deficiency, cannot.

<sup>287</sup> DAA, 1997: 40.

concept of risk group indicate a group at risk of HIV infection? Or does it instead represent a risk for a mysterious general population?

The risk groups that were identified included IDUs, sex workers, homosexuals, prisoners, drivers of international vehicles, etc.<sup>288</sup> During the sixth session one of the members of the Committee drew attention to prisoners as a risk group in the context of HIV/AIDS; taken at face value, however, the statement might apply to any risk group: “There is no good evidence that the epidemic of HIV-infection started in prisons, but taking into consideration the fact that we cannot *protystoyaty ts’omu* (prevent it) only by mandatory medical check up and diagnosing prisoners with AIDS, it is clear that the epidemic will start growing from within.”<sup>289</sup>

The above mentioned statement, alongside the fact that between 1987 and 1995, during all the four sessions, the main way of HIV-transmission was regarded as heterosexual intercourse, indicates that the epidemic might be seen as a result of the inability of the state officials to prevent HIV-spread (*protystoyaty ts’omu*), which as a consequence started growing from within various populations. With time, general discourses on HIV/AIDS defined some of these communities as “risk groups,” representing HIV-spread as an issue of personal responsibility and avoiding larger political-economic processes perpetuating the epidemic. While certain groups were labeled risk groups in their relations to the epidemic, the spread of HIV in other groups was not largely addressed. For instance, even though there was a significant increase of HIV-infection registered among young men called up for military service in the army in Odesa region and Mykolaiv region, especially in spring 1995, this group was not mentioned as a risk group in the context of HIV/AIDS during the sessions.<sup>290</sup> On the contrary, the increase of HIV-spread among “other groups” (i.e. drug addicts, prisoners, people with STDs and those who did not have a stable partner) went “especially

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<sup>288</sup> DAA, 1997: 10.

<sup>289</sup> DAA, 1997: 43.

<sup>290</sup> DAA, 1997: 7.

noticed” by the members of the Committee.<sup>291</sup> When the risk groups were finally identified, the Committee rushed to declare that the epidemic in Ukraine started reflecting a classical scenario (classical in the Western sense, when the epidemic has already been attributed to the risk groups under biopolitical discourse for management and surveillance), i.e. a spread of infection from the risk groups to the healthy heterosexual population; this involved a slow spread of infection among the general/heterosexual population and a more rapid spread among people with promiscuous sexual relations, prostitutes and homosexuals as well as high spread of infection among IDUs.<sup>292</sup>

### 2.2.2 On International, State and Non-State Cooperation

In this sub-chapter I examine the reasons which allowed for inclusion of Western expertise on the epidemic into state discourses. I also address the obstacles which were on the way of raising awareness campaigns on the state and local levels. In the situation when the Committee continuously lacked funding to address the epidemic, involving international donors became critical. On the one hand, HIV/AIDS was used by the Committee as a tool to develop international relations. On the other hand, it became a channel for dissemination of Western expertise on the epidemic. In his speech during the sixth session of the Committee, its Head, V. Ivasyuk, stated that it was due to the establishment of the Committee on the national level, as well as due to the changes made by that committee in the National Program

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<sup>291</sup>DAA, 1997: 38. Taking into consideration the close relationship between drug addiction, STDs and AIDS in Ukraine, during the sixth session the Committee (1996) declared a need to combine respective programs on their prophylactics into one program. As a result they set up a National Committee on the Problems of Prophylactics of Drug Addiction and AIDS (DAA), under the purview of the Cabinet of Ministers. DAA, 1997:40. The same year the National Committee on Prophylactics of Drug Addiction and AIDS was set up as a central body of executive authority on the basis of the Committee on AIDS. President of Ukraine, Decree no. 1184/96 (December 10, 1996) <http://zakon2.rada.gov.ua/laws/show/1184/96> (accessed April 7, 2013). A year later, however, the Committee lost its “national” status and became responsible to the Ministry of Health. President of Ukraine, Decree no. 1275/97 (November 14, 1997). <http://zakon2.rada.gov.ua/laws/show/1275/97> (accessed April 7, 2013). In 1998 the Committee was dismissed and its head, V. Ivasyuk, lost his position, too. Instead of the Committee, the National Coordinative Council on the issues of AIDS prevention was set up in 1999. The majority of the members of the former Committee were not included in the Council. Cabinet of Ministers of Ukraine Decree no. 1492 (August 13, 1999) <http://zakon2.rada.gov.ua/laws/show/1492-99-%D0%BF> accessed April 7, 2013).

<sup>292</sup> DAA, 1997: 23.



(1992) that Ukraine had gained international recognition in the HIV/AIDS related area and “was recognized as a pilot country, a role model for other countries,” in its AIDS-related state policy.<sup>293</sup> General discourse of the Committee reflected its desire for international cooperation. The topic of HIV/AIDS served as a tool for the state discourse on Western and European integration. The discourses voiced during the sessions often times referred to the Western experience of the epidemic, as well as the concepts of democracy and human rights, e.g. “Today attitudes to AIDS have become a criterion for determining the level of democracy in a given country, i.e. how human rights are secured in a given country”.<sup>294</sup> Or, “the experience of Western Europe and the US proves that any discriminatory policy cannot be justified in the realm of AIDS prophylactics.”<sup>295</sup> The President of Ukraine reproduced this discourse in his opening speech at the 5<sup>th</sup> session of the Committee, in which he made HIV/AIDS policy a question of the ability of Ukrainian democracy to meet its international obligations concerning human rights:

Combating AIDS should happen based on the Declaration of Human Rights and international agreements. The acceptance of Ukraine to the European Council makes us tightly regulate our legislation in accordance to respective international acts and recommendation of the European community.<sup>296</sup>

The problem with the Ukrainian legislation related to HIV/AIDS was that in 1995 it did not correspond to some international requirements. It was so mainly because of the obligatory testing.<sup>297</sup> According to the law “On prevention of AIDS and Social Protection of Population,” 1991, there were three groups that had to undergo mandatory testing on HIV, i.e., people involved in prostitution, IDUs and foreigners coming to the state to work and study.<sup>298</sup> While appealing to the need to change the legislation, the Committee stated: “Due

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<sup>293</sup> DAA, 1997:36.

<sup>294</sup> DAA, 1997: 25.

<sup>295</sup> DAA, 1997: 26

<sup>296</sup> DAA, 1997: 4.

<sup>297</sup> DAA, 1997: 26

<sup>298</sup> DAA, 1997: 27.

to the fact that Ukraine got to a new level of relations, both within the state and internationally there is a need to change the Law [on combating AIDS] to make it fit international pacts and declarations recognized by Ukraine.”<sup>299</sup> This way Ukrainian legislation was influenced by international regulations. The international recognition of Ukrainian independence depended on its adherence to international legislation. As the Committee stated:

Ukraine became a full member of international community as an independent state in 1991. Since then Ukraine accepted its obligations to follow international law and civilized principles in relations with countries – members of international community in all spheres of human existence.<sup>300</sup>

Similarly, when talking about the need to seriously approach the issue of the safety of blood donation, the Committee referred to the European Parliament and its resolution on the safety of blood for the European Union. Ukraine was to pay similar serious attention to the safety of blood donation, since “Ukraine has an intention to become a member of the European Union.”<sup>301</sup> Besides the cooperation with the West, the Committee was also interested in developing relations with its neighboring Baltic countries, Commonwealth of Independent States and bordering Eastern-European countries in the context of HIV/AIDS:

. . . the National Committee by its own initiative started preparation of the Program directed at the creation of the projects of interstate agreements of Ukraine with the countries-members of CIS, Baltic countries and bordering Eastern-European countries in the context of HIV/AIDS treatment and prophylactics . . .<sup>302</sup>

Thus, discourses on HIV/AIDS served for various state actors to develop its network of international relations. During its sessions the Committee often referred to the WHO as a role model in combating AIDS and made a constant emphasis on an international cooperation and following the WHO recommendations on the state

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<sup>299</sup> CA, 1995: 57-8.

<sup>300</sup> CA, 1995: 60.

<sup>301</sup> CA, 1995: 63.

<sup>302</sup> CA, 1995: 62.

level.<sup>303</sup> At a meeting in 1993, between the WHO representatives and the National Committee with the Ukrainian President, the President stated that he regarded the National Program on Combating AIDS as a priority element in the state policy of Ukraine and guaranteed that the policy would match the principles of global program of WHO on AIDS.<sup>304</sup> According to the Committee, the main directions of the national policy on combating AIDS were based on the Ukrainian law “On Prevention of AIDS Disease and Social Protection of Population,” the decree of the Cabinet of Ministers “On the National Program on AIDS Prophylactics in Ukraine 1992-1994” and the WHO recommendations and international acts, ratified in Ukraine.<sup>305</sup>

In 1993 the Committee became a member of EUROCASO (European Council AIDS Service Organization). It claimed to work on creating an HIV-related organization in Ukraine with the support of EUROCASO and German organization Deutsche AIDS-Hilfe.<sup>306</sup> Other types of cooperation between Ukraine and international organizations, named by the Committee, included participation of Ukrainian delegates in international seminars on HIV, training seminars in Ukraine with the participation of the WHO, scientific cooperation with Glaxo-Wellcome, study by the Ukrainian experts of the health care system in Canada, related to HIV prophylactics, etc.<sup>307</sup> The Committee claimed to be open to foreign expertise done by the potential investors in the National Program as well. It stated that it realized the need for financial support for the program from Western countries and such international institutions as the European Bank of Reconstruction and Development and the WB.<sup>308</sup> As an example, it consulted the UN office in Ukraine, the Head of WHO in New York, the USAID and the

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<sup>303</sup> CA, 1994: 46.

<sup>304</sup> CA, 1994: 17.

<sup>305</sup> CA, 1994: 43.

<sup>306</sup> CA, 1994: 49.

<sup>307</sup> DAA, 1997: 12-3.

<sup>308</sup> CA, 1994: 20.

Council of the German Embassy in Ukraine. Under the initiative of the Committee in 1994, the UN, the WHO and International Association of Lawyers analyzed Ukrainian legislation, the National Program and epidemic situation related to AIDS in the state and made a conclusion that in general Ukraine kept up with international principles of Human Rights and ratified international agreements.<sup>309</sup> While talking about the achievement, the head of the Committee concluded: “It is due to the recognition of Ukraine as a civilized state on combating AIDS-related issues, that in February 1994 in Kyiv, the office of the WHO was set up.”<sup>310</sup>

In 1995, an international expert committee of the WHO worked in Ukraine again to analyze efficiency of the previous national programs and make recommendations for the upcoming program.<sup>311</sup> While developing the National Program on AIDS for the period, 1995-1997, the Committee named one of its main tasks: the creation of favorable conditions for international and state investments for this program, following human rights principles, making the national program match the UNDP program and the WHO recommendations, organize cooperation with various state institutions and non-state organizations, etc.<sup>312</sup> In the realm of science, the vector of the Committee discourse was also directed towards the international integration: “...priority task for the National Committee is integration of Ukrainian science into international science.”<sup>313</sup> Hence, on the one hand, discourse on HIV/AIDS was used by the Committee to foster its international relations and global/European integration. On the other hand, giving recognition to international expertise (WHO in particular) in dealing with the epidemic, the Committee was expecting Western donors’ funding in exchange.

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<sup>309</sup> CA, 1995: 54.

<sup>310</sup> CA, 1995: 54.

<sup>311</sup> DA, 1997: 12.

<sup>312</sup> CA, 1995: 95-6.

<sup>313</sup> CA, 1994: 14.

Not only was the Ukrainian state interested in international cooperation. International pharmaceutical companies were also inclined towards it. International cooperation between the Ukrainian state and foreign medical firms in the context of HIV/AIDS started already in the early nineties. British corporation “Wellcome” for 60 000 USD provided Ukraine with medicines such as retrovir, virolex and septrin for treating opportunistic infections.<sup>314</sup> Another British company “Generics” provided Ukraine with antibiotics and vitamins. In 1993, the National Committee on Combating AIDS signed an agreement with a foreign company “Abbott.” The Committee bought test systems for HIV from “Abbott” and in its turn, “Abbott” provided modern equipment and test systems for Ukrainian laboratories for free. The cooperation between the Committee and the Western pharmaceutical companies reflected political economic tensions related to acquisition of pharmaceutical markets in Ukraine. Initially Ukraine was largely using Russian test systems for HIV. However, the Committee continuously emphasized that the problem with test systems in Ukraine was related to the fact that majority of them were imported from Russia and were of a very low quality.<sup>315</sup> Hence, there was a need to change the company-provider of the test system. In this case, committee representatives appealed to Western expertise in the area of HIV-testing in order to discredit, Russian-produced HIV-tests. As Valeriy Ivasyuk (in 1993 a state deputy, vice-head of the National Committee on Combating AIDS, Responsible to the President of Ukraine) stated in one of his interviews:

We have much more diseased people than the statistics – which is as incorrect as the ways of its compilation – shows. According to the statistics we have around 150 people diseased with AIDS and AIDS carriers. But it is not so as today we mostly use Moscow test-systems for AIDS which are of a very low quality; by the way, none of the countries in the world use them anymore. When Luc Montagnier (he identified the AIDS virus) had a speech during the IX International AIDS Congress in Berlin, he stated that for diagnostic of this disease only those test-systems should be used which have more than one antigen determinant. Because one determinant does not ensure high sensitivity of a test-system. Moreover, the virus of human immune deficiency

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<sup>314</sup> CA, 1994: 9.

<sup>315</sup> CA, 1994: 8.

has one million times more mutations than for instance the virus of flu. The Russian test-systems exactly have only one determinant, therefore, their results cannot be considered accurate. . . <sup>316</sup>

In the period, 1993-1994, the National Committee bought medications for people living with HIV/AIDS from “Wellcome” Gr. Br.; “Pharmatech LTD” Gr. Br.; “KRKA” Slovenia, etc.<sup>317</sup> The Committee was highly interested in continuing its cooperation with “Wellcome” Gr. Br.. After the Committee was dissolved in 1998, Valeriy Ivasyuk (1995-1998 the head of the National Committee on Prophylactics of Drug addiction and AIDS, Responsible to the President of Ukraine) indirectly stated that one of the main reasons for its dissolution was related to the fights for pharmaceutical markets between the West and a certain state oligarchic group:

Journalist: the fight of the Ministry of Health against the National Committee [on Combating AIDS], was that a fight “for power” or “for money”?

Valeriy Ivasyuk: Certain people have interests in money-related issues. Everything that happened in the AIDS-area [the regular change of the Committee which ended up by its dismissal and the Ministry of Health became the main state stakeholder in HIV/AIDS related area] revolves around one company only. It explains everything.

Journalist: In your information-analytical bulletin “My,” August this year, you wrote that cofounders of this company are very famous people.

Ivasyuk: it is not that I am afraid that the pharmaceutical company produces test-systems which substituted imported highly sensitive test-systems [e.g. Abbott, the US] which were being used during the work of the National Committee on AIDS prophylactics. What I am afraid of is their quality. The thing is that they give more than 30% of falsely-positive and falsely-negative results! It is a fact that nobody has proved wrong. The President, every deputy, the Cabinet of Ministers have the documents proving it. The percentage of error is so high that one of the major expert institutes in EU, i.e. the laboratory of the Goethe institute in Frankfurt, concluded “These test-systems cannot be used in practice,” as the errors are not standardized and differ so much that it is impossible to conclude where exactly the mistake is... <sup>318</sup>

<sup>316</sup> HU OSA 205-4-207 Social Issues: Healthcare Box 85 Health 1989-1992; AIDS 1993-1996. “Valeriy Ivasyuk “We Have Much More People with AIDS than the Statistics Show,” *Unian-Press Service* 25 (November 22, 1993): 30-1.

<sup>317</sup> CA, 1995: 82.

<sup>318</sup> Olena Grinchenko, “Valeriy Ivasyuk: Xlib i Liky u Derzhavi Mayut’ Buty Odbnakovo Dostupnymy dlya Vsih [Valeriy Ivasyuk: Bread and Medications in the State Must Be Equally Accessible for Everyone],” *Den’*

In this case again, Ivasyuk used Western expertise to discredit a non- Western company-provider of test systems. Such tensions concerning purchase of medical equipment continued long after the Committee was dissolved. HIV/AIDS opened up new pharmaceutical markets for various companies-providers. Hence, rivalry over medical products and equipment provision was an ever present reality of the epidemic. The rivalry, however, was often disguised by discourses on scientific expertise and/or humanitarian interventions.<sup>319</sup>

Perceiving itself as quite successful in the area of the international cooperation, the Committee voiced their concerns about encountering the ‘lack of enthusiasm’ for the cooperation between the actors on the state level:

Despite all the efforts of the Committee, which are in agreement with the current legislation, this is very hard for it to fulfill its main function –coordination of the National Program – due to the lack of constructive position of certain Ministries and departments towards the National Committee.<sup>320</sup>

For instance, according to the Committee, the Tender Committee of the Cabinet of Ministers ignored the need to buy diagnostic equipment for AIDS in 1994, despite the fact that the Ministry of Finance provided necessary money for the purchase.<sup>321</sup> The Ukrainian state TV and Radio Company refused to give its time for AIDS prophylactics and raising awareness.<sup>322</sup> The Ministry of Health was constantly trying to discredit the Committee.<sup>323</sup> The Ministry of Domestic Affairs did not want to abandon the policy of mandatory testing for certain groups of population – the initiative by the Committee based on the WHO recommendations. The Ministry was also against the introduction of needle exchange programs.<sup>324</sup> The State Customs Service was opposed to another initiative of the Committee,

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no.203, October 23, 1998. <http://www.day.kiev.ua/290619?idsource=117082&mainlang=ukr> (accessed December 21, 2011).

<sup>319</sup> Chapter IV is another good example to this argument.

<sup>320</sup> CA, 1994: 21.

<sup>321</sup> CA, 1995: 7,8.

<sup>322</sup> CA, 1994: 21-4.

<sup>323</sup> CA, 1994: 21-4.

<sup>324</sup> CA, 1995: 13.

according to which, things imported to the country for the National Program on Combating AIDS (usually free donations from abroad) were not to be taxed by the customs office.<sup>325</sup> Since money from the taxation, according to then current Customs Code, was to go for the development of the customs, the conflict between the two state agencies arose. Tensions between various actors in the realm of political economy of HIV/AIDS have started in Ukraine even prior to the epidemic itself. The Committee encountered problems not only with state actors but with actors on the local level as well. Knowledge spread in forms of raising awareness campaigns did not go as smoothly as was anticipated. Hence, the Committee complained:

How to do propaganda of HIV-infection prophylactics, if there is no necessary finances for it? Moreover, on the condition that certain establishments and medical personnel, who have to deal with it, do not understand or do not wish to understand this problem.<sup>326</sup>

Thus, teachers were reluctant to get involved in raising awareness on HIV/AIDS: “Some teachers were not ready for such work, for others it was additional trouble. “How are we going to talk about it with children?” – embarrassed teachers asked us.”<sup>327</sup> In certain educational establishments teachers confiscated all the material given to students during the National Committee campaign on raising awareness, in others they confiscated some questions addressed by students to doctors. A head master of one of the regional schools confronted the Committee as well: “If I had known what you are going to talk about [ways of HIV transmission and prevention], I would not let you enter the school.”<sup>328</sup> In a Western Ukraine, where the 15 minute information campaign before the actual seminar on HIV/AIDS was in Russian, the Committee was accused in propaganda of Russian ideals in Western Ukraine. In certain towns the representatives of the Committee were not provided with spaces for seminars, in others only few participants came to attend them. Two years after the

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<sup>325</sup> CA, 1994:23.

<sup>326</sup> CA, 1995: 29.

<sup>327</sup> CA, 1995: 30.

<sup>328</sup> CA, 1995: 75.



raising awareness campaigns were launched the Committee complaint remained the same: “We face much misunderstanding or lack of desire of many officials, medical and education personnel to deal with the problem.”<sup>329</sup> The Committee also complained on mass media, which spread some unrealistic facts about AIDS, amongst which was the rumor that AIDS could be cured by spiritual leaders or an article of one of Ukrainian academicians who advised women to “Sleep home. And sleep alone,” to avoid AIDS.<sup>330</sup> The situation points to the fact that whereas the Committee was a constituent of state governmentality, it was not the only one. Discourses on HIV/AIDS in Ukraine represented a nod of various processes and actors involved in HIV-AIDS-related issues. The actors often carried conflicting ideas and behaved in a far less coherent way than an all-encompassing concept of a state might promise.

Contrary to the situations with lack of cooperation between various state constituencies, one of the big achievements, according to the Committee, was cooperation between certain state actors and NGOs on HIV/AIDS related issues.<sup>331</sup> Local and regional AIDS-centers were creating some networks with gay organizations and held sessions on HIV prophylactics together. For instance, a city AIDS-center in Dnipropetrovsk cooperated with “Aesop,” an American association, which provided the center with the literature and condoms needed for raising awareness campaigns. The Committee also referred to the state cooperation with “Ganimed,” which they addressed as an “All Ukrainian Association of Sex Minorities.”<sup>332</sup> In fact “Ganimed” used to be a “gay organization” until the state made it an anti-AIDS governmentally organized non-governmental organization (GONGO). After the reorganization “Ganimed” became much less gay-issues-oriented and many of its members left the NGO. One more NGO mentioned by the Committee, “Denis Anti-AIDS,” was really

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<sup>329</sup> CA, 1995: 75.

<sup>330</sup> CA, 1995: 32.

<sup>331</sup> CA, 1994: 14.

<sup>332</sup> CA, 1994:14, 28.

small and for quite some time did not even have its own office. The three NGOs were the only mentioned by the Committee in 1993 as an evidence of the success between the state and NGOs cooperation. During the next session, however, the number of NGOs named during the session increased to include “Denis-anti-AIDS,” “Ganimed,” “Dva Kolory Bogdan,” “Committee of Ukrainian Catholic Youth,” charity foundation “Dobrotolyuby” and an association of HIV-positive people “Chas Zhyttya.”<sup>333</sup> The Committee planned to invest 5% of the budget of the National Program in the NGOs. Given poor financing of the Program itself, it was highly improbable that the plan would be implemented.

## **Conclusion**

From the early years of HIV-spread in Ukraine, various state and non-state actors were involved in knowledge production on HIV/AIDS. Such discourses on HIV/AIDS were related to different political agendas. The Committee often appealed to Western expertise and international legislation in order to facilitate the process of Ukrainian integration into Western community and receive international funding. Western scientific knowledge on HIV/AIDS was also used in a struggle for pharmaceutical markets which opened up with the beginning of the virus spread in Ukraine. Given that the Committee was discursively oriented towards the West, its relations with various international actors were rather productive. However, cooperation between state actors in HIV/AIDS-related areas was much less productive. Tensions between the Committee, state ministries, medical, teaching and national TV personnel, etc. can be interpreted as examples of the diversity of heterogeneous actors working within the rubric of the state/state policy, each operating in accordance with various interests shaping their involvement (or lack of it) in regards to HIV/AIDS in Ukraine. Hence, discourses on HIV/AIDS in Ukraine at the early state of HIV-spread in the state represented the heterogeneous interests of the actors involved.

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<sup>333</sup> CA, 1995: 38.

The discursive formation of the figure of HIV/AIDS sufferer in Ukraine varies with time depending on the different processes involved in its formation. State bodies dealing with the epidemic played an important role in knowledge production concerning the epidemic. Although relying on existing discourses on HIV/AIDS in the world, the Ukrainian state did not become their passive recipient. Knowledge production in the state went in line with nation state formation, obscuring certain categories and giving more emphasis to the others depending on their relation to already existing state discourses. With the development of the epidemic, constellations of categories representing its sufferer were undergoing gradual change. The collapsing of bodies and spaces as HIV-reservoirs shifted from an external location (African AIDS, illegal migrants) to defined regions and bodies within the Ukrainian population. Prior to the epidemic the line between healthy and diseased was written largely with race and citizenship. With the emergence of the epidemic within the state among ‘our compatriots,’ state discourses started fragmenting and racializing the general population from within. The shift from the initial portrayal of the epidemic in state discourses as a multidimensional problem to individualizing it was related to several factors. First, the state bodies dealing with the HIV-spread did not have sufficient funding; neither did they develop sufficient political tools to deal with power inequalities perpetuating the epidemic spread amongst disadvantaged groups of population. Dealing with the epidemic through the concept of risk groups seemed to be more economically cost-efficient and politically feasible, especially given that potential international donor institutions preferred this model of coping with global health issues.

## Chapter 3: HIV/AIDS and Transnational Governmentality in Ukraine

In this chapter, I focus on international involvement in HIV/AIDS-related issues in Ukraine as a part of a developmental project, which targeted at both decentralization in the state and at containing the disease within the borders of the developing world. In this case, Ukraine becomes a territory where the appeal to Western expertise follows the logic of the colonial metaphor of healing. In the chapter, I analyze NGOization<sup>334</sup> in the HIV/AIDS sector in Ukraine as a process involved in establishment of the transnational apparatus for discourse production and dissemination of expert knowledge on the epidemic. I argue that the epidemic was used as a channel for transnational biopolitical governmentality directed at management of bodies, populations and a post-Soviet transitional space. The international organizations use HIV/AIDS discourses as a channel for institutionalization of NGOs and related to that, challenging state sovereignty, influencing state decision-making as well as engaging Ukraine in the global pharmaceutical market.

### 3.1. Politics in the early 2000s.

Regardless how you value their assets, the influence in Ukraine  
of the richest businessmen is more than their asset value.  
— Oleksandr Paskhaver, *Financial Times*

Before I proceed to the discussion on NGOization in Ukraine, I want to briefly outline the political economic background to it in the early 2000s, in order to better situate

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<sup>334</sup> My understanding of NGOization is close with Julie Hearn's description of 'NGO-isation' in the context of Kenyan society. Hearn states that while referring to the term "we are not simply describing the proliferation of NGOs, but the western sponsorship of private voluntary organisations in order for them to play an increasingly pivotal role in the economic, social and political life of the country. These private organisations include both western aid agencies and indigenous or Southern organizations." In this chapter, however, I also show how blurred the line is between the western agencies and the "indigenous nature" of NGOs in Ukraine. Julie Hearn, "The 'NGO-Isation' of Kenyan Society: USAID & the Restructuring of Health Care," *Review of African Political Economy* 25. no.75 (March, 1998):89.

NGOization as a process related to geopolitical tensions in the state. The geopolitical tensions between Russia/West/NATO/IFI, etc. and the state oligarchy (constituted by heterogeneous actors in rivalry with each other) perpetuated instability and pauperization in the state, but also pointed to Ukraine as a highly desirable space for Western/Russian interventions. Western and Russian actors have been continuously wrestling for political-economic, as well as biopolitical influence in the state.<sup>335</sup> In this situation, Ukrainian oligarchic groups often opted for the tactics of favoring different actors in different projects to keep the balance of power and preserve relative sovereignty in decision making processes.

Åslund states that in the Ukrainian parliament in 2002, majority of the deputies were extremely rich and lobbied for the interests of big business groups.<sup>336</sup> A publication in “Eurasia Daily Monitor” in 2008 shows that the wealth of the 50 richest people in Ukraine constituted two annual Ukrainian state budgets.<sup>337</sup> A number of those people were members of the 2006-2007 Ukrainian Parliament, as representatives of different parties, socialists included. According to Sławomir Matuszak, the situation was similar in 2010, when representatives of big business still had a strong influence on central administration:

The Ukrainian government is trying not to infringe on the interests of particular oligarchs; reforms are introduced in a way that they affect big business to the smallest possible extent and their costs are shifted to small and medium-sized entities and society. In return for financial support the government enables big business to privatise on advantageous terms, gives them preference in lucrative tenders and limits internal and external competition.<sup>338</sup>

According to different data the number of ruling clans in Ukraine decreased from six (mainly related to steel) in 2005 to four in 2006 and then to two the most influential clans (metallurgy-related and chemical and gas industry-related) after the 2010 Presidential

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<sup>335</sup> As it will be shown more in Chapter 4 as well.

<sup>336</sup> Åslund, “Comparative Oligarchy (2005),” 8.

<sup>337</sup> Taras Kuzio, “Oligarchs Wield Power in Ukrainian Politics,” *Eurasia Daily Monitor* 5. no. 125 (July 1, 2008).

<sup>338</sup> Sławomir Matuszak, “How Ukrainian Oligarchs View Economic Integration with the EU and Russia,” *Eastweek*. Last Modified September 14, 2011. <http://www.osw.waw.pl/en/publikacje/eastweek/2011-09-14/how-ukrainian-oligarchs-view-economic-integration-eu-and-russia> (accessed April 8, 2013).

elections.<sup>339</sup> However, even though losing their political power, a number of clans (mostly from such regions as Kyiv, Kharkiv, Donetsk and Dnipropetrovsk) still were capable of influencing state decision making in their interest through either the Presidential Administration ( unofficially called a “shadow government” because of its extensive executive power granted to it by the President) or through the Ukrainian government.<sup>340</sup> The parliamentary elections in 2002, however, reflected a shift in political establishment as compared to the nineties. Opposition to pro-presidential parties got a high percentage of the vote.<sup>341</sup> Even though, the opposition failed to establish parliamentary majority it acquired an image of the alternative power to then current regime. This image was quite beneficial for the opposition on the eve of Presidential elections in 2004. The elections were won by the oppositional candidate, Viktor Yushchenko, positioned in discourses as pro-national democrat, and pro-West as opposed to his opponent, Viktor Yanukovich, positioned as pro-Russian. However, the state leaders still did not have clear vision of the needed reforms. According to the “Economist,” one of the obstacles to reforming was a clash of different actors in power: “From mid-2006 until September 2007 the reformist presidency coexisted with a parliamentary majority and cabinet dominated by oligarch-linked interests and left-wing parties.”<sup>342</sup> After the presidential elections, the Ukrainian oligarchy did not lose its position in the state, even if that position in influencing state decision-making was different for different oligarchic groups and changed with time.<sup>343</sup> “Financial Times” report on Ukraine in 2008 stated: “...business oligarchs who acquired influence under Mr. Kuchma [the former President, July 1994- January 2005] have by and large retained their political

<sup>339</sup> Åslund, “Comparative Oligarchy (2005),” 7; Matuszak, “How Ukrainian;” “Ukraine: Oligarchy Reformed,” Moldova.org. Last Modified November 18, 2006 <http://politicom.moldova.org/news/ukraine-oligarchy-reformed-20292-eng.html> (accessed January 7, 2013).

<sup>340</sup> Matuszak, “How Ukrainian;” Melnykovska and Schweickert, “Who,” 30.

<sup>341</sup> Tyzhden’, “20 Rokiv,” 72-3.

<sup>342</sup> Economist, “Ukraine.”

<sup>343</sup> Tyzhden’, “20 Rokiv.”

influence.”<sup>344</sup> Constant conflicts between the ruling parties, cooperation and sometimes fight for support of oligarchs, fraternization with representatives of oppositional powers, hierarchy of self-interest, etc. facilitated never ending hardship in the country.<sup>345</sup>

After the presidential elections in 2010, Viktor Yanukovich, supported by certain Ukrainian oligarchy clans, got to power.<sup>346</sup> The governmental coalition supporting the President was formed and started reforming processes.<sup>347</sup> According to “Washington Post,” the new reforms mainly represented interests of the Ukrainian oligarchic groups: “The ensuing “reforms,” however, did not boost Ukraine’s competitiveness or market freedom but instead benefited a few businessmen close to the president.”<sup>348</sup> The administrative reform assured that pro-Presidential representatives got access to power on different levels.<sup>349</sup> Codification of tax laws, (so-called tax reform, done under Yanukovich), benefited big business at the expense of small business. It allowed for near monopolization of certain branches of economy such as metallurgy, energy, production of fertilizers and chemical industry, etc. by the people in power.<sup>350</sup>

### 3.1.1 The IMF

More active push for reform came to Ukraine with an international involvement in the state. However, that push was often met by resistance from various actors involved, from deputies to mass media, civil activists, etc. For instance, the beginning of close relations between Ukraine and the IMF could be dated back to 2004. At that time the IMF approved a program called “preemptive stand-by” for Ukraine. Ukraine got a chance to ask for a credit in

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<sup>344</sup> “Ukraine: Growing in spite Politics,” *Financial Times* (May 14, 2008): 3. [www.ft.com/ukraine](http://www.ft.com/ukraine) (accessed May 1, 2011).

<sup>345</sup> Tyzhden’, “20 Rokiv,” 75-83.

<sup>346</sup> Tyzhden’, “20 Rokiv,” 83-5.

<sup>347</sup> Tyzhden’, “20 Rokiv,” 83-5.

<sup>348</sup> Anders Åslund, “Is Viktor Yanukovych Ukraine’s Putin?,” *The Washington Post* (May 1, 2011). [http://www.washingtonpost.com/opinions/is-viktor-yanukovych-ukraines-putin/2011/04/27/AFVH3sUF\\_story.html](http://www.washingtonpost.com/opinions/is-viktor-yanukovych-ukraines-putin/2011/04/27/AFVH3sUF_story.html) (accessed April 8, 2013).

<sup>349</sup> Tyzhden’, “20 Rokiv,” 83-5.

<sup>350</sup> Tyzhden’, “20 Rokiv,” 83-5.

case its balance of payments would sharply decline.<sup>351</sup> In 2008 the IMF was ready to provide Ukraine with a first credit with 4% of annual interests. Ukraine got its first credit tranche from the IMF during the Yushchenko Presidency. A relationship between Ukraine and Bretton Wood Institutions, the IMF in particular, during Yanukovych continued to develop, contrary to the fact that the mass media often referred to him as a “pro-Russian” candidate. Exchanging the promise for reforms for credit tranches, however, the Ukrainian government was not rushing to implement such reforms. As a result of agreement with the IMF, the state budget was tightened; subsequently, the government raised prices for gas for population, not immediately, but in several phases. Reforms in the spheres of the gas market and pensions were postponed.<sup>352</sup>

An article “Ukraine Always Lives in Debt-Where Does the IMF Money Go” stated that the first months of 2011, Ukraine was unenthusiastic about cooperating with the IMF: “The international bourgeoisie demands increasing pension age which the government is reluctant to implement because of the problems related to its image. The first months of the year, the cooperation with the IMF went under the logo ‘it’s not that much desired anyway.’”<sup>353</sup> Especially debatable was pension reform which was to extend working ages for men and women in the state. Headlines of Ukrainian mass media material concerning the reform were quite telling, i.e. “The IMF Money Appeared to Be More Important Than Ukrainian Pensioners,” or “Deputies Do not Want to Approve Pension Reform,” and “The World Bank Supports Pension Reform in Ukraine,” and “M. Azarov [then Prime-Minister of Ukraine]: We Borrow Exactly as Much as Is Needed to Liquidate our Debt,” or “M. Azarov:

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<sup>351</sup> Delo, “MVF I Ukraina: Polnaya Istoriya Kreditnyh Otnoshenii. [IMF and Ukraine: The Full Story of Credit Relationship],” Last modified December 19, 2010. <http://delo.ua/wiki/mvf-i-ukraina-istorija-kreditn-110921/> (accessed August 13, 11).

<sup>352</sup> Aslund, “Is Viktor.”

<sup>353</sup> TopMedia News, “Ukraina Vse Vremya Zivet v Dolg, Kyda Uhodyat Den’gi MVF? [Ukraine Always Is in Debt-Where Does IMF Money Go?] .” Last modified June 10, 2011. [http://topmedia.com.ua/news/show/2011-06-10/14880\\_ukraina-vse-vremya-zhivet-v-dolg-kuda-uxodyat-dengi-mvf](http://topmedia.com.ua/news/show/2011-06-10/14880_ukraina-vse-vremya-zhivet-v-dolg-kuda-uxodyat-dengi-mvf) (accessed April 8, 2013).



There Is No Need to Urgently Take a Loan from the IMF,” and “ the IMF Promises Double Tranche in Exchange for Start of the Pension Reform, ”etc.<sup>354</sup>

The Communist Party did not support the reforms either, expressing its distrust to IMF as well as the intentions of Ukrainian deputies favoring such reforms. One of the party members accused the supporters of the reform in undermining national idea and referred to the IMF as a profit-oriented organization, which was not very successful in helping any country to get new economic prospects.<sup>355</sup> The Head of the Federation of Trade Unions in Ukraine, Sergiy Kondryuk, stated that the IMF went beyond its financial authority while demanding pension reform in Ukraine: “Dictate of any social issues to an independent state is unacceptable.”<sup>356</sup> Then Vice-Representative of the government, Mykola Tomenko, also stated that oppositional parties would not support the reform. He further added: “It seems to me that the approach of the government in the pension issue goes as follows – the IMF money in exchange for rising pension age for men and women.”<sup>357</sup> While the Ukrainian government was struggling over the pension reform, it also postponed raising gas tariffs as another IMF

<sup>354</sup> TopMedia News, “Den’gi MFV Okazalis’ Vazhnee Ukrainiskih Pensionerov [IMF Money Appeared to Be More Important Than Ukrainian Pensioners]” Last Modified June 21, 2011. [http://topmedia.com.ua/news/show/2011-06-02/14400\\_dengi-mvf-okazalis-vazhnee-ukrainskix-pensionerov](http://topmedia.com.ua/news/show/2011-06-02/14400_dengi-mvf-okazalis-vazhnee-ukrainskix-pensionerov) (accessed April 8, 2013); TopMedia News, “Deputaty ne Hotyat Prinimat’ Pensionnuyu Reformu [Deputies do not Want to Accept the Pension Reform].” Last Modified June 09, 2011. [http://topmedia.com.ua/news/show/2011-06-09/14798\\_deputaty-ne-hotyat-prinimat-pensionnuyu-reformu](http://topmedia.com.ua/news/show/2011-06-09/14798_deputaty-ne-hotyat-prinimat-pensionnuyu-reformu) (accessed April 8, 2013); Ul’iana, Dryuchkova. Uktainskyui Biznes Resurs, “Svitoviyui Bank Pidtrymue Pensiynu Reformu v Ukraini [The World Bank Supports Pension Reform in Ukraine].” Last modified June 22, 2011. <http://ubr.ua/uk/ukraine-and-world/power/svtovii-bank-pdtrimu-pensinu-reformu-v-ukran-94433> (accessed April 8, 2013); UNN. “M. Azarov: My Zaimaemo Rivno Stil’ky, shchob Pogasyty Zapozychennya [“M. Azarov We Borrow Exactly as Much as Is Needed to Liquidate Our Debt,” ].” Last Modified June 15, 2011 <http://www.unn.com.ua/ua/news/15-06-2011/387866/> (accessed August 9, 2011); UNN, “M. Azarov: Nemaie Neobhidnosti Terminovo Pozychty v MVF [M. Azarov: There Is No Need to Urgently Take a Loan from the IMF].” Last Modified June 15, 2011. <http://www.unn.com.ua/ua/news/15-06-2011/387866/> (accessed August 9, 2011); Melnyk , Natalia. UNN, “MVF Obitsye Podviynyi Transh v Obmin na Pochatok Pensiinoi Reformy [IMF Promises Double Tranche in Exchange for Start of the Pension Reform].” Last Modified June 11, 2013. <http://www.unn.com.ua/ua/news/11-06-2011/385230/> (accessed April 8, 2013).

<sup>355</sup> TopMedia News, “Kommunisty Uvereniy – Sytyi Tigipko Podryvaet Natsyonalnuyu Ideyu [Communists are sure- “Replete” Tigipko Undermines the National Idea]” Last Modified June 8, 2011. [http://topmedia.com.ua/news/show/2011-06-08/14716\\_kommunisty-uvereniy-sytyj-tigipko-podryvaet-natsionalnuyu-ideyu](http://topmedia.com.ua/news/show/2011-06-08/14716_kommunisty-uvereniy-sytyj-tigipko-podryvaet-natsionalnuyu-ideyu) (accessed April 8, 2013).

<sup>356</sup>Uktainskyui Biznes Resurs, “Kuzhel’ Radyt’ ne Shukaty Voroga v MVF [Kuzhel’ Advices not to Perceive IMF as an Enemy]” Last Modified June 18, 2011. <http://ubr.ua/uk/ukraine-and-world/power/kujel-radit-ne-shukati-voroga-v-mvf-86337> (accessed April 8, 2013).

<sup>357</sup> TopMedia News, “Den’gi MFV.”

requirement.<sup>358</sup> The Washington Post dramatically summarized the situation: “As a result the IMF reforms have fallen apart.”<sup>359</sup> However, the statement was oversimplified and did not reflect complex relations between Ukraine and IFI. For instance, having not yet achieved success in the two mentioned requirements from Ukraine, the IMF has already demanded liberalization of the currency rate, rejection of the state support of the Ukrainian national currency.<sup>360</sup> The example of the cooperation between Ukraine and the IMF could be rather paradigmatic of power struggles between the international institutions and state actors and complexity of their relations. Such complex relational dynamics pointed to the fact that Ukrainian state was not a humble recipient of Western reform. Instead, its oligarchic groups were rather resistant to giving up their active role in state decision making to Western actors.

### 3.1.2 Energy Market

The situation with energy resources has always been among the most politicized in the state and largely defined international relations between Ukraine and Russia. According to an all-Ukrainian magazine “Tyzhden’,” on the one hand, Ukraine was a part of the Soviet geopolitical and geoeconomic system based on transferring gas and oil flows to Western Europe.<sup>361</sup> After the independence, such a situation could provide Ukraine with relative importance on the international level. However, the situation was not used for national interests but instead in the interests of certain oligarchic groups which profited from it. Profit from energy resources strengthened internal rivalry between different oligarchic groups, especially at the end of the nineties, beginning of the 2000s. Good relations with Russia granted certain groups of the Ukrainian oligarchy better position on the national gas market,

<sup>358</sup> Uktainskyui Biznes Resurs, “Taryfy na Gaz Taky Dovedet’sya Pidvyshchuvaty [Gas Tariffs Will Have to Be Raised in the End]” Last Modified June 29, 2011 <http://ubr.ua/uk/finances/macroeconomics-ukraine/tarifi-na-gaz-taki-dovedetsia-pdvishuvati-95322> (accessed August 9, 2011).

<sup>359</sup> Aslund, “Is Viktor.”

<sup>360</sup> To learn more about the persistence influence of IMF on implementation of pro-market reform in Ukraine read Harasymiw, *Post-Communist Ukraine*; Yekelchuk, *Ukraine: Birth*.

<sup>361</sup> Tyzhden’, “20 Rokiv,” 62-5.

subsidies and easier access to the product.<sup>362</sup> Hence, Russia never ceased being a strong player in the Ukrainian gas and oil related business. In the energy resources sector in the state cooperation with Russian actors has been given priority to any other alternative for quite a long time. As an article in the Financial Times stated in 2008:

Ukraine's vast but murky energy market has traditionally been ruled by domestic groups and Russian giants . . . Top western energy groups have eyed Ukraine for years, but none had established a notable presence until after the Orange Revolution of 2004 . . . Amounts invested thus far are tiny compared with projects in Russia and other markets.<sup>363</sup>

Governmental preferences to secure energy market for state actors cooperating with Russia did not change much in 2010. In the summer of 2010, the Ukrainian Ministry of Energy promised to start negotiations with the US corporations concerning setting up a consortium to explore a Ukrainian part of the continental shelf.<sup>364</sup> By the end of the year, however, the Ministry gave three parts of the shelf for mutual exploitation with a private Russian company. Moreover, it appeared that one of the deposits had already been explored and ready for exploitation. Instead of working with the US in this sector, the Ministry offered the US less lucrative sectors – rehabilitation of drained terrestrial gas deposits or import to Ukraine of the US technologies for developing of methane deposits. Even then, prior to the visit of the Minister of Energy to the US, the Ministry provided licenses for the best parts of the deposits to Russian companies.<sup>365</sup> Hence, it became only too evident that in its energy sector historically the Ukrainian government gave its preferences to its Eastern neighbor, not leaving much space for the Western corporations in the business.

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<sup>362</sup> Tyzhden', "20 Rokiv," 62-5.

<sup>363</sup> Roman Olearchyk, "Shell: Bid to Break Free of Russian Dependence," *Financial Times*, May 14, 2008. <http://www.ft.com/intl/cms/s/0/aa5f7124-1fc1-11dd-9216-000077b07658.html>

<sup>364</sup> "25 Naibagatshyh Ukraintsiv: Yak Vony Rozvyvatymut' Krainu [ 25 Richest Ukrainians: How they will develop the country]," *Komentari* 7. no. 252 (February 18, 2011): 71.

<sup>365</sup> "25 Naibagatshyh Ukraintsiv: Yak Vony Rozvyvatymut' Krainu [ 25 Richest Ukrainians: How they will develop the country]," *Komentari* 7. no. 252 (February 18, 2011): 71.

### 3.1.3 Between Russia and the West

Relations between the Ukrainian ruling groups, with Russia and Western international institutions were quite complex. In the year 2008, “Financial Times” referred to Viktor Yushchenko as “Ukraine’s pro-Western President” and to his Prime Minister, Viktor Yanukovich, as a leader of “Moscow-leaning governing coalition.”<sup>366</sup> According to the “Financial Times” Report on Ukraine in 2008, “the post 2004 leaders, i.e. Tymoshenko and Yushchenko were pro-West and pro-market economy oriented, “backing western policy agenda.”<sup>367</sup> The report also stated that “the post-2004 leadership [Yushchenko’s government] has . . . managed to secure admission to the World Trade Organization, the promise of an early start to talks on a free trade agreement with the European Union and a vague pledge of future NATO membership.”<sup>368</sup> In response, Russia raised prices for gas and its “anti-Ukrainian rhetoric.” Contrary to common predictions, during the period of pro-Western President Yushchenko in Ukraine, relations with Russia have not deteriorated significantly (for instance, during 2005-2008 the export from Ukraine to Russia almost doubled and commodity exchange grew as well).<sup>369</sup> Under “pro-Russian” president Yanukovich, the Ukrainian ruling groups were much less inclined to cooperate with its Eastern neighbor than when it was in the opposition to President Yushchenko.<sup>370</sup> After the 2010 elections, Ukrainian oligarchic groups were offered new opportunities to take advantage of Ukraine’s natural resources: Yanukovich’s government agreed that Russia could use a Black sea port until 2042 in exchange for a reduction of natural gas prices, benefiting production at steel and chemical plants in Ukraine.<sup>371</sup> As it was mentioned above, majority of Ukrainian oligarchs

<sup>366</sup> Financial Times, “Ukraine: Growing,” 5.

<sup>367</sup> Financial Times, “Ukraine: Growing,” 5.

<sup>368</sup> Financial Times, “Ukraine: Growing,” 1.

<sup>369</sup> Tyzhden’, “20 Rokiv,” 83.

<sup>370</sup> Tyzhden’, “20 Rokiv,” 85.

<sup>371</sup> Sergey Lozun’ko , “Ukraina ne Provozglasila Neitralitet, no ee Pozitsiya za Alliansom Otrkrovenno za NATO [Ukraine has not Proclaimed Neutrality but Its Position as out of Alliances is Openly pro-NATO],” *Kommersant-Ukraine* 33. no. 596 (August 15-25 2011): B8.

were involved in steel-, metallurgy-, chemical- and gas-related industry;<sup>372</sup> hence, the agreement was quite beneficial for their business.

However, foreign politics under Yanukovich was no less, if not more in some cases, West-directed than under pro-West Yushchenko. Especially troublesome for Russia was Ukrainian cooperation with NATO. An all-Ukrainian journal “Kommersant-Ukraine” stated that Ukraine was the only country, not member of NATO, which participated in all the Alliance’s trainings; it further concluded that “Under Yanukovich cooperation between Ukraine and NATO reached the level which Yushchenko could only dream of.”<sup>373</sup> The Head of Russia's State Duma Foreign Affairs Committee Konstantin Kosachev, in his interview to a Ukrainian newspaper “Kommersant-Ukraine” admitted that the relations between Yanukovich team with Russia deteriorated after he became the President of Ukraine:

While in the opposition to Yushchenko, Yanukovich have been doing everything for NATO training in Ukraine not to happen, now they not only happen but happen in a provocative format...For us, Ukrainian movements in the direction to NATO are not totally transparent. In Kyiv’s steps we see lack of consistency. They tell us one thing and do another one...<sup>374</sup>

While the government under Yanukovich did not lose pro-NATO and EU directions, in the energy sector it held more pro-Russia stances. Such an ambiguity in relationship of Ukraine with Russia and the West points to the fact that foreign politics in the state were far from unidirectional. Multidirectionality and relative instability in the logic of cooperation with different actors, created Ukraine as a highly contested geopolitical space, where Russian and Western actors were in continuous rivalry for the spheres of influence on the state decision-making. In this context, both neo-colonial parties were opting for different channels enabling them to remain strong political actors in the state.

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<sup>372</sup> Åslund, “Comparative Oligarchy” (2005): 7; Matuszak, “How Ukrainian,” Moldova.org, “Ukraine: Oligarchy.”

<sup>373</sup> Lozun’ko, “Ukraina,” B8.

<sup>374</sup> Lozun’ko, “Ukraina,” B8.

### **3.2 On NGOization, the Global Fund, and the Epidemic in Ukraine**

Proliferation of the HIV/AIDS epidemic in Ukraine opened up one of the channels for the sphere of influence and opened up an opportunity for Western actors to reinforce its stances in the post-Soviet region through NGOization. The process of NGOization involved decentralization and installation of NGOs as new channels of influence on and to a certain degree control over certain state decision-making processes. These channels were sustained by the Western institutions were to countervail the Russian strong power position in Ukraine. Describing NGOization of sub-Saharan region, Kenya in particular, in nineties, Julie Hearn stated that institutionalization of NGOs which was largely facilitated by Western donors, USAID particularly, helped the West in establishing its channel of influence in the region:

More broadly, we would argue that involving the voluntary sector and non-state actors in the official aid system has had four major consequences. The first consequence is that the west has extended its intervention in African societies. In addition to exerting its long-standing influence on the African state through its aid transfers, it can now influence the rest of society in a much more systematic and established way through its aid to western and Southern NGOs. Instead of one main sphere of influence it now has multiple spheres of influence, with the attendant processes of making alliances with those that you can 'do business with', speaking the same language, setting agendas and moulding local concerns in a particular direction.<sup>375</sup>

Transnational discourse on securitization of the epidemic played out an important role in the process of NGOization of the developing world. Referring to Duffield, Castells, and Kaldor, Alan Ingram pointed to a shift in the institutional organization of global biopolitical governance and geopolitics from states to include networks, since the nineties:

Hence, it is argued, global governance in the 1990s operated increasingly through complexes of states (including development agencies), international organizations, international financial institutions, military establishments, NGOs, private foundations, the business sector and private security companies.<sup>376</sup>

Duffield further argued that such agencies were involved in promoting ideas of "liberal peace" and changing problematic, "dysfunctional" societies into "cooperative,

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<sup>375</sup> Hearn, "The 'NGO-Isation'," 98.

<sup>376</sup> Ingram, "HIV/AIDS, Security," 512.

representative and, especially, stable entities”.<sup>377</sup> Ingram convincingly proves the link between such a shift in the global governance, securitization of the HIV/AIDS epidemic, biopolitics and geopolitics on the example of President’s Emergency Plan for AIDS Relief (PEPFAR) in Nigeria in the early 2000s.<sup>378</sup> He states that securitization of the epidemic triggered an “upgraded” response to AIDS, to which creation of PEPFAR in 2003 was one of the examples. The US was the single donor to the project which held pledges and contributions in billions of USD. Susan Craddock states that the countries-recipients of the PEPFAR donations<sup>379</sup> were chosen based on their adherence to and support of the US government’s driving principles.<sup>380</sup> The donations were dependent upon the recipient country being a good trading partner and a good participant in neoliberal global economies as defined by the US. Ingram admits that for the US, campaigns similar to PEPFAR offered a way to exercise its power in global geopolitics through the use of discourses on health and development:

In part, continuing domestic and international campaigns on development and health have offered an opportunity for the US to show a human face as well as an iron fist in its foreign policy. In that sense, US commitments might be read as an attempt to legitimate a neoimperial bid for renewed hegemony.<sup>381</sup>

Similarly Craddock points to the neocolonial aspect of such AIDS relief campaigns, when Western governments are “. . . using AIDS as a tool for political rather than public health interventions . . .”<sup>382</sup> Pharmaceutical component of such health-related campaigns, PEPFAR in particular, should not be underestimated either, as 55% of the billions USD

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<sup>377</sup> M. Duffield, *Global Governance and the New Wars: The Merging of Development and Security* (London: Zed Books, 2001), 11. Quoted in Ingram, “HIV/AIDS, Security,” 513.

<sup>378</sup> Ingram, “HIV/AIDS, Security,” 511.

<sup>379</sup> Ukraine is among the countries-recipients of PEPFAR.

<sup>380</sup> Susan Craddock, “The Politics of HIV/AIDS in Africa” in *Reframing Contemporary Africa: Politics, Economics, and Society in a Global Era*, ed. by Peyi Soyinka-Airewele and Rita Kiki Edozie (Washington, D.C.: CQ Press, 2010), 246.

<sup>381</sup> Ingram, “HIV/AIDS, Security,” 514.

<sup>382</sup> Craddock, “The Politics,” 246.

funding was given for treatment, of which 75% was to be spent on ARV purchase,<sup>383</sup> initially of patented drugs only, i.e. largely from Western pharmaceutical companies.<sup>384</sup>

The first NGOs appeared in Ukraine in the early nineties.<sup>385</sup> International donations were provided for such areas as civic and human rights, democracy promotion, independent mass media as well as education and health. According to Lyuba Palyvoda, the investors largely relied on NGOs for the promotion of democracy and neoliberalism.<sup>386</sup> The early 2000s mark the beginning of international involvement in HIV/AIDS-related issues in Ukraine.<sup>387</sup> This situation signals the emergence of transnational governmentality in post-Soviet Ukraine. In the context of HIV/AIDS in post-Soviet countries, transnational governmentality means a constellation of governmental and transnational institutions that influence knowledge production and policy formation in the realm of HIV/AIDS. In this way the exercise of power acquires not only state but also more global characteristics. From international organizations (IOs) a state receives money to deal with the epidemics on various levels. Thus “by means of loans and grants” the policy making of the Ukrainian government is influenced by IOs.<sup>388</sup> Through local NGOs, which are also heavily reliant on the IOs donations, IOs acquire another way to influence state policy making.

The increasing political visibility of people living with HIV/AIDS (PLHA) is connected to the emergence of a new kind of welfarism in Ukraine, in which the state is not

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<sup>383</sup> Ingram, “HIV/AIDS, Security,” 524.

<sup>384</sup> Craddock, “The Politics.”

<sup>385</sup> Ukraine Development Gateway Project, “NGOs in Ukraine, 2000,” <<http://www.ukraine-gateway.org.ua/gateway/gateway.nsf/1152037621c24476c225690d002dc023/53592efb0e3b099ec225698f00514c86?OpenDocument>> accessed 15 May 2008.

<sup>386</sup> Lyuba Paluvoda, “Accountability and Transparency in the Ukrainian Third Sector,” *Seal*, Spring 2001, <<http://www.efc.be/cgi-bin/articlepublisher.pl?filename=LP-SE-03-01-1.html>> (accessed 15 May 2008).

<sup>387</sup> International HIV/AIDS Alliance in Ukraine, “Mizhnarodnyi Al'yans z VIL/SNID Try Roky v Ukraini [International HIV/AIDS Alliance: Three Years in Ukraine]” (2004): 17 [http://www.aidsalliance.org.ua/ru/library/our/finalreport/pdf/report\\_ukr.pdf](http://www.aidsalliance.org.ua/ru/library/our/finalreport/pdf/report_ukr.pdf) (accessed May 11, 2011).

; Golichenko, “International,” 38, 44.

<sup>388</sup> O. Golichenko “International,” 34.



characterized as the sole welfare provider.<sup>389</sup> With the declining role of the Ukrainian state and lack of state regulations of HIV/AIDS related policies, NGOs become another actor-welfare-provider for people living with HIV/AIDS. These NGOs are largely dependent on donor organizations (e.g. PEPFAR, USAID, the Global Fund to Fight AIDS, Tuberculosis and Malaria). As a consequence, the NGOs construct the figure of the HIV/AIDS sufferer through the frame of Western liberal discourses, addressing this sufferer in the name of individual rights. Through the claim to liberal rights, discourses on HIV/AIDS influence and promote certain liberal discourses in Ukraine. Pharmaceuticalization of public health in Ukraine was facilitated by discourses on human rights as related to consumption of pharmaceutical products. This way PLHA were engaged in a global pharmaceutical market under the umbrella of access to medication as a human right.

With international involvement, the discourses on HIV/AIDS in Ukraine mark a shift in the figure of the HIV/AIDS sufferer as a representative of marginalized groups (injection drug users, sex workers, homosexuals, etc.) to include the ‘general population’ as well. The fact that discourses on the figure of HIV/AIDS sufferer in the state addressed both risk groups and general population pointed to the fact that transnational governmentality resulted in a compromise between state and non/inter-state actors. NGOization of the HIV/AIDS sector in Ukraine happened soon after the securitization of AIDS on the international level.<sup>390</sup>

Pre-existing post-Soviet state discourse on the growing epidemic in Ukraine facilitated the process. One of the very few Ukrainian scholars who concentrate on the role of international

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<sup>389</sup> Julie Hearn writes about similar process of NGOs becoming welfare providers in health sector in the context of sub-Saharan Africa, Kenya in particular. Referring to Michael Edwards and David Hulme, Hearn states that NGOization is a part of the New Policy Agenda of neo-liberalism and liberal democratic theory which since the nineties has constituted the basis for developmental policy. Hearn claims that NGOs serve as a tool for achieving two goals of the Agenda, i.e. economic (welfare provision “at lower costs and higher standards” than the government) and related to that, political (“as a counterweight to state power”). She continues to argue that the economic aspect of NGOization has not been proven to always work as NGO provision of welfare services was not necessarily cheaper than that of the state. However, political aspect of NGOization was going well in line with the Agenda, reducing the role of the state in welfare provision and with that giving more political importance to non-state actors (largely dependant of Western donors). In this context a project of NGO welfare provision was more politicized than it was ‘humanitarian.’ Hearn, “The ‘NGO-Isation’,” 89, 94.

<sup>390</sup> I concentrate on AIDS Securitization in Chapter 1.

organizations and local NGOs in the area of HIV/AIDS in Ukraine is Dr. Tetyana Semygina, the Kyiv Mohyla Academy, Ukraine.<sup>391</sup> According to Semygina, there have been three distinct periods in the political response to the epidemic in Ukraine.<sup>392</sup> The first one happened in the early nineties. She calls it “post-Soviet,” when HIV/AIDS was largely perceived as a medical and criminal issue, and measures taken by the state were rather repressive, including compulsory testing, bullying and discrimination. The next period, “declarative-bureaucratic,” lasted from the mid-nineties until 2004, when state officials addressed HIV/AIDS-related issues through the populist rhetoric of the state but failed to address them practically. The third period, which started in 2005 and was still in progress in 2010, is called the “development of HIV-service.” Semygina describes this period as an “emergence of a spontaneous, unguided civil society sector for supporting HIV-positive people, stimulated by international donors. . .”<sup>393</sup> This third period of the political response to HIV, however, has less to do with active state involvement and goes along with the logic of developmental aid in which foreign donations stimulated the appearance of local NGOs and delegated social, non-

<sup>391</sup> Tetyana Semygina was involved in an international research project “Tracking Global HIV/AIDS Initiatives and their Impact on the Health System,” 2006-2008. Tetyana Semygina, “Gal’muyuchy Chumu XXI Stolittya [Slowing Down the Plague of the XXI Century],” *Viche* 8 (2009): 23; Tetyana Semygina, Global HIV/AIDS Initiatives Network, “Tracking Global HIV/AIDS Initiatives and their Impact on the Health System in Ukraine,” (2007): 6 <http://www.ghinet.org/downloads/ukraine.pdf> (accessed April 8, 2013)). The project was supported by OSI. The partners of the project were the School of Public Health of the National University of Kyiv-Mohyla Academy, Ukraine, the London School of Hygiene and Tropical Medicine, Royal College of Surgeons in Ireland. Related to the findings of the project, Semygina has published several articles and a book on the topic in Ukrainian. In the years 2007-2009, she has produced three reports “Tracking Global HIV/AIDS Initiatives and their Impact on the Health System in Ukraine.” Semygina is critical of the state and rather non-critical of the international actors. She preaches International Goodness, as it is donors and not the state that finance HIV/AIDS-related programs the most. She also calls for the reform not only of an “outdated” post-Soviet health care system which was based on “the socialist principles of social justice, social equality and collectivism,” but also of politics and practices concerning “injecting drug users” and “women involved commercial sex” (as “the most vulnerable [groups in the context of] HIV”). She names a failing public health system and negative factors of the political system in Ukraine – such as little civil involvement, lack of state transparency and “domination of political groups that lobby their own and not social interest [here she refers to certain state agencies’ resistance to the introduction of substitution treatment]” – as being the main obstacles to effective dealing with the epidemic (Tetyana Semygina, “Protydiya Virusu chy Kanonam Systemy Ohorony Zdorovya? [Resisting the Virus or Canons of Public Health System?],” *Viche* 5 (2010): 23). In her published works, Semygina strongly supports substitution treatment in Ukraine, etc. (Semygina, “Protydiya,” 22-4; Tetyana Semygina, “Gal’muyuchy,” 23-25. Even though I am rather critical of Semygina’s discursive narration, I am very indebted to her research. I turn to the factual findings of her projects as well as the interview samples, which she presents, as relevant and useful for my own project, if read through the more critical lenses of post-Colonial and postmodern studies.

<sup>392</sup> Semygina, “Protydiya.”

<sup>393</sup> Semygina, “Protydiya,” 24.

medical services from the state to non-state actors, thereby promoting the reform and decentralization of post-Soviet states.

Since the early 2000s and by the year 2009, in Ukraine, there were more than thirty international organizations dealing with the HIV/AIDS epidemic in one way or another.<sup>394</sup> The international stakeholders were international multilateral organizations, i.e., WHO, UNICEF, UNFPA, UNDP, UNFDAC, UNAIDS and suppliers of international public goods, as well as the World Bank and bilateral donors, e.g., USAID and the EU, the Clinton Foundation HIV/AIDS Initiative, the Elton John Foundation, the International Harm Reduction Developmental Programme (IHRD) funded by OSI, Red Cross, etc.

Among the stakeholders, there were national stakeholders: a Ukrainian government, Ministry of Health, local governments, NGOs, All-Ukrainian Network of PLWH, national epidemiology and AIDS medical services, healthcare providers, medical goods suppliers and the private pharmaceutical sector, illegal drug trafficking and trade businesses.<sup>395</sup> As for the functions related to service provision, the governmental institutions have been largely responsible for diagnostics and treatment, prevention of mother-to-child-transmission, and testing of donor blood, whereas non-governmental institutions and NGOs in particular, were mostly involved in non-medical service provisions such as care and support, harm reduction, advocacy and work with vulnerable groups.<sup>396</sup> Some service provision, however, might overlap and include representatives of state and non-state institutions.

In this part of the chapter I concentrate on the Global Fund as one of the most significant actors in the NGOization of the region, and, specifically, of the landscape of the

<sup>394</sup> Based on my analysis of the handbook by International HIV/AIDS Alliance in Ukraine in the handbook, "Organizatsii, Rabotayushchee v Oblasti VICH/SPID v Ukraine [Organizations Working in the Realm of HIV/AIDS in Ukraine]," (2009) <http://www.aidsalliance.org.ua/ru/library/our/aidsdirectory/pdf/aidsdir5.pdf> (accessed April 8, 2013); Teryana Semygina. Global HIV/AIDS Initiatives Network. "Tracking Global HIV/AIDS Initiatives and their Impact on the Health System in Ukraine," (2009). <http://www.ghinet.org/downloads/ukraine.pdf> (accessed July 3, 2012).

<sup>395</sup> Semygina, 2007: 20-2.

<sup>396</sup> Semygina, 2007: 40.

HIV/AIDS epidemic. It has been directly involved in the establishment of structural apparatus and networks directed at HIV/AIDS treatment and prevention (similar to a part of the Western project to which King refers as an establishment of a “global clinic”<sup>397</sup>). In such a situation the flow of money, the shaping of HIV/AIDS (and of risk groups as a part of it) and mobilization of services served to secure European and US borders from the “Ukrainian AIDS” as well as observe and manage its populations and the post-Soviet space itself. The discourses were to further secure Ukraine from Russia as well.<sup>398</sup>

According to its website, the Global Fund was established as a result of the United Nations General Assembly Special Session on AIDS in June 2001 that committed to create the fund, and the G8 involvement in the creation.<sup>399</sup> The Global Fund was established in 2002 as an institution that would foster public-private partnerships in the area of global health, HIV/AIDS, tuberculosis and malaria in particular:

The purpose of the Fund is to attract, manage and disburse additional resources through a new public-private partnership that will make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the Millennium Development Goals.<sup>400</sup>

The information on the Global Fund website states that many of the donations come from donor governments and public institutions (95%), the rest comes from private donors.<sup>401</sup>

The states that have donated the most include predominantly the Western world, e.g. the US,

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<sup>397</sup> King, “Security,” 774-76.

<sup>398</sup> It is especially evident in Chapter 4.

<sup>399</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria, “Our History.” <http://www.theglobalfund.org/en/about/whoweare/history/> (accessed September 2, 2013).

<sup>400</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria. “Framework Document 2001,” (February 2012): 91.

<sup>401</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria, “Donor Governments” <http://www.theglobalfund.org/en/about/donors/public/> (accessed September 2, 2013).

France, Germany, the UK, European Commission, Canada, Italy, Spain, etc. but also Russia and Saudi Arabia.<sup>402</sup>

One of the reasons I opt to concentrate on the Global Fund (GF) is because it is one of the biggest and most influential actors in the HIV/AIDS area in Ukraine. Another reason lies in the core principles of the Fund.<sup>403</sup> First, GF asserts one of its core principles is to “operate as a financial instrument, not implementing entity.”<sup>404</sup> Second, it positions itself as “country-driven,” meaning that “the country decides and proposes what activities will be undertaken with a grant from the Global Fund.”<sup>405</sup> Third, it claims to rely on independent experts who evaluate country proposals and not the Fund’s Board. Below I explain why such characteristics make the GF an important actor for my analysis. The principles position the Fund as politically neutral actor and simply a financial mechanism in the field of HIV/AIDS politics. Nevertheless, in the example of Ukraine, which I provide in more detail below, it becomes apparent that the Fund is quite influential in state decision-making and has enough power to re/shape policies and institutional structures in the realm of HIV/AIDS in particular, largely through the NGOs which it greatly funds and, hence, sustains. The expression “country-driven” (as opposed to state-driven) implicitly ascribes an increasing decision-making role to non-state actors, to NGOs in particular, at the time when these NGOs are largely funded and influenced by the Global Fund. Hence, it becomes increasingly difficult to

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<sup>402</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria. “Donor Governments: Statistics” <http://www.theglobalfund.org/en/donors/statistics/> (accessed September 2, 2013). In their XLS table on Pledges and Contributions, the GF’s site states that among approximately more than thirty private sector contributors and those who made pledges to contribute there are Bill and Melinda Gates Foundation, Communitas Foundation, Debt2Health, UNITAID, Anglo American plc., Chevron Corporation, Comic Relief, Exchange-Traded Funds, Idol Gives Back, Gift from Africa, M·A·C AIDS Fund, (PRODUCT) RED™ and Partners: American Express, Apple, Bugaboo International, Converse, Dell + Windows, GAP, Giorgio Armani, Hallmark, Motorola Foundation, Motorola Inc. & Partners, Starbucks Coffee, Media Partners and (RED) Supporters, Takeda Pharmaceutical, The United Nations Foundation and its donors: Hottokenai Campaign (G-CAP Coalition Japan), LMI (Lutheran Malaria Initiative), United Methodist Church, Other UNF Donors, etc. The Global Fund to Fight AIDS, Tuberculosis and Malaria. “Donor Governments. Pledges and Contributions. (XLS)” <http://www.theglobalfund.org/en/about/donors/public/> (accessed September 2, 2013).

<sup>403</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria. “Youth Guide to the Global Fund, “ (leaflet): 7.

<sup>404</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria. “Our Principles.” <http://www.theglobalfund.org/en/about/principles/> (accessed November 15, 12).

<sup>405</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria. “Youth,” 7.

disentangle the two from each other. Last but not least, even if “independent reviewers” are responsible for assessing proposals, it is the Board of the Global Fund that decides which proposals to fund in the end.<sup>406</sup> In this situation, the political neutrality of the Global Fund as a powerful actor in the HIV/AIDS area in Ukraine can hardly be claimed. By analyzing the Global Fund’s impact on and relations with the NGOs and the state in Ukraine as paradigmatic of international involvement in the HIV/AIDS-related area in general, I claim that HIV/AIDS in Ukraine becomes a channel through which international actors get access to and influence policy-making on the state level, and with the help of which international actors reshape certain state structures and tailor them to the Western design. In this case discourses on the epidemic and the figure of its sufferer serve as a tool fostering such interests. Moreover, pharmaceuticalization of public health in Ukraine became a part of HIV/AIDS-related politics lobbied by the international actors via such discourses.

The Global Fund’s influence and input in addressing the epidemic in Ukraine was among the most crucial.<sup>407</sup> Financial input of the Global Fund in addressing the epidemic in Ukraine has been increasing annually since the early-mid 2000s. The share of the GF’s financing of national expenses for fighting the epidemic was the biggest and grew steadily, i.e., in 2005, 33%; in 2006, 35%; in 2007, more than 580 governmental organizations received certain donations from the Fund, e.g., grants, drugs, equipment, test systems, etc., with around 150 NGOs as sub-recipients of the GF’s grant; in 2009, the organization financed 80% of the work on prevention.<sup>408</sup> A decisive role of the Global Fund in fostering NGOization in the HIV/AIDS realm in Ukraine was underlined by NGO workers in Ukraine, as interviewed by Semygina: “There were not so many [HIV/AIDS-related NGO] organizations which implement regional projects, if not for the Global Fund. It is not a secret

<sup>406</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria. “Youth,” 7.

<sup>407</sup> Tetyana Semygina, *Polityka Protydii Epidemii VIL/SNIDu v Ukraini: Rol’ Mizhnarodnoi Dopomogy. The Politics of the HIV/AIDS Epidemic Prevention: the Role of International Aid* (Kyiv: Agenstvo Ukraina, 2009), 37.

<sup>408</sup> Semygina 2009: 18, 25; Semygina, “Gal’muyuchy,” 23.

that a civil organization exists on the money coming from grants” and “. . . [due to the Global Fund] the network of nongovernmental organizations and subjects who deal with HIV/AIDS prevention develops a lot” or “. . . a lot of nongovernmental organizations were involved in its [the Global Fund’s project] implementation, which today, we have approximately 150 non-governmental organizations that deal with the grant’s implementation not only in the realm of prevention, but also in the realm of non-medical care and support of the HIV-infected on the non-medical phase, mostly those who got ARV or those who need palliative care and support.”<sup>409</sup>

The development of the HIV/AIDS NGO sector was also linked with the development of civil society through the service provision, again due to the GF’s involvement.<sup>410</sup> As stakeholders in the realm of HIV/AIDS in Ukraine admitted, however, the function of civil society was not limited to service provision; rather in a way civil society served as IOs’ extensions, a watchdog for the implementation of the GF’s rules:

Civil society was one of the key elements in this game, because, on the one hand, it is an expert, played its role as an expert, concerning which directions for activity should be defined in the framework of work, for instance with vulnerable groups. On the other hand, civil society . . . watched whether the procedures – rules of the game, which were agreed upon (obumovleni) by everyone **and which were meeting the Global Fund’s requirements** – were followed.<sup>411</sup>

The situation when NGOs are established as IOs’ extensions to watch whether the IOs’ requirement are being implemented in a given state supports scholarly critique of developmental aid as a promotion of “soft imperialism” aiming at the decentralization of a post-Communist state under the umbrella of democracy and civil society promotion in times of “post-Cold War political incertitude.”<sup>412</sup> The new element that emerged from my analysis was the role of the civil society as a watch dog for IOs in the project. Alltogether the GF’s

<sup>409</sup> Interviewees in Semygina 2009: 43-4.

<sup>410</sup> Semygina, 2009: 9.

<sup>411</sup> Interviewees in Semygina *Polityka*, 112-13. Emphasis mine.

<sup>412</sup> Atlani-Duolt, *Humanitarian Aid*, 3; Wedel, *Collision*; Sussman, *Branding Democracy*, etc.

initiatives were perceived by various stakeholders as quite influential in state decision-making: “The National program [to deal with the HIV/AIDS in Ukraine produced by the state institutions] is in advance constructed with orientation on indicators of the Global Fund so that the country could report based on these indicators” or “Global Fund’s programs were strengthening national politics and helped to build the strategy of overcoming HIV/AIDS which we have in the state,” and “The Global Fund sets a very good pace for the state, leading the state efforts in the right direction,” and “The programs of the Global Fund, so to speak, look like a locomotive which pulls everything with it. . .”<sup>413</sup>

However, the nature of the GF’s relations with the state and NGOs provoked some tensions between the actors. For instance, the GF’s program in 2008 funded NGOs to employ social workers but did not grant such funds to governmental organizations for the expansion of their health care staff.<sup>414</sup> On the one hand, this might be partially explained by the fact that there was an incentive for the NGOs to employ their ex-clients. On the other hand, this trend might also be in line with the logic of the shift of the social provision towards private and non-state institutions. Since it is largely under the GF involvement that non-medical care and support programs, in general, started to develop in Ukraine,<sup>415</sup> the imbalance between the state/non-state staff shifted non-medical care responsibility to non-state actors. Some representatives of NGOs were quite critical of this phenomenon. Even if critical, however, the NGOs admitted that the state was participating in dealing with the epidemic: “To be honest, we do the job that they [governmental organizations] are supposed to do themselves,

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<sup>413</sup> Interviewees in Semygina. *Polityka*, 107.

<sup>414</sup> Tetyana Semygina. Global HIV/AIDS Initiatives Network, “Tracking Global HIV/AIDS Initiatives and their Impact on the Health System in Ukraine,” (2008): 26. [http://www.ghinet.org/downloads/Ukraine\\_08\\_1.pdf](http://www.ghinet.org/downloads/Ukraine_08_1.pdf) (accessed April 8, 2013).

<sup>415</sup> Semygina, *Polityka*, 83.



and then they just report. They do help us but to a lesser degree than when they report that they've done such an enormous job. . .”<sup>416</sup>

State officials on both national and regional levels voiced their dissatisfaction with the fact that the principle recipients of the Global Fund's grant were non-governmental actors. The respondents referred to the violation of state sovereignty in the decision-making process. This critique also pointed to the complexity of GF/NGO/state power relations. As one of the Semygina's interviewees states, “You know, it seems to me that the state should define what the priority is for the state and to invite these or other organizations to cooperate with it. No organization beyond the state should influence the state decision-making.”<sup>417</sup> Sub-recipients of the GF funding also had some criticism concerning the process of money distribution:

Perceived lack of transparency about how priorities are set and projects/organizations are funded; regional priorities are seen as not corresponding with national priorities; distrust of large regional organizations that distribute resources to service providers; closed bidding competitions which are seen as favoring a limited number of organizations; open bidding competitions are perceived as unfair (individuals with personal connections to Principal Recipients staff are believed to have greater chance of receiving a grant); complex procedures for obtaining grants make it difficult for some less established organizations to apply.<sup>418</sup>

Hence, on the one hand, many stakeholders admitted one of the important impacts of the GF in Ukraine was that people not involved in governmental structures received more access to politics and decision-making. On the other hand, the Fund, not without the help of the NGOs, was inevitably involved in “pushing” the state in the controversially “right direction.” According to Semygina, when the Global Fund presented a US\$ 92 million grant to Ukraine to fight the epidemic in 2002, the Ministry of Health was a principle recipient to the funding until 2004.<sup>419</sup> However, due to the disagreements between the two institutions, an international charity (the International HIV/AIDS Alliance in Ukraine) became the

<sup>416</sup> Interviewees in Tetyana Semygina. *Tracking Global HIV/AIDS Initiatives and their Impact on the Health System in Ukraine*, 2008, p.36

<sup>417</sup> An interviewee in Semygina, *Polityka*, 57.

<sup>418</sup> An interviewee in Semygina, 2008: 21.

<sup>419</sup> Semygina, 2009: 16-7.

principal recipient of the grant instead. According to an all-Ukrainian magazine “Korrespondent,” the Global Fund expected the Ministry to purchase ARV through UNICEF on the money donated by the GF.<sup>420</sup> The Ministry, however, found another company who could sell ARV USD612 thousand cheaper and refused to make a purchase through UNICEF. The GF temporarily stopped financing “the Program on Overcoming the HIV/AIDS in Ukraine” and accused the Ministry of Health in (as the article puts it) “slowing down the use of the allocated means for their purpose.”<sup>421</sup> Consequently, the grant for the program was relocated to the International HIV/AIDS Alliance in Ukraine. In such a light the purpose of the allocated means looks like it was to sustain close partnership between the international organizations and certain pharmaceutical industry providers. After the incident, the Alliance and another non-governmental organization, the All-Ukrainian Network of People Living with HIV, remained the GF’s main recipients for its successive donations.

Since the early 2000s, the Global Fund has provided Ukraine with three grants to deal with HIV/AIDS.<sup>422</sup> In all three cases, the GF’s website referred to the recipients of the grants as “civil society,”<sup>423</sup> i.e., the International HIV/AIDS Alliance in Ukraine and the All-Ukrainian Network of PLWH. Hence, I want to briefly outline relations of the two organizations to the “civil society,” IOs and the state. There were approximately 14 to 20 all-Ukrainian organizations dealing with HIV/AIDS by 2011. Only one of them, “The All-Ukrainian Network of PLWH” was one of the two recipients of the GF’s grant. According to the information on the NGO’s website, the organization was created in the late nineties by seven HIV-positive activists.<sup>424</sup> In the early 2000s, the organization was involved in two successful campaigns. Firstly, the NGO supported The International HIV/AIDS Alliance in

<sup>420</sup> Marina Berdychevskaya, “Inektsiya Zhizni [Injection of Life],” *Korrespondent*, March 20, 2004, 56-57.

<sup>421</sup> Berdychevskaya, “Inektsiya,” 57.

<sup>422</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria. “Ukraine: Regional Grant Portfolio” <http://portfolio.theglobalfund.org/Grant/Index/UKR-102-G04-H-00?lang=ru> (accessed September 23, 2011).

<sup>423</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria. “Ukraine: Regional.”

<sup>424</sup> All-Ukrainian Network of PLHA. “Istoriya Stvorenniya [Story of Founding].” <http://www.network.org.ua/about-us/history/> (accessed September 23, 2011).

Ukraine as a main recipient of the first Global Fund's grant to Ukraine, I Round, when the money initially directed to the Ministry of Health was ultimately redirected to the Alliance.

Secondly, the NGO held a campaign against "corruption" in the Ministry of Health related to ARV purchase. Later, the organization developed partnerships with and got support from some international organizations, e.g. the William J. Clinton Foundation. Similarly, the Elton John AIDS Foundation (EJAF) claims to have supported the development of the organization into a national network from a small group.<sup>425</sup> Moreover, the EJAF stated that it had a common project with the Network directed at PLHA in the period of 2001-2010. The Foundation claims that it supported the Network because the Ukrainian NGO strived to be "all- encompassing" towards target groups in the context of HIV/AIDS. In particular, among the All-Ukrainian Network's target groups, there was a target group of the EJAF's interest, namely, MSM. This group was rarely addressed in the context of HIV/AIDS in Ukraine prior to international intervention.<sup>426</sup> Quite obviously, it helped the Network in developing relations with the Fund. It is indicated by the following statement on the EJAF's website: "Whilst injecting drug use is the main route of HIV transmission in Ukraine, there is also a hidden and highly stigmatised HIV epidemic amongst men who have sex with men. The All-Ukrainian Network of People Living With HIV/AIDS (AUkN) seeks to serve all those infected and affected."<sup>427</sup> In this case, by adding the category of MSM to its list of target groups, the All-Ukrainian Network was perceived by the EJAF as all-encompassing and deemed worthy of the Foundation's investment.

On the Network's website, however, there is little emphasis of its relationship with the EJAF in its own account of the history of its creation, only admitting that they have been

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<sup>425</sup>Elton John AIDS Foundation. "Our Work: Projects" <http://www.ejaf.com/Ourwork/Projects/POSITIVEPEOPLESNETWORK> (accessed September 23, 2011).

<sup>426</sup> This was partly related to the fact that nation building in a newly independent Ukraine was strongly linked to the revival of the 'traditional' nuclear, heterosexual family. Thus, homosexuality was rarely mentioned in public discourse. Read more on the issue in Chapter 2.

<sup>427</sup> Elton John AIDS Foundation. "Our Work."

partner organizations. Rather, the image of the Network is created as that of a civil society nature, striving to control and monitor the state work in the context of HIV/AIDS, which appears to be quite in line with the interests of international organizations. Thus, the Network constitutes an extension of the IOs, while representing PLHA. Cooperation between the Network and IOs, correspondence between its target groups and discourses with those of the IOs, the Network's vector of work directed against the "corrupt state" and towards the IOs; all these factors contributed to make the Network into one of the GF's grant recipients.

The relation between the International HIV/AIDS Alliance in Ukraine and the IOs in Ukraine are quite explicit. Having emerged as a project within the Transatlantic HIV Prevention Initiative supported by the US Agency for International Development and the European Union (2000-2004) in 2000, the Alliance was transformed in an organization founded by the International Alliance Secretariat (Brighton, UK) in 2003.<sup>428</sup> In 2009, the Alliance became "a linking organisation within the global Alliance partnership uniting more than 30 organisations".<sup>429</sup> The Alliance was the first organization in Ukraine to receive the GF grant, I Round. In 2011, it was implementing two main projects, i.e., the GF grant, Round 6 and "The Sunrise" sponsored by the USAID. The organization claims that since the year 2007 the projects have been the biggest investments in combating AIDS in Ukraine.<sup>430</sup> The Alliance was also in partnership with many other international organizations (e.g., WHO, UNODC, UNICEF, MAP, etc.). Hence, together with the All-Ukrainian Network of PLHA, the organization provided a link between IOs and local Ukrainian NGOs, sub-recipients of the international donors' money. Both organizations also had some state institutions as their partners (e.g., state Ministries and departments). The partnership of NGOs and the

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<sup>428</sup> International HIV/AIDS Alliance in Ukraine, "Pro Nus [About Us]." <http://www.aidsalliance.org.ua/cgi-bin/index.cgi?url=/ua/about/index.htm> (accessed April 8, 2013); International HIV/AIDS Alliance in Ukraine. "Alliance Ukraine Becomes Independent in 2009." <http://www.aidsalliance.org.ua/cgi-bin/index.cgi?url=/en/about/index.htm> (accessed April 8, 2013).

<sup>429</sup> International HIV/AIDS Alliance in Ukraine. "Alliance Ukraine Becomes."

<sup>430</sup> International HIV/AIDS Alliance in Ukraine. "Pro Nus."

government was often a requirement and a stated goal of international donors representing the logic of transnational governmentality. The projects the NGOs implement, however, largely reflect the values of the GF, especially in terms of language concerning risk groups, service provision, and support to harm reduction and substitution therapy campaigns, representing an unequal nature of power relations between state actors and IOs.

The first grant given by the Fund supported the program “Overcoming the HIV/AIDS epidemic in Ukraine” (15.03.2004. through 31.03.2009), of which the International HIV/AIDS Alliance in Ukraine was the main recipient with approximately 150 sub-recipients.<sup>431</sup> The grant constituted US\$ 90,141,694. It was mainly aimed at increasing access to ARVs for PLHA (which coincided with the project of putting Ukraine on the global pharmaceutical market) and reducing stigma and discrimination. As a prevention strategy, the project also required interventions in “the most at-risk groups” in order to promote safe behavior and to reduce the risk of HIV and other STDs. The most “at-risk groups” produced by transnational biopolitical discourses and targeted by the grant were injecting drug users, female sex workers, men having sex with men (MSM), prisoners and “most-at-risk youth.”<sup>432</sup>

In 2011, there were two projects supported by the Fund in Ukraine.<sup>433</sup> One of them was “Support for HIV/AIDS Prevention, Treatment and Care for the Most Vulnerable Populations in Ukraine” (01.08.2007-31.07.2012).<sup>434</sup> The grant constituted US\$ 79,222,821. The project was included under the Round 6 grant. The recipient of the grant was the International HIV/AIDS Alliance in Ukraine. The Alliance, in turn, cooperated with more than 100 sub-recipients all over Ukraine to implement the project. The target groups were “. . . injecting drug users, female sex workers, men who have sex with men, prisoners, street

<sup>431</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria, “Ukraine: Regional.”

<sup>432</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria, “Ukraine: Regional.”

<sup>433</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria, “Ukraine: Regional.”

<sup>434</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria, “Ukraine: Regional.”

children and vulnerable young people up to 24 years of age.”<sup>435</sup> The project aimed at enabling the groups’ access to HIV prevention services and reducing virus transmission among representatives of these groups. As of 2009, the project concentrated on treatment of opportunistic infections and opioid substitution therapy, which was also tightly related with involving pharmaceutical industry in HIV/AIDS prevention and treatment regimes.

Another project, “Support for HIV/AIDS Prevention, Treatment and Care for the Most Vulnerable Populations in Ukraine” was implemented by the All-Ukrainian Network of PLHA and 50 sub-recipients, both state and non-state (01.08.2007-31.07.2012).<sup>436</sup> The grant by the fund constituted US\$ 52,314,214. The area of the project was prophylaxis and treatment for opportunistic infections, antiretroviral treatment (ARV) and monitoring, care and support for the ill, and support of drug substitution therapy. All three projects reflected an alliance between biopolitics (surveillance, management, production of various populations, etc.) and political economy largely in form of pharmaceuticalization of public health.

Performing their functions as sub-recipients of global aid, more than 150 regional organizations dealing with HIV/AIDS worked in Ukraine in 2011.<sup>437</sup> The target groups of the organizations could be roughly divided into three groups: a., (en)actors of local governmentality, e.g., medical workers, educational workers, policemen, mass media, NGO workers, etc.; b., general population; and c., the representatives of most-at-risk-groups, i.e., IDU, sex workers, MSM, PLHA and their families, pregnant women and children born by HIV-positive mothers, children from the streets, the youth and prisoners. Interestingly enough, if an organization as their target group addressed people who engage in sexual activities with people of the same sex, they opt for the category also used by the GF, i.e. “men having sex with men.” As for women, they were categorized as sex workers (male sex

<sup>435</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria, “Ukraine: Regional.”

<sup>436</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria, “Ukraine: Regional.”

<sup>437</sup> This sub-section is mainly based on the analysis of the data provided by the International HIV/AIDS Alliance in Ukraine in the handbook, “Organizatsii.”

workers were indicated rarely, if at all), pregnant women and as HIV-positive mothers. This scheme of categories tightly coincides with the GF's definition of most-at-risk-groups as mentioned above. The categorization, however, is not all-encompassing. Thus, certain regional NGOs name other groups as being most at-risk. One of the regional NGOs in Western Ukraine indicates the Roma population as its target group and alongside its participation in various HIV/AIDS-related projects, lobbies for the interests of Roma people on the national level and in the local community.<sup>438</sup> Some of the organizations deal with the recipients of substitution therapy as their target group, a few deal with migrants and refugees, and some with occupational groups (e.g., taxi drivers). Even while following the "risk group" definition provided by their main donor, local NGOs managed to cover their own distinct target groups in their HIV/AIDS-related projects.

In general, the spectrum of services offered by the regional organizations dealing with HIV/AIDS in Ukraine included raising awareness, medical and legal counseling, HIV-testing, needle exchange, organization of public events, self-help groups, spread of condoms, resource centers, work with mass media, hot lines, humanitarian aid, etc. The majority of the services could be united under the umbrella of a Harm Reduction campaign, reflecting pharmaceutical component in the HIV/AIDS treatment and prevention regime promoted through transnational governmentality. Approximately fifty regional NGOs were involved in syringe exchange in 2011, more than one hundred organizations claimed in their prospectuses that they were involved in peer education, and a number of organizations were involved in substitution therapy programs. As I address the issue in the next chapter in more detail, harm reduction campaign, especially substitution treatment as an important part of the campaign, have caused much controversy between various state and non-state actors. Due to the all-Ukrainian NGOs as well as numerous local NGOs, the GF sub-recipients, international

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<sup>438</sup> International HIV/AIDS Alliance in Ukraine, "Organizatsii," 285.

organizations lobbying for the substitution treatment implementation in Ukraine received substantial support for their case.

### **3.3 Pharmaceuticalization and Biosociality**

As evident from the mentioned above, pharmaceutical component played an important role in HIV/AIDS prevention and treatment regimes introduced and driven by transnational biopolitics (which was to concomitantly secure the West from the epidemic locking it up in a post-Soviet state), the Global Fund being one of the most influential actor on the matter. If throughout the nineties and the early 2000s, HIV-service provision in Ukraine was scarce, by 2007 it had expanded greatly with the GF's involvement, as a large number of service organizations received resources from the Fund.<sup>439</sup> It was also largely due to the involvement of the GF that ARV (in the year 2003, 53 people were receiving it, compared with around 5700 people in 2008) medications and equipment for substitution treatment and for the prevention of mother-to-child transmission in Ukraine became much more accessible (93% of HIV-positive pregnant women were receiving ARV by 2007).<sup>440</sup> In light of the statistics mentioned above, the role of pharmaceutical component needs to be addressed when analyzing the work of institutions largely involved in global AIDS governance.

NGOization in the realm of HIV/AIDS in Ukraine has been accompanied by the increasing importance given to biosociality. Nicholas Rose refers to it as “biological citizenship” which emerges at the time of biomedicine and biotechnology.<sup>441</sup> According to the logic of biosociality, people's demands for rights are based on their identity as patients. Hence, in Ukraine, PLHA have gained more political visibility as actors who acquired voice and power in decision-making processes as a result of the GF's involvement. As one of the workers from an international NGO stated in an interview for Semygina:

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<sup>439</sup> Semygina, “Polityka,” 6, 17-18, 44.

<sup>440</sup> Semygina, 2009: 24, 28. Tetyana Semygina, 2007: 42-3.

<sup>441</sup> Rose, *Politics*, 131.



Has anyone at all heard of letting PLWHA voice their opinion before the GF grant to Ukraine? They were left alone, allowed to live, and here let them speak in addition . . . The GF has to do with this directly.<sup>442</sup>

In this context pharmaceuticalization of public health promoted by donors, pharmaceutical lobbies and NGOs on the local level, reflects a biomedical approach to disease when the figure of PLHA is increasingly produced as an individual body demanding rights to medical intervention. PLHA's identity became political through their affiliation with the NGOs, as the NGOs' target groups. It is largely under the umbrella of human rights discourses that the door for international involvement on the state and NGO level (in a weak state) becomes an open door for economic profitability (e.g., pharmaceutical markets receive their target groups – HIV/AIDS patients from the Second World). Vicente Navarro, while talking about the relationship between neo-liberalism, globalization and the quality of life in different countries in the world, claims that such organization as the IMF, WHO, World Bank and PAHO maintain the discourses and practices which facilitate the promotion of commodification and privatization of medicine throughout the world.<sup>443</sup> He also claims that donor agencies often push governments to accept certain programs on combating diseases. These programs, however, lead to the erosion of state health services.<sup>444</sup> In other words, as Navarro says, when “the introduction of markets and profits in medicine is *in*; national health services are *out*”.<sup>445</sup> This is the situation as described above in this chapter.

The economic aspects of dealing with AIDS also become apparent in light of the fact that Western pharmaceutical companies (e.g., British, American, German, etc.) for quite some time have been the main providers of the antiretroviral drugs (ARV), even though Indian, Brazilian, Thai and South African manufacturers produce cheaper generic versions.

<sup>442</sup> An interviewee in Semygina. 2009: 53.

<sup>443</sup> Vicente Navarro. "The World Health Situation," in *Neoliberalism, Globalization, and Inequalities : Consequences for Health and Quality of Life*, ed. by Vicente Navarro. (Amityville, N.Y. : Baywood Pub., 2007), 205.

<sup>444</sup> Navarro, "The World," 207.

<sup>445</sup> Navarro, "The World," 205. Emphasis original.

Furthermore, prices for ARVs are not fixed, and depend on an agreement between the company and customer.<sup>446</sup> In this context, as I will demonstrate below, relations of power inequalities between IOs and weak states become apparent. For example, it is quite problematic from the state level to monitor IOs' actual expenses for ARV purchases. The government of a weak state, however, risks accusations of corruption, if local NGOs notice that the national government spends more on ARV purchases than does a transnational organization in the very same country. In this case, local NGOs perform the monitoring function for IOs, often serving as the IOs' extension.

In Ukraine, for instance, the All-Ukrainian Network of PLWH, claimed that they have monitored the purchases of ARVs by the state since 2005.<sup>447</sup> They accused the Ministry of Health for buying the drugs at a price ten times higher than what NGOs spent on buying ARVs. Further, the NGO was involved in a campaign called "Corruption in the Ministry of Health." The NGO argued that the Ukrainian state had overpaid several million Euros for ARVs in 2009 alone.<sup>448</sup> Due to the fact that the information was highlighted in the framework of corruption in the state ministry, other factors that might have influenced the difference in prices have not been addressed. For example, as mentioned above, the fact that the price often depends on the purchaser and not on the company/drug provider might be one more reason why the Ukrainian state had to pay more than the NGOs, governed by IOs, which are quite influential in the realm of HIV/AIDS. Therefore, corruption in the ministry might only be a partial explanation, biased towards more powerful agents in the realm of HIV/AIDS.

Next, while actively focusing on the faults of the state, the NGO failed to adequately address the global inequalities constantly present in the process of ARV purchasing. The prices for ARVs are as a rule higher for Central and Eastern European (CEE) states than they

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<sup>446</sup> Whiteside, *HIV/AIDS*, 33.

<sup>447</sup> All-Ukrainian Network of PLWH, e-mail message as a newsletter to author, November 18, 2009.

<sup>448</sup> All-Ukrainian Network of PLWH, e-mail message as a newsletter to author, November 18, 2009.

are for Western states.<sup>449</sup> This is largely due to the fact that several pharmaceutical companies hold monopolies on the ARV market in CEE. Another reason is that smaller quantities of ARVs are purchased in CEE, as compared to some Western states that buy the drugs in bulk.<sup>450</sup> In this context, AIDS reaffirms its image as a disease of (global) inequalities.

As relations of power inequalities are present between strong and weak states, so are they present between weak states, international organizations and corporations from 'strong' states. In 2002, under the UN project "Accelerated Access Initiative," which aimed at negotiating the purchase prices for ARVs between developing states and major pharmaceutical companies, the Ukrainian state received a 70-87% discount for purchasing ARVs from GlaxoSmithKline, BristolMeyersSquibb, Boehringer Ingelheim and Merck.<sup>451</sup> These are some of the biggest pharmaceutical companies that provide ARV drugs, located in Great Britain, the US and Germany. The negotiation was a closed-door process between the government and the Western pharmaceutical companies.<sup>452</sup> Other companies, generic drug-providers, however, were not included in the negotiating process, even though their prices for generic drugs are much lower and the inclusion of such companies in the negotiating process would have allowed for an even greater reduction in price. (For instance, the involvement of generic drug companies in the competition in Latin America led to a substantial reduction in price for ARVs.)<sup>453</sup> Moreover, according to WHO's fact sheet, even the price negotiated originally in 2002 was not put into practice in Ukraine and the full price for ARVs was paid; the difference constituted thousands of dollars (US\$ 300 per patient per year for drugs from a

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<sup>449</sup> World Health Organization, "Fact Sheet," (December 1, 2003): 3.

<http://www.euro.who.int/document/mediacentre/fs0603e.pdf> (accessed January 2010).

<sup>450</sup> World Health Organization, "Fact."

<sup>451</sup> World Health Organization, "Fact;" Doctors without Borders, "HIV/AIDS Drug Deal in Ukraine Promotes Multinationals, Ignores Cheaper Generics That Could Treat More People ." Last modified May 24, 2002 . <http://www.doctorswithoutborders.org/press/release.cfm?id=568&cat=press-release> (accessed April 8, 2013).

<sup>452</sup> Doctors without Borders, "HIV/AIDS Drug."

<sup>453</sup> Médecins Sans Frontières. "What is at Stake for People in the Americas?" [http://www.msf.org/msfinternational/invoke.cfm?objectid=B284C7CA-3229-4AD8-9711F25FFB50D16B&component=toolkit.report&method=full\\_html](http://www.msf.org/msfinternational/invoke.cfm?objectid=B284C7CA-3229-4AD8-9711F25FFB50D16B&component=toolkit.report&method=full_html) (accessed January 2010).

generic manufacturer; US\$ 1,700 per patient per year for drugs from major pharmaceutical companies with the discount; US\$ 5,000-9,000 per patient per year for drugs from major pharmaceutical companies at full price).<sup>454</sup> Several key questions remain pertinent to this account, for instance, for what reasons was the discount cancelled and why did the UN not include generic companies in the competition in 2002?

Speaking about Western pharmaceutical companies as they negotiated prices for ARV globally, Craddock states that very often such negotiations differed across the countries and depended on the types of drugs for which the price was negotiated.<sup>455</sup> More importantly, she emphasizes that sometimes the companies had a tendency not to fulfill their promise on the negotiated price either. The situation happened in Ukraine in the year 2002 as well. Craddock also points to the fact that for quite some time after its creation in 2003, countries-recipients of the US President's Emergency Plan for AIDS Relief (PEPFAR) grants (Ukraine among them) were required by the donor to purchase only patented ARVs, the situation was very favorable for Western pharmaceutical corporations:

. . . countries using PEPFAR funding were required to purchase only patented ARVs at up to four times the cost of generics, a rule many pronounced was designed to protect pharmaceutical company profits.<sup>456</sup>

The fact that the situation with ARV price negotiations in Ukraine discussed above happened before the PEPFAR was even established, points that PEPFAR was far from the only Western organization in Ukraine, promoting certain corporate interests and pharmaceutical profits under the umbrella of HIV/AIDS treatment and prevention. Instead, the Plan corresponded to the logic of global power asymmetries which preceded its emergence and consequently reinforced them. As Biehl puts it speaking about global health politics in the context of AIDS:

<sup>454</sup> World Health Organization, "Fact," 3; Doctors without Borders, "HIV/AIDS Drug."

<sup>455</sup> Craddock, "The Politics."

<sup>456</sup> Craddock, "The Politics," 249.

Hence, one saves lives by finding new technical tools and cost-effective means to deliver care: that is, medicines and testing kits. The civil and political violations that precede disease are apparently lost of sight in this pharmaceutical humanitarianism, and the economic injustices reflected in barely functioning health-care systems are depoliticized.<sup>457</sup>

While (global) power inequalities, embedded in certain structures of global economics, are involved in perpetuating the epidemic,<sup>458</sup> HIV/AIDS- related politics facilitate the endorsement of Western political- economic interests involved in the discourse production are often left unaddressed.

## **Conclusion**

With the rise of international intervention, as a part of a broader political setting related to a project of post-Socialist transformation, a new form of health care has been created in Ukraine. Under the umbrella of humanitarianism the project of NGOization is implemented. AIDS NGOs become social services providers, serving as substitutes for state institutions, following the logic of the market economy. According to the logic, it is not the state but rather the private sector and charity that deal with social services provisions. The international organizations also use AIDS NGOs as their extensions, controlling and influencing governmental decision-making, as well as tools for opening pharmaceutical markets and accessing clientele groups (e.g., antiretroviral treatment medicines for People Living with HIV/AIDS, substitution treatment equipment and medicines for drug users under the umbrella of preventing HIV-spread, etc.). AIDS NGOs in Ukraine, heavily reliant on the Global Fund grants, embrace Western discourse following the agenda of soft imperialism, increasingly pharmaceuticalizing the population, and blurring the lines between activism and

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<sup>457</sup> Biehl "Pharmaceuticalization," 1103.

<sup>458</sup> John Porter, Kelley Lee, and Jessica Ogden, "The Globalization of DOTS: Tuberculosis as a Global Emergency," in *Health Policy in a Globalising World*, ed. by Kelley Lee, Kent Buse, and Susanne Fustukian, (Cambridge, U.K. : Cambridge University Press, 2002), 185.

patienthood. Hence, the whole apparatus was established for transnational biopolitical governmentality in the state, providing Western actors with solid political stances in the state.

## Chapter 4: Protecting Population, Drug Users and/or Markets?: The Opioid Substitution Treatment Debate

In this chapter, I concentrate on the pharmaceutical component of transnational biopolitical governmentality in Ukraine under umbrella of the epidemic and injection drug users as a figure of its sufferer. On the example of the opioid substitution treatment (OST)<sup>459</sup> I point to complexities of knowledge production on the epidemic, which involved tensions between actors and related to that, clashes of discourses on the epidemic and the figure of its sufferer. I show how the appeal to the epidemic served as a facilitator of transnational biopolitics, international humanitarian intervention, promotion of pharmaceutical interests, management of populations and spaces and other political-economic and biopolitical issues.

Under umbrella of the debate over substitution treatment as a part of HIV-prevention campaign in Ukraine, I explore relations between humanitarianism and commodification of health, legality and crime, science (medicine) and science (fiction), democracy and eastwardness, substitution treatment as a solution and as a part of a problem, international humanitarian aid and national state policy-making.<sup>460</sup> I concentrate on pharmaceuticalization of HIV-affected population and peculiarities of biopolitical governance in the post-Soviet space. My main argument for the chapter is that pharmaceutical intervention was an important part of the transnationally driven biopolitics is Ukraine heavily reliant on the figure of IDUs as a figure of HIV/AIDS sufferer produced by the first discourses on the epidemic in the state. The HIV/AIDS epidemic was used by IOs as a channel for opening new markets

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<sup>459</sup> Substitution therapy is defined as “the administration of a prescribed daily dosage of opioid medicines with long-lasting effects to patients with opioid dependence under medical supervision.” Eurasian Harm Reduction Network, “Opioid Substitution Therapy.” <http://www.harm-reduction.org/opioid-substitution-therapy.html> (accessed January 10, 2012).

<sup>460</sup> I am indebted to Anna Loutfi for the observation of the emergence of similarities and controversies of those binaries in my research.

and reaching clientele groups in a post-Soviet space, which was accompanied by rivalry for political-economic influence and change of the legislation between state and non-state actors.

#### **4.1 An Outline on Opioid Substitution Treatment as a Part of Harm Reduction Campaign**

In their joint position paper on substitution maintenance therapy for opioid dependence, 2004, the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), defined substitution therapy as:

Substitution therapy (“agonist pharmacotherapy”, “agonist replacement therapy”, “agonist-assisted therapy”) is defined as the administration under medical supervision of a prescribed psychoactive substance, pharmacologically related to the one producing dependence, to people with substance dependence, for achieving defined treatment aims.<sup>461</sup>

The organizations found the therapy to be individually and socially beneficial and economically cost- effective.<sup>462</sup> The organizations also recommended considering opioid substitution treatment as a way of dealing with an HIV/AIDS epidemic amongst IDUs:

Provision of substitution maintenance therapy of opioid dependence is an effective HIV/AIDS prevention strategy that should be considered for implementation – as soon as possible – for IDUs with opioid dependence in communities at risk of HIV/AIDS epidemics...<sup>463</sup>

The foreword to the paper, however, stated that neither of the organizations guaranteed the accuracy of the information mentioned in their joint position paper or took responsibility for the damage related to its further use.<sup>464</sup>

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<sup>461</sup> World Health Organization, “Substance Abuse,” 2004, 12. [http://www.who.int/substance\\_abuse/publications/en/PositionPaper\\_English.pdf](http://www.who.int/substance_abuse/publications/en/PositionPaper_English.pdf) 2004 (accessed February 10, 2011).

<sup>462</sup> World Health Organization, “Substance,” 2.

<sup>463</sup> World Health Organization, “Substance,” 2.

<sup>464</sup> World Health Organization, introduction to “Substance,” ii.



The HIV/AIDS epidemic in the environment of IDUs throughout the world was greatly involved in extending the definition of drug use from criminal to medical problem.<sup>465</sup> Moreover, the idea that HIV-spread could be reduced without eliminating drug use, helped to establish a line between coping with adverse effects of drug use and ceasing drug use as such. These were amongst the core principles of harm reduction perspective during the HIV/AIDS epidemic. In 1996 International Harm Reduction Association was launched. It defines itself as “the largest global harm reduction association and is one of the leading international sources of research, policy and legal analysis and advocacy on harm reduction and drug policy reform.”<sup>466</sup> According to the association “‘Harm Reduction’ refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families and the community.”<sup>467</sup>

Opioid substitution therapy programs were a part of Harm Reduction interventions. Among other harm reduction interventions, there were also needle and syringe exchange, advocacy work, controlled heroin prescription, education and outreach programs, drug consumption rooms as areas where IDUs can spend time and use drugs under the supervision of medical personnel and police, etc.<sup>468</sup> The website of Eurasian Harm Reduction Association points to two types of benefits of OST – one for the community and another one for the patients.<sup>469</sup> Among the benefits for the community the site mentions decrease in crime, promiscuity, sex work and reduction of risk of HIV and hepatitis spread into society. As for

<sup>465</sup> Joyce H. Lowinson et al., *Substance Abuse: a Comprehensive Textbook*, 4th Edition (Philadelphia : Lippincott Williams & Wilkins 2005), 920.

<sup>466</sup> Harm Reduction International, “History” <http://www.ihra.net/history> (accessed September 30, 2012).

<sup>467</sup> Harm Reduction International, “What is Harm Reduction.” <http://www.ihra.net/what-is-harm-reduction> (accessed January 1, 2012)

<sup>468</sup> Harm Reduction International, “What is Harm.”

<sup>469</sup> Eurasian Harm Reduction Network, “Opioid.”

the benefits for OST patients, the website mentions reduced risk of overdose, decrease in drug injecting, better health, reduced risk of HIV and Hepatitis, but also “normalization of life style and improved social functioning,” and “distancing from the community of drug users,” and “increased availability for social and psychological support.”<sup>470</sup> Hence, the OST was a technique of biopower to deal with the risk population in a socially and economically beneficial way. The last several statements of Eurasian Harm Reduction Association coincide with one of the principles of harm reduction according to which drug addicts are regarded as an integral part of society; therefore, to protect the health of the whole society, there is a need for drug addicts to be better integrated in socially acceptable ways rather than ghettoized and isolated.<sup>471</sup> However, here is a paradox, if drug addicts are already an integral part of society why would they need to be integrated? Unless, their status as drug addicts makes them an integral excluded part of the society. This situation corresponds to Foucauldian definition of state racism:

It is no longer: “We have to defend ourselves against society,” but “We have to defend society against all the biological threats posed by the other race, the subrace, the counterrace that we are, despite ourselves, bringing into existence.” At this point, the racist thematic is no longer a moment in the struggle between one social group and another . . . At this point . . . we see the appearance of a State racism: a racism that society will direct against itself, against its own elements and its own products. This is the internal racism of permanent purification, and it will become one of the basic dimensions of social normalization.<sup>472</sup>

Following the logic of state racism, drug addicts constitute a marginalized social group – from which its elements are to be distanced, their lives normalized and their social functions improved – and against which a concept of general population – providing increasing availability of social and psychological support in exchange – is defined. In this case, full social integration of drug addicts is not possible as the group is a constitutive element of a

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<sup>470</sup>Eurasian Harm Reduction Network, “Opioid.”

<sup>471</sup> Eurasian Harm Reduction Network. “Harm Reduction.” <http://www.harm-reduction.org/index.php/harm-reduction.html> (accessed April 8, 2013).

<sup>472</sup>Foucault, *Society*, 61-2.

modern society and state racism. The concept of integrating society functions as far as this society is excluding towards certain social groups, which it then claims to be integrating.

#### **4.1.1 “Invisible System:” Current International Legislation on Drug Control**

With a taste of the past, it becomes possible to conclude that the history of international drug control may be repeating itself today.

— Jay Sinha.

Among other issues, what made harm reduction a controversial philosophy is that it prioritizes risk reduction to eradication of drug use.<sup>473</sup> It also asked for the change of drug control policies which would facilitate reduction in adverse effects of drug use rather than its complete elimination. In this case the figure of IDUs was indispensable for sustaining Harm Reduction campaigns as much as it was indispensable for sustaining the concept of society. What made harm reduction, OST in particular, such a controversial issue was that its logic seemed to go against the existing legal framework for the international drug control system, which Bewley-Taylor addressed in his book as Global Drug Prohibition Regime.<sup>474</sup> The spread of the HIV/AIDS epidemic reinforced the clash between the the lobbies of Harm Reduction and the regime. However, a closer look to the legal and political-economic background of the regime shows that the two systems might share certain similarities of interests, actors and processes involved in them.

The current international drug control system relies on three major UN treaties, i.e. the Single Convention on Narcotic Drugs, 1961; the Convention on Psychotropic Substances, 1972; and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988 (Trafficking Convention). For the purpose of my argument I further

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<sup>473</sup> Lowinson et al., *Substance*, 1230.

<sup>474</sup> David R. Bewley-Taylor, *International Drug Control: Consensus Fractured* (Cambridge; New York : Cambridge University Press 2012).

concentrate on the first two Conventions. Characterizing the current international drug control system William B. McAllister attributed its failures to the fact that instead of dealing with helping people (potentially) affected by drug use, the system was shaped by various states' economic, social and political interests:

. . . the primary goal of the international drug control regime has never been to eliminate illicit drug use. The most important objective of the delegates to the 1961 and 1971 conventions was to protect sundry economic, social, cultural, religious, and/or geopolitical interests. The amount of time actually spent at the conferences discussing the problems of addicted individuals, how to help them, and how to prevent more people from joining their ranks was minimal. Until these priorities change, problems with widespread drug abuse, and the attendant cost in human and material capital, will continue.<sup>475</sup>

A New York conference in January-March 1961 gathered 73 countries with an aim to create a single document "to lay a new solid foundation for drug control in the post-war United Nations era."<sup>476</sup> As a result, the Single Convention on Narcotic Drug was signed on March 1961 and was later amended by the 1972 protocol. In the Preamble the Parties expressed their desire for the Convention to:

. . . conclude a generally acceptable international convention replacing existing treaties on narcotic drugs, limiting such drugs to medical and scientific use, and providing for continuous international co-operation and control for the achievement of such aims and objectives . . .<sup>477</sup>

The Convention was quite strict and held rather punitive approach to drug related activities. Apart from controlling and licensing all production, trade and spread of drugs as well as documenting all the drug-related transaction, the states-parties to the Convention were

<sup>475</sup> William B. McAllister quoted in Jay Sinha, "The History and Development of the Leading International Drug Control Conventions." Prepared for the Senate Special Committee On Illegal Drugs. Law and Government Division, Library of Parliament, February 21, 2001. <http://www.parl.gc.ca/37/1/parlbus/commbus/senate/com-e/ille-e/library-e/history-e.htm> (accessed April 8, 2013).

<sup>476</sup> David Bewley-Taylor and Martin Jelsma, "Fifty Years of the 1961 Single Convention on Narcotic Drugs: A Reinterpretation," *Series on Legislative Reform of Drug Policies Nr. 12*, March 2011, 1.

<sup>477</sup> United Nations, "Single Convention on Narcotic Drugs, 1961. As Amended by the 1972 Protocol Amending the Single Convention on Narcotic Drugs, 1961," 1 <http://www.unodc.org/unodc/en/treaties/single-convention.html> (accessed April 8, 2013).

also required to ensure punitive measures to deal with drug-related activities on the national level, except for the cases when drugs were used for medical and scientific purposes.<sup>478</sup>

Referring to William B. McAllister's classification, Jay Sinha states that the states-participant to the Convention roughly constituted five groups united by their relation to drug-manufacture and hence political and economic interests involved in creation of the convention, i.e. organic state group, manufacturing state group, neutral group, strict control and weak control groups.<sup>479</sup> The Convention was especially restrictive towards organic state groups. Contrary to the strict nature of the Single Convention was the Convention on Psychotropic Substances, 1971. The Convention appeared in a response to growing use and availability of post-war synthetic and psychotropic substances, such as amphetamines, barbiturates, LSD and other hallucinogens.<sup>480</sup> While there were five groups of countries drafting the Single Convention, there were only two main groups in the creation of the Convention on Psychotropic Substances.<sup>481</sup> These were manufacturing and organic groups. The manufacturing group represented by developed countries, which had strong pharmaceutical production and markets for psychotropic substances, lobbied for weaker drug control. According to them, it was a more financially beneficial and feasible project than ceasing drug use at all.<sup>482</sup>

Even though, the Single Convention was taken as a template for the Convention on Psychotropic Substances, the latter appeared to be much less restrictive. Sinha finds one of the main reasons for such a situation in strong lobbying of the interests of multinational pharmaceutical industry, when the Convention on Psychotropic Substances.<sup>483</sup> In the report

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<sup>478</sup> United Nations, "Single Convention", Art 36 (1.a.).

<sup>479</sup> Sinha, "The History."

<sup>480</sup> Julia Buxton, "The Historical Foundations of the Narcotic Drug Control Regime," in *Innocent Bystanders: Developing Countries and the War on Drugs*, ed. by Phillip Keefer and Normal Loayza (Palgrave Macmillan and the World Bank, 2010), 86-7; Sinha, "The History."

<sup>481</sup> Sinha, "The History."

<sup>482</sup> Sinha, "The History."

<sup>483</sup> Sinha, "The History."

prepared for the Canadian Senate Special Committee on Illegal Drugs, 2001, referring to the Conventions, Sinha summarized their underlying logic:

The Single Convention consolidated the system under the UN into one key narcotics control document – an instrument representing the compromises between the domestic and economic interests of predominantly Western, drug manufacturing nations. The Psychotropic Convention represented a weakening of the control structure because of the overwhelming influence of European and North American pharmaceutical interests throughout negotiations.<sup>484</sup>

Hence, both Conventions embodied a struggle of interests between pharmaceutical industries of the developed countries and producers of organic drugs from developing states, with the international system turning out to be much more lenient towards the former. The current debate on Harm Reduction vs. Drug Control System reflects certain similarities with the genealogy of the two conventions discussed above. Hence, rather than putting the system supporting Harm Reduction in direct opposition to Global Drug Prohibition Regime (GDPR), these similarities make the picture more complicated.

#### **4.1.2 Harm Reduction vs. Global Drug Prohibition Regime**

In his article on the weakening of the global drug prohibition regime, Harry G. Levine points to the three crises of the regime after the 80-ies.<sup>485</sup> He attributes them to strengthening of harm reduction movement, development of the opposition to punitive drug policies (constituted largely again by harm reduction and policy reform activists) and the failure of the current drug control regime to cease the worldwide growth and use of cannabis. The situation is similar to the emergence of the Convention in 1971, which weakened the regime as compared to the Single Convention 1961. The logic of Levign's

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<sup>484</sup> Sinha, "The History," under Conclusion.

<sup>485</sup> Harry G. Levine, "Global Drug Prohibition: Its Uses and Crises," *International Journal of Drug Policy* 14 (2003):148-9.

argument related to persistent use of cannabis as a sign of the GPDR's failure follows the logic of pharmaceutical lobbies in 1971, who argued for the weaker system of drug control stating that elimination of drug use is not a feasible project anyways.

Levine also states that the message of the harm reduction lobbies to the government is “we are not asking you to give up drug prohibition; we just ask you to do some things (like make clean syringes and methadone available) to reduce the harmfulness of drug prohibition.”<sup>486</sup> Again, the manufacturing group while preparing the Convention 1971 did not ask for the rejection of drug control treaties either. What they did ask, however, for making the Convention more legally-friendly to manufactured drugs (to which methadone as a synthetic opioid used for belongs) and financially-friendly to the pharmaceutical industry (to which, for instance, syringe production belongs). Similarly, while referring to harm reduction Levine states that harm reduction programs intend to change law and policies as well:

Consider some of harm reduction's significant programmes: syringe distribution and exchange, methadone maintenance, injection rooms, prescription heroin, medical use of cannabis, drug education for users, and pill testing at raves. These programmes have sought to increase public health by helping users reduce the harms of drug use. However, in order to carry out their objectives (like reducing the spread of AIDS), the harm reduction programmes have often required changes in laws, policies or funding.<sup>487</sup>

Harm reduction lobbies promote drug use as a health, rather than criminal issue, similar to the logic of the Art. 22 (1.b.) of the Convention on Psychotropic Substances, which offered education, treatment, after-care, rehabilitation and social reintegration, as an alternative or addition to punishment for drug abusers.<sup>488</sup> Also, since the UN Conventions allow for drug only in scientific and medical purposes, representing harm reduction as a

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<sup>486</sup> Levine, “Global,” 149.

<sup>487</sup> Levine, “Global,” 149.

<sup>488</sup> United Nations, “Convention on Psychotropic Substances, 1971,” Art. 22 (1.b.). [http://www.unodc.org/pdf/convention\\_1971\\_en.pdf](http://www.unodc.org/pdf/convention_1971_en.pdf) (accessed April 8, 2013).

public health movement and drug use as a health not criminal issue seems to be quite a strategic move within (rather than against) the logic of the Global Drug Prohibition Regime.

The similarity of the arguments made by pharmaceutical lobbies in the seventies and harm reduction supporters today raises the question of possible similarities of interests pursued by the actors involved. William B. McAllister's concern that economic, social, cultural, religious, and geopolitical interests overshadow the interests of "addicted individuals" when it come to politics and policy-making (in his case in the area of international drug control regime) remains quite legitimate.<sup>489</sup> McAllister's concern is also in line with Biehl's claim on pharmaceuticalization of public health. Biehl states that pharmaceutical industry appeal to the language of activists on access to medicines as human rights, in order to promote its own economic interests.<sup>490</sup>

In his critical book on international drug control regime, David R. Bewley-Taylor admits that the above mentioned Conventions provide sets of rules for the member-states in order to achieve drug control.<sup>491</sup> According to him, the rules rely on two methods, i.e. "control of the pharmaceutical market" and "penal control." In his book Bewley-Taylor chooses to concentrate and provide a critical analysis to the latter. This situation reinforces a concern that pharmaceutical interests component of harm reduction campaigns is, to the best of my knowledge, largely unaddressed by harm reduction lobbies. However, big share of harm reduction modalities point to the excising relations between Harm Reduction and pharmaceutical industry, e.g. needle and syringe exchange programs, pharmacy-based needle and syringe distribution/exchange, condom distribution, opioid substitution therapy, testing of drug purity and other harm reduction in clubs, vaccination against hepatitis A and B, etc. The coverage of MMT programs only by the year 2004 included around 500, 000 clients of the

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<sup>489</sup> McAllister in Sinha, "The History."

<sup>490</sup> Biehl "Pharmaceuticalization," 1100.

<sup>491</sup> Bewley-Taylor, *International*, 3.



program in 47 countries in the world, many of them in Western Europe – France, Germany, Italy, UK and Spain,<sup>492</sup> with the vector of the MMT spread directed towards the expansion in developing world, e.g. Eastern and Central Europe. The wide-spread argument of OST supporters about the cost-efficiency of the treatment points to the economic component of OST and its implicit relation with the industry as well, yet very often this point remains largely unaddressed. At the same time in Ukraine, the HIV/AIDS Alliance in Ukraine, the All Ukrainian NGO the most engaged in substitution treatment, spent approximately 1 million USD for buprenorphine in the years 2006, 2007.<sup>493</sup> In the year 2008, methadone maintenance programs started functioning in Ukraine.<sup>494</sup> In the years 2009, 2011 prices for both buprenorphine and methadone purchase constituted approximately 100 000 USD.<sup>495</sup> The share of Ukraine might not be as big in sustaining the industry through OST. The numbers, however, point to the undeniable presence of pharmaceutical industry as a strong actor in the programs.

While talking about underlying logic of pharmaceutical companies' involvement with humanitarian projects related to “a high priority public health disease” in low-income countries, Craddock addresses the concept of “the bottom-of-the-pyramid (BOP) high-volume, low-cost market model.”<sup>496</sup> According to the logic of the model, occupying markets in “the millions of low-income but high-disease burden populations globally” can be less

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<sup>492</sup> Lowinson et. al, *Substance*, 616; Bewley-Taylor, *International*, 67.

<sup>493</sup> International HIV/AIDS Alliance in Ukraine, “Richnyi Zvit [Annual Report] 2006,” 47. [http://www.aidsalliance.org.ua/ru/library/our/finalreport/pdf/ar\\_2006\\_ua.pdf](http://www.aidsalliance.org.ua/ru/library/our/finalreport/pdf/ar_2006_ua.pdf) (accessed April 8, 2013); International HIV/AIDS Alliance in Ukraine, “Richnyi Zvit [Annual Report] 2007,” 83. [http://www.aidsalliance.org.ua/ru/library/our/finalreport/pdf/report2007\\_ua.pdf](http://www.aidsalliance.org.ua/ru/library/our/finalreport/pdf/report2007_ua.pdf) (accessed April 8, 2013).

<sup>494</sup> Taylor, *International*, 67.

<sup>495</sup> International HIV/AIDS Alliance in Ukraine, “Richnyi Zvit [Annual Report] 2009,” 77. [http://www.aidsalliance.org.ua/ru/library/our/finalreport/pdf/ar\\_2009\\_ua.pdf](http://www.aidsalliance.org.ua/ru/library/our/finalreport/pdf/ar_2009_ua.pdf) (accessed April 8, 2013); International HIV/AIDS Alliance in Ukraine, “Richnyi Zvit [Annual Report] 2011,” 107. [http://www.aidsalliance.org.ua/ru/library/our/2012/ar\\_2011\\_preview.pdf](http://www.aidsalliance.org.ua/ru/library/our/2012/ar_2011_preview.pdf) (accessed April 8, 2013).

<sup>496</sup> Susan Craddock, work in progress “Chapter 3: Drug and Vaccine Partnerships.” Fall 2012.

financially lucrative at the beginning yet will eventually bring substantial profit as well. Craddock's research has shown that through involvement with such humanitarian projects, pharmaceutical companies establish a positive profile of themselves in the given countries, which serves as a commercial for the subsequent products that the companies will eventually introduce in the new market. It also helps the companies learn and master the peculiarities the new markets. After the markets and high-profile image of the companies are established, they will be able to introduce high-demand products targeting the middle class in such countries as well. Not to mention that low-cost high-demand logic sustains the sense of profit for the companies from the low-income countries as well. This model represented by Craddock, is very applicable in the context of the HIV/AIDS epidemic in Ukraine, with its 48 million population and hundred thousands of people affected by HIV. As will be shown further, the main clashes in the debate on OST in Ukraine were often represented as a struggle for pharmaceutical/drugs market between the actors involved. Opponents of OST reproached OST supporters for promoting Western pharmaceutical interests. In return, they were reproached for being involved in drug business and defending illegal drug markets in the state. Hence, OST as a part of HIV-prevention campaign was a campaign that seemed to be largely involved in redistribution of (il)legal drug markets in Ukraine between various state and non-state actors, following the logic of neoliberal economy.

#### **4.1.3 Debates over Harm Reduction Programs and OST**

Harm reduction and OST were widely criticized and opposed in different countries, on different levels, in different historical periods. For instance, before and at the beginning of the HIV/AIDS epidemic France, Germany and Sweden were reluctant to accept the idea of "substituting one drug for another."<sup>497</sup> By the year 1994, France only had 52 recipients of the treatment; in Belgium doctors might have been imprisoned for engaging in such policy in mid

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<sup>497</sup> Bewley-Taylor, *International*, 66.

80-ies; in Germany OST was paid by health care system mainly only if the person had AIDS or was pregnant.<sup>498</sup> The US officials and politicians have been rather hostile to principles of harm reduction and OST and claimed them to be a “stepping stones to ‘drug legalization’.”<sup>499</sup> The US government, with its strict policy against illegal drug circulation was one of the biggest opponents of harm reduction programs since the 80-ies. According to Bewley-Taylor, the US was one of the most influential supporters of Global Drug Prohibition Regime and has used its political influence to sustain that regime for decades.<sup>500</sup> In the same book, he exemplifies how methadone maintenance treatment (MMT) was a very controversial issue at the level of the EU and the UN and was never supported unanimously at those levels either. Harm reduction movement came to the post-Soviet space after 1995, much later then it emerged in the West.<sup>501</sup> And it met similar opposition as it met in some Western states when being implemented. Ukraine was no exception in the global debate on OST which became a big public debate in the state.

There were 6025 participants in substitution therapy programs, in 27 regions, 125 establishments for therapy and prophylactics in Ukraine at the beginning of 2011.<sup>502</sup> Out of all the participants, 2817 people were HIV-positive, 825 people used buprenorphine, 5200 people used methadone (see table 7).<sup>503</sup> To the contrary, for instance, in Russia substitution therapy was officially banned and harm reduction campaigns concentrated on out-reach work

<sup>498</sup> Lowinson et. al, *Substance*, 1232.

<sup>499</sup> Lowinson et. al, *Substance*, 1231.

<sup>500</sup> Bewley-Taylor, *International*.

<sup>501</sup> Eurasian Harm Reduction Network, “History.” <http://www.harm-reduction.org/about-us/history.html> (accessed April 8, 2013).

<sup>502</sup> Alexei Kurmanaevski. Zapytai, "Ia Zhivu Do Sih Por Prosto Potomy, Chto Mne Silno Povezlo [I'm Still Alive Just Because I got Lucky]" <http://zapitay.in.ua/index.php> (accessed January 1, 2011).

<sup>503</sup> Kurmanaevski, "Ia."

and needle exchange predominantly.<sup>504</sup> Related to that was a persistent conflicting discourse between lobbies and opponents of OST programs in Ukraine.

**Table 7. OST participants in Ukraine, 2011**

Participants of OST		Out of them HIV+	Regions	Establishments
6025		2817	27	125
Buprenorphine	Methadone			
825	5200			

*Source:* Created from data from Zapytai [Ask]. <http://zapitay.in.ua> (accessed 01.01.2011).

The conflicting parties referred to each other as either promoters of Western interests or supporters of the Russian scenario. Even though, other aspects of harm reduction, e.g. outreach work, needle exchange, etc. were implemented in Ukraine, it was substitution treatment that became (in Western liberal discourse) a litmus test on the level of democracy and with that Westernization/ Europeanization of Ukraine. Supporters of the methadone programs in Ukraine referred to states opposing methadone i.e. Russia, Turkmenistan and Uzbekistan as undemocratic: “... countries in whose politics and philosophy one can notice ideas of xenophobia, isolationism, and pretence for the exclusiveness of “their own way”. So why would Ukraine belong to this anti-methadone club?”<sup>505</sup>

Diederik Lohman, then the head of the Moscow representative office of Human Rights Watch, claimed that in post-Soviet space the epidemic of AIDS was the second fastest growing after Africa and that “the Russian government is the root for this crisis. It rejects methadone treatment as “substituting one drug for another”. It has banned such treatment domestically, harassed advocates in Russia, and used its influence in the region to prevent

<sup>504</sup> Anatolii Berestov, Yulia Bronyusovna Shevtsova, and Nikolai Vladimirovich Kaklyugin. Net Narkotikam. “Ostorozhno Metadon! [Watch Out! Methadone!],” 2007. [http://www.narkotiki.ru/ecolumn\\_6420.html](http://www.narkotiki.ru/ecolumn_6420.html) (accessed January 31, 2011).

<sup>505</sup> S. Dvoryak and V. Mendelevych “Zashchitnik Volnosti I Prav On v Etom Sluchae Ne Prav [The Protector of Rights and Freedoms Is Not Right in This Case],” *Dzerkalo Tyzhnya*. [www.dt.ua/newspaper/articles/59775](http://www.dt.ua/newspaper/articles/59775) (accessed April 10, 2010).

neighbouring countries introducing methadone programmes.”<sup>506</sup> He also stated that during the President Yushchenko times (2005-2010) Ukraine developed one of the biggest and fastest growing substitutive programs amongst post-Soviet countries. Nevertheless, Lohman argued that with the new “Russia-leading Ukrainian president,” Yanukovich, the policies related to substitution therapy in the country deteriorated. He also questioned the future of substitution therapy in Ukraine:

Will Ukraine continue to be a leader in the battle against HIV, or will it follow Russian ill-guided lead, even if the cost is thousands of lives? In fact there is a broader question: will the president lead Ukraine toward the EU, as he has said is his intention, or is he turning eastwards, as some of his first steps in office seem to suggest?<sup>507</sup>

Hence, substitution therapy debate explicitly acquired geopolitical coloring. It showed that in a global geopolitical map, Ukraine had a rather low status of a transitional post-Soviet and not a strong independent actor. Its position between Russia and EU, did not leave much space for geopolitical imagination if only to address the state as being either pro-West or pro-Russia-oriented. A ploy of linguistic parallelism of the broader question by Lohman made it sound as if keeping its lead in the battle against the epidemic was the same as being pro-EU; and getting eastwards would necessarily presuppose a failure in the battle, as if “ill-guided lead” could only come from Russia.

However, as mentioned above, a critical discourse in the context of methadone treatment was not unique to Russia. For instance, the fourth edition of the book “Substance Abuse a Comprehensive Textbook” in 2005 used a similar discourse, this time critical of the US:

The continued failure to relax counterproductive regulatory constraints on methadone treatment by U.S. government agencies that are ill-equipped to oversee clinical care, and the continued punitive posture of drug enforcement authorities regarding MMT [methadone maintenance treatment], have taken a once successful modality of addiction

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<sup>506</sup> Diedrik Lohman, “Why Is Ukraine Reversing HIV Policy?” *The Guardian*, July 18, 2010, <http://www.guardian.co.uk/commentisfree/2010/jul/18/ukraine-hiv-policy-reversal-vienna-conference> (accessed September 26, 2012).

<sup>507</sup> Lohman, “Why.”

treatment and driven it to the margins of medical practice and public health. . . punitive prohibitionist attitudes have had a huge adverse impact on public health by restricting access to this treatment, in the United States (and because of the powerful US influence) around the world.<sup>508</sup>

In speaking about GDPR, Levign, referring to Bewley-Taylor, stated that the prohibitionist regime existed due to a strong influence of the US, which used UN as a tool to promote the US stances on the issue on the international level:

Drug prohibition has also enjoyed widespread support and legitimacy because the US has used the UN as the international agency to create, spread, and supervise world-wide prohibition (Bewley-Taylor, 1999, 2003).<sup>509</sup>

Hence, on the one the one hand, Russian was one of the few states banning methadone programs. On the other hand, it was not at all unique in its restrictive approach to ST programs as was also mentioned above in the chapter in the context of Western European countries and on the international level as well. However, this information was hardly, if at all, addressed in the speeches of supporters of methadone programs in Ukraine. Quite to the contrary, opposition to methadone programs in such a discourse marked a distinct geopolitical line between West and non-Western world, representing Russia as an exceptional state in its restrictive drug-related policy.

Andrey Klepnikov, the Head of the International HIV/AIDS Alliance in Ukraine, reproaching the Ministry of Domestic Affairs for gathering private information on people, clients of substitution therapy and illegal interrogation of their HIV status in 2011 claimed:

. . . I assume that the police decided to take a medical issue – which is addressed as medical all over the world – under its wing, thinking that they have to decide who to treat and how to treat them. Unfortunately, it is a Russian scenario, where substitution therapy - unlike in the countries of EU, the US and the rest of our neighbours - does not work.<sup>510</sup>

<sup>508</sup> Lowinson et al., *Substance*, 1232.

<sup>509</sup> Levign, "Global," 148.

<sup>510</sup> Andrey Klepnikov in "Pochemu Ukraina Peresmatrivaet Svoyu Politiku v Otnoshenii VICH? [Why does Ukraine Reasses its politics in relation to HIV?]" *Kyivpost*, July 19, 2010. [www.kyivpost.ua/ukraine-abroad/news/pochemu-ukraina-peresmatrivaet-svoyu-politiky-v-otnoshenii-vich](http://www.kyivpost.ua/ukraine-abroad/news/pochemu-ukraina-peresmatrivaet-svoyu-politiky-v-otnoshenii-vich) (accessed August 9, 2010).

Anna Shakarishvili, a coordinator of the united program UN on HIV/AIDS in Ukraine voiced a number of reasons that worried the international community in relation to HIV/AIDS programs in Ukraine. One of them was attention being paid by security agencies to substitution therapy, and attendant rumors among civil organizations that the program could be banned in Ukraine “in accordance with the Russian scenario.”<sup>511</sup>

An analytical centre “Parental Committee,” Russia, while talking about the programs dealing with alcohol and drug addiction pointed to some Western aspects in the Russian scenario. The Committee stated that they are mostly Western driven in Russia:

The problem is that Russian programs on combating drug and alcohol addiction are practically non-existent. They are substituted by Western programs, which have totally different ideology and objectives from those which our society faces.<sup>512</sup>

Since supporters of the substitution therapy in Ukraine, often claimed that Ukraine was following the Russian scenario in regards to substitution treatment, in the subchapter that follows I want to concentrate on harm reduction and substitution treatment in Russia to analyze what exactly was the nature of the scenario that was being claimed as happening in Ukraine.

#### **4.1.4 Harm Reduction and “the Russian Scenario”**

The first mobile station of needle exchange (a bus) was opened in Russia in 1997.<sup>513</sup> By 2008 there were 50 to 80 projects directed at harm reduction in the country. The projects in the country targeted sex-workers, prisoners and “children from the streets.” Many of them included out-reach work, needle exchange and lobbying of harm reduction projects on the

<sup>511</sup> Irina Guk, “Ukrainskim Programmam po Bor’be s VICH/CPIDom Grozit Paralich - OON [Ukrainian Programs on Fighting HIV/AIDS are Threatened to Become Paralyzed, - UN],” *Bagnet*, January 25, 2011. [www.bagnet.org/news/summaries/ukraine/2011-01-25/101921](http://www.bagnet.org/news/summaries/ukraine/2011-01-25/101921) (accessed January 25, 2011).

<sup>512</sup> All-Russian Parental Gathering. “Cto Takoe “Programmy Snizheniya Vreda” i Kto Za Nimi Stoit? [What is “Harm Reduction Programs” and Who Are Its Lobbies?]” [http://www.oodvrs.ru/article/index.php?id\\_page=47&id\\_article=211](http://www.oodvrs.ru/article/index.php?id_page=47&id_article=211) (accessed January 31, 2011)

<sup>513</sup> All-Russian Parental Gathering, “Cto Takoe.”

state level.<sup>514</sup> Due to Russian legislation, however, the programs could not include substitution therapy. The opponents of the therapy in the country supported the Russian legislation by reference to the UN legislation 1961 – when methadone was stated to be as dangerous as heroin and morphine and therefore, alongside with them included in the schedule #1 of drug substances mentioned in the Single Convention on Narcotic Drugs; - and the Resolution #2 of the UN diplomatic conference the same year which stated that treatment of drug addicts should take place in the drug free environment.<sup>515</sup> Since 1998, the law “On Narcotic Drug Remedies and Psychotropic Substances” has banned using drug substances, including methadone, for treating drug addiction in the country.<sup>516</sup> In Russia, negative attitudes towards substitution therapy were voiced by representatives of religious organizations, doctors, personnel of scientific-medical establishments and some non-governmental organizations, etc.<sup>517</sup> Unlike Harm Reduction lobbies who mainly avoided addressing pharmaceutical component of the OST programs, opponent of OST in Russia directly approached the issue. They claimed that many countries in the world (e.g. Sweden, Great Britain, Germany, Australia, Belgium, etc.) began to reject methadone and therefore pharmaceutical companies were looking for new places to market their drug and for which post-Soviet space was a suitable setting.<sup>518</sup>

On a Russian website “Net Narkotikam” (No to Drugs!) a sequel of articles traced the history of methadone in Russia and its neighboring countries i.e. Ukraine, Kazakhstan, Serbia, Bulgaria, Moldova, etc. The articles stated that financially powerful international organizations, instead of supporting other ways of dealing with drug addiction, pushed the

<sup>514</sup> Berestov et. al., “Ostorozhno Metadon!”

<sup>515</sup> E. A. Babayan. Foundation “City without Drugs,” “ O Preminenii Metadona [On Methadone Use]” [http://www.nobf.ru/drugs/usemet/o\\_met/](http://www.nobf.ru/drugs/usemet/o_met/) (accessed 31.01.2011); Berestov et. al., “Ostorozhno Metadon!,” All-Russian Parental Gathering, “Cto Takoe.”

<sup>516</sup> All-Russian Parental Gathering, “Cto Takoe.”

<sup>517</sup> Aizberg O.R. “Substitution Therapy of Opioid Addiction,” in *Narkology and Addictology*, ed. by. V.D. Mendelevicha (Kazan, 2004), 44-80.

<sup>518</sup> Berestov et. al., “Ostorozhno Metadon!,” part I.



countries to implement substitution therapy in order to make more people become clients of the substitution drugs which were, “of course, purchased from abroad.”<sup>519</sup> The authors claimed that all the programs initially stated that they targeted HIV-positive people only but then included many HIV-negative injecting drug users as well. They added that the scenario was very widespread: “It is the drug-marketing situation which we observe practically on all the territory of Eastern Europe and former USSR republics.”<sup>520</sup> Hence, the project of pharmaceuticalization of public health – involving expansion of pharmaceutical markets and reaching clientele groups - was taking place under umbrella of HIV-prevention campaign. Another concern of the opponents was that the introduction of methadone programs would facilitate illegal drug circulation. For instance, the chief sanitary doctor in the Russian Federation said in 2006:

If civil organizations will get the right to circulate methadone for free, it will not always be possible to observe legality. Even if such programs are implemented in hospitals, it is possible that there will be cases of theft of the substance by the personnel. Moreover, we should not neglect the fact that drug addicts will sell out the surplus of methadone.<sup>521</sup>

The OST opponents referred not only to political economic rational of OST but also its biopolitical underpinning. One of the arguments of people against the introduction of methadone campaigns in Russia referred to death related to methadone overdose in the US, Lithuania, Germany, etc. The opponents of the programs stated that implementation of the substitution therapy in Russia would be “a direct act of genocide against Russian youth” which they also perceived as a “thread to the future of the whole country.”<sup>522</sup> The opponents also addressed pharmaceuticalization of public health in the context of OST as a part of transnationally driven biopolitics, which involved unequal power relations between Western and non-Western actors. The argument was reinforced by the situation that, according to the

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<sup>519</sup> Berestov et. al., “Ostorozhno Metadon!” part I, III, IV.

<sup>520</sup> Berestov et. al., “Ostorozhno Metadon!” part IV.

<sup>521</sup> Berestov et. al., “Ostorozhno Metadon!” part II.

<sup>522</sup> Berestov et. al., “Ostorozhno Metadon!” part I, III, IV.

opponents of substitution therapy in Russia, harm reduction programs in the state were mainly lobbied by the international organizations, i.e. Open Society Institute (OSI), International Harm Reduction Development Program, NY (IHRD), Doctors of the World (MDM) - France, Medecins Sans Frontiers – Holland, etc. and supported by the Russian Ministry of Health Care<sup>523</sup> and also the GF, the WB, the UN, the UNDP, the UNAIDS, UNESCO, etc.<sup>524</sup>

Today nobody questions the fact that “Harm Reduction Programs,” including substitution therapy, are imposed on us from the West and are mainly held on western money that comes from abroad through nongovernmental organizations. Currently, such programs are actively promoted in the countries of Middle Asia as well, being supported by international foundations . . . <sup>525</sup>

In 2009, the Chief Sanitary Physician in the Russian Federation stated that “international organizations and the UN institutions impose substitutive therapy on Russia.”<sup>526</sup> A Russian website “Net Narkotikam” (No Drugs!) held similar stances and as one more evidence of “the continuous [OST lobbies] attack on the nearest neighbors [Ukraine]” presented a statement from the representative of the all-Ukrainian Narcological Association to then Prime Minister of Ukraine, Yulia Tymoshenko, in 2005. The statement voiced concerns and dissatisfaction with the situation in which members of international organizations actively promoted substitution therapy in Ukraine:

Since when the intervention of one power, even if supranational [nadsnatsionalnyh] (the WHO and the UN in particular), in business of independent states is regarded as a norm of diplomatic relations in the world? And is not fake visibility of combating drug addiction and terribly false substitution of concepts a direct intervention in the right for health of citizens from different countries?<sup>527</sup>

<sup>523</sup> All-Russian Parental Gathering, “Cto Takoe.”

<sup>524</sup> Berestov et. al., “Ostorozhno Metadon!,” All-Russian Parental Gathering, “Cto Takoe.”

<sup>525</sup> Berestov et. al., “Ostorozhno Metadon!” part IV.

<sup>526</sup> “Glavnii Sanitarnii Vrach RF: Metadonovoe Lechenie Narcomanov Prineslo bi Strane Lish Verd. [Chief Sanitary Physician of the Russian Federation: Treatment of Drug Addicts by Methadone Would Only Bring Harm to the Country],” *Korrespondent.net*. March 11, 2009. <http://korrespondent.net/tech/health/768800-glavnyi-sanitarnyi-vrach-rf-metadonovoe-lechenie-narkomanov-prineslo-by-strane-lish-vred> (accessed April 7, 2013).

<sup>527</sup> Berestov et. al., “Ostorozhno Metadon!” part I, III, IV.

Hence, the introduction of OST in Ukraine could be equally characterised as a promotion of ‘Western scenario’ in Ukraine. Such a complex discourse on which scenario Ukraine has been and will be following, addressed international power asymmetries, questioned legality of substitution treatment, raised an issue of pharmaceutical interests promotion in post-Soviet states and consequently, the role of transnational biopolitical component in such a promotion. The discourse also constructed Ukraine as a post-colonial state which would inevitably follow the lead of either one or another neo-colonial party.

#### 4.1.5 An Outline on the Ukrainian Legislation on OST

Prior to the international involvement and related to that Harm Reduction campaigns in the context of the epidemic in the state, OST was neither largely supported nor criticized in Ukraine. In the nineties in Ukraine, none of the legal documents, which the system of healthcare operated while dealing with drug substances, forbade the usage of methadone or buprenorphine for treating opioid addiction.<sup>528</sup> In the “List of drug substances, psychotropic substances, their analogues and precursors that are under special control in accordance to the Ukrainian legislation” (07.02.1996), buprenorphine and methadone were considered to be dangerous substances, yet could be used in medical practice in the country.<sup>529</sup> Subsequently, methadone and buprenorphine were officially listed as medicines which could be bought at the expense of the state budget.<sup>530</sup> In 2000 methadone and buprenorphine were put on the list of substances the circulation of which was restricted in Ukraine.<sup>531</sup>

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<sup>528</sup> International HIV/AIDS Alliance in Ukraine, “Zamisna Terapiya: Analitichnyi Oglyad [Substitution Therapy. Analytical Review]” (2005), 5 <http://www.aidsalliance.org.ua/ru/library/our/substitutiontherapy/pdf/substitutiontherapy.pdf> (accessed February 1, 2011).

<sup>529</sup> Committee on Drug Control, Ministry of Health. Order no 2, February 7, 1996. <http://zakon1.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=z0104-96> (accessed April 7, 2012).

<sup>530</sup> Cabinet of Ministers. Decree no. 1071, September 5, 1996. <http://zakon1.rada.gov.ua/cgi-bin/laws/main.cgi?page=1&nreg=1071-96-%EF> (accessed April 7, 2012).

<sup>531</sup> Cabinet of Ministers of Ukraine. Decree no. 770. May 6, 2000. <http://zakon1.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=770-2000-%EF> (accessed April 7, 2012).

There were some first steps on behalf of the state towards substitution therapy introduction in the early 2000s. It might have been partially related to the fact that in Ukraine by December 2001, there were already 40 638 officially registered cases of HIV-infection among adults.<sup>532</sup> Out of them 30 964 were IDUs, which constituted 76.19% of the cases. The governmental Committee on Combating HIV/AIDS made a decision to facilitate the programs directed towards treatment of drug users by means of substitution therapy, non-injective pills by the end of 2001.<sup>533</sup> The Ministry of Health accepted a working plan of a program of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the GF), where one of the points was the introduction of substitution therapy in Ukraine, in 2003. The fourth national program on combating HIV/AIDS (2001-2003) provided for a substitution therapy implementation in Ukraine too.<sup>534</sup> In April 2003 the State Pharmacological Committee registered methadone as a substance to treat opioid addiction. In 2003, during the parliamentary hearing the deputies planned to introduce wide usage of substitution therapy in Ukraine.<sup>535</sup> In 2004 the Cabinet of Ministers accepted the fifth National program on prophylactics of HIV infection, help and therapy to people living with HIV/AIDS (PLHA) 2004-2008, which also targeted at implementation of substitution therapy. In 2004 the all Ukrainian Addictological Association passed methodological recommendations for using methadone substitution therapy to treat people with opioid addiction. They were approved by the Ukrainian Center of Scientific-Medical Information and agreed with the Department of Medical Aid organization, the Ministry of Health.<sup>536</sup>

<sup>532</sup> International HIV/AIDS Alliance in Ukraine. "Statystyka [Statistics]". <http://www.aidsalliance.org.ua/cgi-bin/index.cgi?url=/ua/library/statistics/index.htm> (accessed September 26, 2012).

<sup>533</sup> Iryna Borushek. International HIV/AIDS Alliance in Ukraine, "Zaprovadzhennya Zamisnoi Terapii v Ukraini [Introduction of Substitution Therapy in Ukraine]," *Novyny VIL/SNID* 1 (June 2004): 7-8. <http://www.aidsalliance.org.ua/ru/library/our/policyupdate/pdf/policyupdate1.pdf> (accessed January, 24 2011).

<sup>534</sup> International HIV/AIDS Alliance in Ukraine, "Zamisna," 6.

<sup>535</sup> Iryna Borushek, "Zaprovadzhennya."

<sup>536</sup> International HIV/AIDS Alliance in Ukraine, "Zamisna."

Consequently, the therapy was first implemented in Ukraine in 2004, in accordance with the resolution of the government and parliamentary recommendations as for the solution of socio-economic problems, related to HIV/AIDS and drug use in Ukraine.<sup>537</sup> The first pilot projects on the introduction of substitution therapy were initiated in two regions of Ukraine (Kyiv and Kherson).<sup>538</sup> The pilot project on buprenorphine was introduced by UNDP “Rights of a Man in Action.” It was also supported by the International Renaissance Foundation which lobbied for state registration of methadone hydrochloride and provided aid to five cities in Ukraine intent on introducing substitution therapy.<sup>539</sup>

## **4.2 “Ukrainian Scenario”: Substitution Treatment Debate in Ukraine**

As in the nineties, accepting Western expert knowledge on the epidemic was a way for some state actors to get international financial support. The Ukrainian state involvement with the OST project in the early 2000s was related to the fact that various state actors were interested in receiving support from the international and Western state institutions for dealing with the epidemic. As the spread of the epidemic in the state discourse was related to the figure of IDUs, substitution therapy – as a part of transnationally driven biopolitics in Ukraine – was largely reliant on the figure. The GF, United Nation Developmental Program (UNDP) and the International Renaissance Foundation were among the first actors who lobbied for the introduction of substitution therapy in Ukraine.<sup>540</sup> The GF made it a required condition for its “humanitarian aid” – provision of ARV- in Ukraine. Human Rights Watch, the World Health Organization (WHO), William J. Clinton Foundation, USAID, the

<sup>537</sup> Zapytai, “Zamestitel’naya Terapiya I Zakon [Substitution Therapy and the Law]” [http://zapitay.in.ua/index.php?option=com\\_content&view=article&id=53&catid=41&Itemid=15](http://zapitay.in.ua/index.php?option=com_content&view=article&id=53&catid=41&Itemid=15) (accessed January 31, 2011).

<sup>538</sup> International HIV/AIDS Alliance in Ukraine, “Zamisna,” 7-8; Matt Curtis. WHO, “Sozdanie Tsentrov UIntegrirovannoi Pomoshchi dlya Potrebitelei Inektsionnyh Narkotikov v Ukraine [Building Integrated Care Services for Injection Drug Users in Ukraine],” 9 [http://www.euro.who.int/data/assets/pdf\\_file/0017/130652/e94651R.pdf](http://www.euro.who.int/data/assets/pdf_file/0017/130652/e94651R.pdf) accessed (April 8, 2013).

<sup>539</sup> International HIV/AIDS Alliance in Ukraine, “Zamisna,” 82.

<sup>540</sup> Tetyana Galkovska, “Navit’ Iogo Ochi Zminylysia [Even his eyes has changed],” *Dzerkalo Tuzhnya*” (2004) [www.dt.ua/newspaper/articles/41264](http://www.dt.ua/newspaper/articles/41264) (accessed January 31, 2011).

International HIV/AIDS Alliance, to name a few, were other international organizations supporting the introduction of substitution therapy in the country.<sup>541</sup>

During 2005-2007, the Ministry of Health in Ukraine passed a number of orders for implementation of substitution therapy with buprenorphine and methadone.<sup>542</sup> In 2005, the Ministry passed a decree “On the development and enhancement of substitution therapy for HIV/AIDS prophylactics amongst drug users” (№161. 13 April. 2005).<sup>543</sup> The decree included a list of regions and medical establishments in which the substitutive therapy programs were to be implemented. All the programs were financed through the International HIV/AIDS Alliance in Ukraine. In 2006 there was still no state center which would introduce methadone program. In 2006, the Ministry of Health passed a resolution №846 “On measures directed at HIV/AIDS prophylactics and substitution therapy for injection drug users,” in which it agreed on wider implementation of substitution therapy in Ukraine, using methadone and buprenorphine.<sup>544</sup> The Ministry of Health also requested a list of new centers for introduction of ST programs: 17 centers were planned for buprenorphine and 21 for methadone therapy. The resolution, however, sparked controversy among the representatives of civil society as well as certain Ukrainian state Ministries. For instance, whereas the HIV/AIDS Alliance in Ukraine as well as its donors and sub-recipients celebrated the event; other, mostly pro-family oriented organizations, set up by “parents of injection drug users” expressed their concerns with the decision of the Ministry of Health to introduce substitution

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<sup>541</sup> Galkovska, “Navit’;” “Eksperty Obespokoeny Tempami Rosta Spida v Ukraine [The Experts Are Concerned about the Speed of AIDS Growth in Ukraine]” *Korrespondent.net* (March 2, 2006). <http://korrespondent.net/tech/146776-eksperty-obespokoeny-tempami-rosta-spida-v-ukraine> (accessed January 31, 2011).

<sup>542</sup> Zapytai, “Zamestitelnaia.”

<sup>543</sup> Olga Skrypnik, “Shcho Zamishchae Zamisna Terapiya? [What Does Substitution Therapy Substitute?]” *Dzerkalo Tuzhnya* no 16, 28 (2007). <http://www.dt.ua/newspaper/articles/49852#article> (accessed February 10 2011).

<sup>544</sup> Ministry of Health. Order no. 846, December 20, 2006 [http://www.moz.gov.ua/ua/portal/dn\\_20061220\\_846.html](http://www.moz.gov.ua/ua/portal/dn_20061220_846.html). (accessed February 1, 2011).

therapy in Ukraine.<sup>545</sup> Similar to the logic of Russian opponents of the treatment who referred to possibility of the substitution treatment implementation in Russia as an act of “genocide against Russian youth,”<sup>546</sup> the Ukrainian opponent wrote an open-letter to the Ukrainian authority under the slogan “Authority, do not let our children get poisoned!”<sup>547</sup>

The Ukrainian organizations expressed support to the Ministry of Justice and security agencies in Ukraine, which, according to the organizations, blocked the resolution as well. In their article, on behalf of civil society, some NGOs criticized the resolution appealing to it as drug legalization:

Civil society of the country is shocked by the decision of the Ministry of Health in Ukraine to legalize drugs! It is this [the legalization of drugs] that the resolution №846 of the Ministry of Health, 20.12.2006 openly states.<sup>548</sup>

The representatives of the organizations also put under question the intentions of Western donors in Ukraine and pointed to their economic interests in expending pharmaceutical markets in the post-Soviet state. They opposed such instances of pharmaceuticalization of public health and criticized the situation in which, they claimed, under umbrella of humanitarian ideals the donors tried to make Ukraine a market place for methadone and push the government by means of grants and technical support to accept substitution therapy:

When Europe and the US began to reject methadone and there appeared a problem of marketing it ... international “charity” foundations decided to solve the problem. Choosing Ukraine, they decided to give US\$ 89 million for lobbying a methadone

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<sup>545</sup> Anatoliy Gevlich, the head of the All Ukrainian Parental Committee on Fighting Drugs; Lyudmyla Ganohha, the head of the Natalia Podkopaeva’s International Charity Foundation; Nina Vesnina, the head of the administration of civil organization “Mothers of Dnipropetrovsk Region against Drug Addiction and AIDS”; Svitlana Savchenko, the head of the administration in the International Charity Organization “DObrochynnist”; Valeriy Kravchenko, vice-president of the civil organization “Parental Movement against Immorality,” general of the Ukrainian Security Service; Lyudmyla Leshchenko, the head of the civil organization “Happy Family”; Volodymyr Golub, the president of the Poltava Charity civil organization “Let’s Help Children,” distinguished worker in the field of culture in Ukraine. “Plyus Narkotyzatsiya Vsiei Krainy [Plus Narcotization of the Whole Country],” *Dzerkalo Tuzhnya*, no. 8 ( March 3, 2007) [www.dt.ua/newspaper/articles/49299](http://www.dt.ua/newspaper/articles/49299) (accessed February 10, 2011).

<sup>546</sup> Berestov et. al., “Ostorozhno Metadon!” part III.

<sup>547</sup> *Dzerkalo Tuzhnya*, “Plyus.”

<sup>548</sup> *Dzerkalo Tuzhnya*, “Plyus.”

program. Part of the money has already been directed for “charity” – the drug purchased abroad is imported in Ukraine as humanitarian aid.<sup>549</sup>

Seven people signed the letter as representatives of ‘civil organizations’: “All Ukrainian Parental Committee on Combating Drugs,” “N. Potopaeva International Charity Foundation,” “Dnipropetrovs’k Mothers against Drug Addiction and AIDS,” “International Charity Organization “Dobrochynnist,”” “Parental Movement against Immorality,” an NGO “Happy Family” and Poltava charity NGO “Help Children.” The organizations, however, were closely related to some political leaders in the state. This relation was never emphasized. However, the situation problematized the nature of the civil society because this society was explicitly not independent from certain state actors.

#### 4.2.1 On Civil Society

One of the organizations which signed the letter “N. Potopaeva International Charity Foundation” was a fund set up by the religious organization, “Embassy of God”, an evangelical-charismatic church in Kyiv founded by political and social activist religious leader, Sunday Adelaja.<sup>550</sup> Initially his church target group was substance abusers and petty criminals; later on it grew much larger to include state officials and a mayor of Kyiv (2006, 2008 elections).<sup>551</sup> Related to Adelaja, was another organization combating drug in Ukraine, an all Ukrainian union of civil organizations “Movement against Drug Addiction and Drug Corruption.”<sup>552</sup> His followers were also involved in other anti-drug and anti-substitution

<sup>549</sup> Dzerkalo Tuzhnya, “Plyus.”

<sup>550</sup> Global Oneness, “List of Megachurches – Europe,” [http://www.experiencefestival.com/a/List\\_of\\_megachurches\\_-\\_Europe/id/1682980](http://www.experiencefestival.com/a/List_of_megachurches_-_Europe/id/1682980) (accessed February 8, 2011); Christian Telegraph, “Pastor Sunday Adelaja Supports Ukrainian Nationalism,” (2008) <http://www.christiantelegraph.com/issue3616.html> (accessed April 7, 2012).

<sup>551</sup> Alan Cullison. Church Shift, “Man With A Mission: A Nigerian Minister Sets Out to Save Kiev” [http://www.churchshift.org/index.php?option=com\\_content&view=article&id=71:wsj-man-with-a-mission&catid=39:press-room&Itemid=60](http://www.churchshift.org/index.php?option=com_content&view=article&id=71:wsj-man-with-a-mission&catid=39:press-room&Itemid=60) (accessed April 7, 2013).

<sup>552</sup> “Prishel Konets Spokoynoi Zhizni Narkotorgovtsev [ It is the End of the Quite Life of Drug Pushers the end],” *Korrespondent.net*, August 22, 2009 [blogs.korrespondent.net/users/blog/sud/a16940](http://blogs.korrespondent.net/users/blog/sud/a16940) (accessed 26.01.2011).



therapy campaigns in Kyiv.<sup>553</sup> Four out of seven organizations, i.e. “Dnipropetrovs’k Mothers against Drug Addiction and AIDS,” “Parental Movement against Immorality” and Poltava charity NGO “Help Children” and “All Ukrainian Parental Committee on Combating Drugs” had been previously connected as active participants of the project “Combating Drug Addiction.” They were partner organizations of the political party “Syl’na Ukraina” (“Strong Ukraine”), headed by Sergiy Tigipko. In 2003, as a part of the project “All Ukrainian Parental Committee on Combating Drugs” was set up under the initiative of Sergiy Tigipko and a number of other civil organizations.<sup>554</sup> Sergiy Tigipko, quite an influential politician in Ukraine (the Head of the National Bank of Ukraine in 2002, Vice Prime Minister of Ukraine, the Minister of Social Policy 2011), became a head of the council of the Committee. Tigipko was an opponent of substitution therapy, which he addressed as “... a simplistic approach which does not offer full recovery.”<sup>555</sup> He claimed that the issue of drug was ignored by the state:

It is an uncomfortable topic for the government, because the issue demonstrates governmental inaction both in the policy concerning youth and social policy, as well as its inaction in the realm of health care.<sup>556</sup>

The organizations involved in the project (nine organizations listed as active on the “Sylna Ukraina” website and rehab centers) were substitution therapy opponents and supported rehabilitation centers as a way of combating drug addiction. While criticizing OST they referred to the discourse on state racism: “It appears that for the state, which exists on

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<sup>553</sup> “Poslidovnyky Adeladzhi Atakuvaly Narkodyspanser [Adelja’s Followers Attacked a Health Center for Drug Addicts],” TSN, November, 25 2009. [tsn.ua/ukrayina/poslidovniki-adeladzhi-atakuvali-narkodyspanser.html](http://tsn.ua/ukrayina/poslidovniki-adeladzhi-atakuvali-narkodyspanser.html) (accessed 26.01.2011).

<sup>554</sup> Syl’na Ukraina [Strong Ukraine]. ( Official Website of a Ukrainian Political Party) [silnaukraina.com/static/page/id/358](http://silnaukraina.com/static/page/id/358)

(accessed January 26, 2011). The party positioned itself as a patriotic party of “reformers and new leaders.”

<sup>555</sup> Sergii Tigipko, “Narkozalezhnih Potribno Likuvati, a ne Izoluvati [Drug addicts should be Cured, not Isolated]” (2009) [tigipko.com/news/material/id/517\\_2](http://tigipko.com/news/material/id/517_2) (accessed April 7, 2013).

<sup>556</sup> Tigipko, “Narkozalezhnih

our taxes, it is cheaper to kill our children by free drugs (free of charge now) than to bother to bring them back to normal life.”<sup>557</sup>

Both the substitution treatment lobbies and opponents addressed the figure of drug user as a part of society. The substitution treatment lobbies addressed the addict's further integration in the society as in the interests of protecting societal health. The opponents represented the drug addict as a part of the society being killed by the state for the stake of economic profitability. In this case, killing corresponds to Foucauldian understanding of the act, which includes “every form of indirect murder: the fact of exposing someone to death, increasing the risk of death for some people, or, quite simply, political death, expulsion, rejection, and so on.”<sup>558</sup> The discourses of both supporters and opponents of OST underlined an element of racism ingrained in OST campaigns, as a part of transnationally driven biopolitics in Ukraine. On the one hand, the campaign was to preserve societal health and well-being. On the other hand, the preservation was happening at the expense of certain population's (IDUs) health and well-being. Foucault states that such is the logic of the era of biopower in which biopolitics are heavily reliant on racism:

In the biopower system, in other words, killing or the imperative to kill is acceptable only if it results not in a victory over political adversaries, but in elimination of the biological threat to and the improvement of the species or race. There is a direct connection between the two. In a normalizing society, race or racism is the precondition that makes killing acceptable. When you have a normalizing society, you have a power which is, at least superficially, in the first instance, or in the first line a biopower, and racism, is the indispensable precondition that allows someone to be killed, that allows others to be killed. Once the State functions in the biopower mode, racism alone can justify the murderous function of the State.<sup>559</sup>

The peculiarity of the situation with the epidemic in Ukraine, with OST in particular, was that it was not only the state but also transnational governmentality that was functioning in biopower mode and racism was to justify transnationally driven biopolitics through the

<sup>557</sup> Anatoliy Zvonaryov, “Metadon – Zrada, ne Tolerantnist’ [Methadone – Betrayal, Not Tolerance],” *Dzerkalo Tuzhnya* no. 32 (2004) [www.dt.ua/newspaper/articles/40763](http://www.dt.ua/newspaper/articles/40763) (access February 10, 2011).

<sup>558</sup> Foucault, *Society*, 256.

<sup>559</sup> Foucault, *Society*, 256.

reference to IDUs as a figure of the HIV/AIDS sufferer. Harm Reduction campaign and OST were implemented and lobbied under umbrella of the HIV/AIDS prevention in Ukraine, and were largely justified through the appeal to IDUs as (potential) HIV-carriers. The figure of IDUs was so politicized that sometimes the epidemic itself was addressed less in the OST debate than was the figure of IDUs. Moreover, the figure of IDUs often overshadowed a figure of the HIV/AIDS sufferer as well. The situation problematized humanitarian intentions of the HIV/AIDS donor parties as well as political economic and biopolitical interests of state and non-state actors that claimed to be involved in fighting the epidemic. While promotion of their interests was made possible through the appeal to HIV/AIDS and the figure of its sufferer as IDUs, what seemed to be at the core of the OST debate was fight for markets and management of a population of drug users.

#### 4.2.2 Defining OST

The supporters of substitution therapy are accused in promoting the interests of pharmaceutical companies, producers of methadone and buprenorphine. People against the programs are reproached for cooperation with drug dealers...

—Oksana Omelchenko, “Chynnyk Riziku Abo Panacea? [Risk Factor or Panacea?]”

The controversies related to OST were closely linked to how the proponents and opponents of the therapy interpreted it. For instance, the supporters of the therapy differentiated it from drug addiction: “Drug addiction is criminal because it pushes a person to commit a crime. We are talking about substituting criminal dependency for a controlled dependency.”<sup>560</sup> Now, according to such a logic, the controlled dependency differed from criminal dependency in as much as it was represented as more socially beneficial, following the logic of biopolitics and neoliberalism. In other words, what was at stake in such a discourse was security of the order and utility of the individual body. An article about

<sup>560</sup> Oleksiy Mazur, Spetskor. “Zamishchuval’na Terapiya – Ne Panatseya ta Vse zh Taky Shans dlya In’ektsiynyh Narkozaleznyh [Substitution Treatment Is not a Panacea but Still a Chance for Injecting Drug Addicts],” [http://spetskor.dp.ua/art\\_293.php](http://spetskor.dp.ua/art_293.php) (accessed January 11, 2011). Emphasis mine.

substitution therapy on a website of the treatment supporters in Ukraine, stated (relying on the UN glossary 2000) that from the perspective of legislation and medical ethics:

. . . methadone programs lessen the usage of heroin, crime, risk behavior, related to injecting procedures, and also early death... substitution therapy **improves social functioning of drug users** and lessens their participation in heroin subculture.<sup>561</sup>

One of the commentators on an article in an all Ukrainian newspaper “Dzerkalo Tyzhnya” about substitution therapy voiced similar stances:

This is cynical but we ‘the healthy’ need ST not less than them ‘the sick’. Roughly speaking, substitution therapy is needed so that you and your relatives do not get killed at a front door for 20-30 UAH [2-3 Euro].<sup>562</sup>

Hence, according to such a logic, substitution treatment served as a tool to transform criminality into controllable and socially beneficial docility, achieving internal security interests through biopolitical tools.

Whereas OST lobby voiced discourses on biopolitics and security, its opponents referred to political economic component of OST as well. Concomitantly, the opponents also problematized legality of the narcotic drugs introduction through the OST campaign in the state. Organizations and people that voiced their opinion against the therapy, however, defined OST as an unnecessary substitution of one drug for another, “a situation in which a drug addict can legally get their dosage at affordable price and not be prosecuted by law for using drugs,”<sup>563</sup> and “a substitution of illegal narcotic drugs by legal narcotic drugs.”<sup>564</sup> The vice-minister of the Ministry of Health in 2007 stated that substitution therapy was “a conscious substitution of concepts. There is no therapy, nobody cures anyone.”<sup>565</sup> The

<sup>561</sup> M. Ignatov, V. Shtengelov, and L. Vlasenko. Zapytai, “Zamestitel’naya Terapiya v Ukraine s Tochki Zreniya Zakonodatel’sтва I Meditsynskoi Etiki [Substitution Treatment in Ukraine from the Perspective of Legislation and Medical Ethics],” <http://zapitay.in.ua/index.php> (accessed January 25, 2011). Emphasis mine.

<sup>562</sup> “Isnuyut’ Nabagato Effektyvnishi Shlyahy Terapii vid Narkozalezhnosti [There are much more effective ways of therapy for drug addiction],” *Dzerkalo Tyzhnya* no. 11, (2007) [www.dt.ua/newspaper/articles/49495](http://www.dt.ua/newspaper/articles/49495) (accessed February 2, 2011).

<sup>563</sup> *Dzerkalo Tyzhnya*, “Isnuyut’.”

<sup>564</sup> *Dzerkalo Tyzhnya*, “Plus.”

<sup>565</sup> “Segodnya v Ukraine Pochtut Pamyat’ Lyudei Umershih ot Spida [Today in Ukraine, People who Died of AIDS Will Be Commemorated]” *Korrespondent.net* (May 20, 2007).

opponents rejected the “controlled dependency” argument as well: “controlled dependency” is not a medical terminology but a fictional terminology, at most a scientific fiction terminology.”<sup>566</sup>

In 2004, representatives of the department on Combating Illegal Drug Circulation of the Ministry of Domestic Affairs expressed their surmises concerning the usage of methadone in Ukraine, referring to it as a criminal offence. The Security Service of Ukraine held similar stances. The article in one of the most popular magazines in Ukraine, “Korrespondent,” referred to such a situation in summer 2004:

If medical personnel are positive about this method [substitution therapy by methadone], representatives of the Ministry of Domestic Affairs and the Committee on Drug Control have already declared that they are going to block its [methadone] circulation in Ukraine.<sup>567</sup>

In 2004 the Ministry of Domestic Affairs and a number of Ukrainian civil organizations declared that they were against methadone programs implementation in Ukraine.<sup>568</sup> In 2005, Anatoliy Naumenko, the head of the department On Combating Illegal Drug in Ukraine, Ministry of Domestic Affairs stated: “Behind the new terminology on the methods of “harm reduction” there are hidden lobbying of business interests of western pharmaceutical firms – producers of methadone which are looking for new markets.”<sup>569</sup>

His colleague from the Prosecutor’s General Office supported the discourse and addressed the therapy as related to illegal drug circulation:

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<http://korrespondent.net/ukraine/events/190908-segodnya-v-ukraine-pochtut-pamyat-lyudej-umershih-ot-spida> (accessed February 10, 2011).

<sup>566</sup> Zvonaryov, “Methadone.”

<sup>567</sup> “Kaif po Retseptu [Euphoria Prescribed],” *Korrespondent.net* ( July 22, 2004). [Korrespondent.net/magazine/2206-kaif-po-receptu](http://korrespondent.net/magazine/2206-kaif-po-receptu) (accessed April 8, 2013).

<sup>568</sup> “Na Kievskom Predpriyatii Nezakonno Proizvodyat Metadon [Methadone Is Illegally Produced in an Enterprise in Kyiv],” *Segodnya* ( September 22, 2008). [www.segodnya.ua/news/12069833.html](http://www.segodnya.ua/news/12069833.html) (accessed January 26, 2011).

<sup>569</sup> Oleksandra Kuzhel, “Narkotychna Paik avid Derzhvy chy Potribni Narkomanu Mylytsi? [Narcotic Ration from the State or Is a Drug Addict in Need of Crutches],” *Dzerkalo Tyzhnya* no. 9 (2005) [www.dt.ua/newspaper/articles/42788](http://www.dt.ua/newspaper/articles/42788) (accessed January 26, 2011).

Medicines supplied by humanitarian foundations to Ukraine go for illegal settings. Since they are supplied for free they get sold to drug addicts... We fight drug addiction. There are no other reasons for the Prosecutor's Office actions. We observe legality in the country.<sup>570</sup>

Certain nongovernmental organizations in Ukraine also positioned themselves as against substitution therapy. They framed the issue as related to illegal drug circulation as well. In an open letter, published in an all Ukrainian newspaper "Dzerkalo Tyzhnya," on behalf of the "civil society of the country," they expressed their position as against the substitution therapy in Ukraine:

Foreign producers of synthetic drugs want to transform Ukraine into a big place for drug marketing in order to officially gain money as they do on nicotine and alcohol addiction. Legalization of drugs by means of introducing methadone programs is nothing more but a business project involving Ukrainian officials as well who neglect interests of the whole state. The substitution therapy in Ukraine is only supported by those organizations which live at the expense of foreign grants.<sup>571</sup>

The debate over the legality of substitution treatment corresponds to the debate on the international level over the drug conventions in 1961 and 1971. In this case, making the law less strict towards certain (synthetic) narcotic drugs would necessarily raise a question of whose interests are represented behind it. Second, the international legal framework would only allow for narcotic drug use in the medical and scientific purposes. The Harm Reduction campaigners' construction of the figure of drug user as medicalized rather than criminal seems to talk directly to the international framework. At the same time, opponents of the substitution treatment discursively criminalize drug use in the context of OST by questioning the medical aspect of the language that Harm Reduction relies on, calling it "science fiction" and pointing to pharmaceutical industry interests behind the 'legal drug pushing' in the context of the substitution treatment in Ukraine.

<sup>570</sup> Oksana Marinenko. "bor'ba Protiv Narkoticheskoi Zavisimosti ili Bor'ba za Rynki? [Fight against Drug Addiction or Fights for Markets]?", *Dzerkalo Tyzhnya* no. 3, (2011) <http://www.zn.ua/newspaper/articles/74262#article> (accessed January 26, 2011).

<sup>571</sup> Dzerkalo Tyzhnya, "Plus."

The substitution treatment debate was shaped by economic, social and political interests of various stakeholders, instrumentalizing the figure of an addicted individual to promote and support particular interests, i.e. pharmaceutical market acquisition, a tool through which the logics of such markets could be worked out (invoking the old Cold War paradigms of East-West hostilities and differences), as well as to gain influence over state policy and legislation.

### 4.2.3 Grey Areas and More Controversies

Apart from causing a number of controversies between different actors on the international and the state level, the introduction of substitution therapy in Ukraine also pointed to a rather heterogeneous nature of a state as an institution comprised by a number of diverse constituencies following various, often conflicting interests, for which the state was a set of channels through which expert knowledge on the epidemic could be disseminated and consolidated. Not all state institutions dealing with the epidemic were resistant to substitution treatment. Some of them were rather inclined towards the international cooperation, i.e. the Committee on Combating HIV-infection/AIDS and Other Socially Dangerous Diseases, the State Social Service for the Family, Children and the Youth, and a National Council on Combating TB and HIV-infection/AIDS. The functions of the Committee and the Council mainly coincided. They both dealt with monitoring the situation with the epidemic, participating in legislative process, providing counseling concerning better legislation in HIV/AIDS related issues, coordinating work of different organizations, etc. In 2010, the President of Ukraine reorganized the Committee into a state agency, delegating its legislation-related functions to the Ministry of Health.<sup>572</sup> It is noteworthy that the Committee claimed to have over 50 partners, many of them being international. It received financial support from the GF, the EJAF, OXFAM, EU/TACIS, and Doctors of the World, the US.

<sup>572</sup> “Yanukovich Predlagaet Preobrazovat’ Ukrmorrechflot v Gosudarstvennoe Aгенstvo Morskogo I Rechnogo Transporta v Ukraine [Yanukovich Offers to Transform Ukrainian Sea and River Fleet in the State Agency of Sea and River Transportation of Ukraine],” *Maritimebusinessnews* (December 7, 2010). <http://www.maritimebusinessnews.com.ua/news/regular/2010/12/07/10831.html> (accessed April 7, 2013).

At the same time, the Ukrainian government had benefited from the cooperation with/of nongovernmental organizations as well. For instance, in 2004 and 2005 William J. Clinton Foundation and the Ukrainian government signed a memorandum due to which Ukraine was able to buy generic drugs for HIV/AIDS treatment for “the lowest prices possible” on money given to Ukraine by the GF.<sup>573</sup> Elena Franchuk Anti-AIDS Foundation (Ukraine) was an intermediary between the government and William J. Clinton Foundation. Due to Anti-AIDS cooperation with William J. Clinton Foundation, the price for ARV for Ukraine was to be decreased fivefold.<sup>574</sup> In its turn, Elena Franchuk Anti-AIDS Foundation agreed to facilitate William J. Clinton Foundation’s project in Ukraine and provided it with 2.5 million USD financial support. In 2008, Elena Franchuk ANTI-AIDS Foundation together with the William J. Clinton Foundation started a substitution therapy program for more than 300 people in one of the Ukrainian cities the most affected by the epidemic, Dnipropetrovs’k.<sup>575</sup> Hence, the state, non-state and international cooperation, in the realm of HIV/AIDS in Ukraine in particular, represented quite a complex dynamics. The situation around the implementation of substitution treatment in Ukraine was rather paradigmatic of such dynamics.

In 2007, the GF warned Ukraine that the state might lose its US\$ 150 million grant<sup>576</sup> because by that time Ukraine still had not fulfilled its duties on the implementation of substitution therapy in Ukraine on practice. In December the GF postponed Ukrainian grant

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<sup>573</sup>“Klinton, Franchuk I Pinchuk Ob’edenyayut Usiliya [Clinton, Franchuk and Pinchuk Unite their Effort],” *Korrespondent.net* ( September 19, 2006). <http://korrespondent.net/tech/164570--klinton-franchuk-i-pinchuk-obedinyayut-usiliya> (accessed April 7, 2013).

<sup>574</sup> Alla Kotlyar, “Olena Franchuk: “Ya Horosha za Vyznachenniam” [Olena Franchuk “I am good by definition”],” *Dzerkalo Tyzhnya* ( October 17, 2009). [www.dt.ua/newspaper/articles/58186](http://www.dt.ua/newspaper/articles/58186) (accessed November 11, 2010).

<sup>575</sup> “ Fondy Franchuk I Klintona Otchitalis’ o Rezultatah Dvuhletnego Sotrudnichestva [Franchuk and Clinton Foundations Reported on the Results of their Two Years Long Cooperation],” *Korrespondent.net*, ( January 30, 2009) <http://korrespondent.net/tech/health/726780-fondy-franchuk-i-klintona-otchitalis-o-rezultatah-dvuhletnego-sotrudnichestva> (accessed February 1, 2011).

<sup>576</sup> “Ukraina Mozhet Lishitsya Finansovoi Podderzhki v Bor’be so SPIDom [Ukraine Might Lose its Financial Support for Fighting AIDS],” *Korrespondent* ( November 29, 2007). <http://korrespondent.net/tech/218704-ukraina-mozhet-lishitsya-finansovoi-podderzhki-v-borbe-so-spidom> (accessed April 7, 2013)



application fulfillment.<sup>577</sup> This situation directly reflected the claim that “by means of loans and grants” the policy making of the Ukrainian government was heavily influenced by IOs.<sup>578</sup>

Subsequently, then President, Viktor Yushchenko, criticized state officials in charge of dealing with the epidemic:

Unfortunately, it seems to me, that there is no work more failing in the system of authority than its work on combating HIV/AIDS. The authority which organizes all of the work starting from tenders, it seems to me, has a single goal –to make money on each procedure, each tender and steal from the state.<sup>579</sup>

An official performing the duty of the Vice-Prime-Minister, Dmytro Tabachnik, claimed that it was the Security Service which was in charge of blocking substitution therapy implementation.<sup>580</sup> In particular, he stated, the Service restricted the circulation of methadone.

The Ministry of Health was quick to react to the GF warning as well. The Vice Minister of the Ministry of Health stated that they support methadone programs:

The Ministry of Health has reacted on the warning in a very constructive way. The Ministry has gathered everyone who is in charge of making a positive decision – The Security Service of Ukraine, the Ministry of Domestic Affairs. The Ministry of Health supported a document which would guarantee import of methadone in Ukraine. We have done everything dependant on the Ministry. Now it depends on other agencies.<sup>581</sup>

<sup>577</sup> “SBU Otritsaet Blokirovanie Dostavki v Ukrainy Metadona [Security Services of Ukraine Deny Having Blocked Import of Methadone in Ukraine],” *Korrespondent.net* (December 5, 2007) <http://korrespondent.net/tech/219523-sbu-otricaet-blokirovanie-dostavki-v-ukrainu-metadona> (accessed April 8, 2013).

<sup>578</sup> Golichenko, “International,” 34.

<sup>579</sup> “Yushchenko o Bor’be so SPIDom: Tsel’ Vlasti – Ukrast’ u Gosudarstva [Yushchenko on Fighting AIDS: The Aim of the Authority Is to Steal from the State],” *Korrespondent.net* (December 4, 2007) <http://korrespondent.net/tech/219334-yushchenko-o-borbe-so-spidom-cel-vlasti-ukrast-u-gosudarstva> (accessed April 7, 2013).

<sup>580</sup> “Global’nyi Fond Otkazalsya Finansirovat’ v Ukraine Bor’bu s VICH [Global Fund Refused Financing AIDS Fight in Ukraine],” *Korrespondent.net* (December 4, 2007) <http://korrespondent.net/tech/219354-globalnyi-fond-otkazalsya-finansirovat-v-ukraine-borbu-s-vichspid> (accessed April 7, 2013).

<sup>581</sup> “Ukraina Mozhet Lishitsya Finansovoi Podderzhki v Bor’be so SPIDom [Ukraine Might Lose its Financial Support for Fighting AIDS],” *Korrespondent* (November 29, 2007). <http://korrespondent.net/tech/218704-ukraina-mozhet-lishitsya-finansovoi-podderzhki-v-borbe-so-spidom> (accessed April 7, 2013).

The Security Service of Ukraine, however, denied having blocked methadone import in the country.<sup>582</sup> It blamed the Ministry of Health for being unprofessional in dealing with the issue. It stated that, 9 Nov. 2007 the Service received a letter from the Ministry of Health about importing methadone in Ukraine. However, the document did not specify that methadone would be used by people living with HIV/AIDS (PLHA). The document did not state who was going to safeguard methadone while it was transported to Ukraine. According to the head of the press service of the Security Service of Ukraine, having solved those technical problems, the Service sent the letter to the Cabinet of Ministers agreeing on importing methadone in Ukraine.

In the end, the resolution №846 “On measures directed at HIV/AIDS prophylactics and substitution therapy for injection drug users,” which supported wider implementation of substitution therapy in Ukraine by methadone and buprenorphine, was passed in 2006 and still valid in the country in 2011.<sup>583</sup> On December, 18, 2007 the Committee on Drug Control together with the Security Service of Ukraine produced a certificate on importing methadone to Ukraine. Subsequently, the GF remained the main donor for HIV/AIDS-related issues in the country. In 2008, the International Renaissance Foundation supported a massive social campaign in Ukraine for substitution therapy further implementation.<sup>584</sup> The same year Elena Franchuk ANTIAIDS Foundation (Ukraine) together with the William J. Clinton Foundation also started a substitution therapy program for more than 300 people in one of the Ukrainian cities the most affected by the epidemic, Dnipropetrovs’k.<sup>585</sup>

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<sup>582</sup> Korrespondent.net, “SBU.”

<sup>583</sup> Ministry of Health. Order no. 846, December 20, 2006

[http://www.moz.gov.ua/ua/portal/dn\\_20061220\\_846.html](http://www.moz.gov.ua/ua/portal/dn_20061220_846.html) (accessed February 1, 2011).

<sup>584</sup> “ V Ukraine Startovala Kampaniya v Podderzhku Terapii dlya Narkomanov [The Campaign for Supporting Therapy for Drug Addicts Has Started in Ukraine],” *Korrespondent.net* (November 18, 2008) <http://korrespondent.net/tech/health/650948-v-ukraine-startovala-kampaniya-v-podderzhku-terapii-dlya-narkomanov> (accessed February 1, 2011).

<sup>585</sup> Korrespondent.net, “Fondy.”

In 2009 the government of Ukraine passed the law to support the state program on reassuring the prophylactics of HIV-infection, therapy, care and support for PLHA, 2009-2013. In the law, substitution therapy was mentioned as one of the key issues for HIV prophylactics amongst injecting drug users.<sup>586</sup> In 2009 methadone and buprenorphine were still mentioned amongst the main medicines and substances for medical use in the country.<sup>587</sup> The order # 2140-p of the Cabinet of Ministers of Ukraine in 2010, provided for the further implementation of substitution therapy programs in Ukraine.<sup>588</sup> Yet it suggested learning the possibilities of substituting methadone for other medical substance. It was not the Ukrainian government, however, but the international organizations (IOs) – the GF, USAID and J. William Clinton Foundation - which still remained the main donors of substitution therapy in Ukraine.<sup>589</sup>

#### 4.2.4 Déjà Vu: Struggle over the Substitution Treatment Continued

The conflict situations between substitution therapy lobbies and its opponents revolved again in early 2011. The President of Ukraine underwrote some changes to the law of Ukraine “On Preventing AIDS and Social Protection of Population,” in January 2011.<sup>590</sup> From then on the law guaranteed that the state would prevent HIV spread by means of harm reduction programs, which included substitution therapy and needle exchange. The HIV/AIDS Alliance in Ukraine expressed its belief that the law would resolve the problem of security agencies’ increasing intervention in the work of substitution therapy programs. The Alliance also stated that the new law included majority of its recommendations and was a

<sup>586</sup> Gromadskyui Prostir (Civil Space), “Zamisna Terapiya Bude Bil'sh Dostupnoyu [Substitution Therapy Will be More Available],” (2009) [www.civicua.org/news/view.html](http://www.civicua.org/news/view.html) (accessed February 1, 2011).

<sup>587</sup> Cabinet of Ministers. The Decree no. 333, March 25, 2009. <http://zakon1.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=333-2009-%EF> (accessed April 7, 2013).

<sup>588</sup> Cabinet of Ministers. Decree no. 2140-p, November 22, 2010. <http://zakon1.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=2140-2010-%F0> (accessed April 7, 2013).

<sup>589</sup> Gromadskyui Prostir (Civil Space), “Zamisna,” International HIV/AIDS Alliance in Ukraine, “Novyny [News].” <http://www.aidsalliance.org.ua/cgi-bin/index.cgi?url=/ua/news/index.htm> (accessed February 1, 2011).

<sup>590</sup> International HIV/AIDS Alliance in Ukraine, “Novyny [News].”

common work of state, non-state and international organizations. At the same time the national program on combating the epidemic for 2011 was financed only partially by the state – 45%. The state budget did not provide any money for substitution therapy at all.

The day after the law was passed, the Ministry of Domestic Affairs circulated an order demanding security agencies to gather information about people who were substitution therapy recipients, and finding out their HIV-status.<sup>591</sup> Criticizing the situation, Andrey Klepnikov, the Head of the International HIV/AIDS Alliance in Ukraine, accused the Ministry of Domestic Affairs in gathering private information on people, clients of substitution therapy and illegal interrogation of their HIV status.<sup>592</sup> He also pointed to an inconsistency on the state level. On the one hand, a new law in Ukraine legally permitted the right for substitution therapy. On the other hand, the Ministry of Domestic Affairs still addresses the issue as criminal.<sup>593</sup> Hence, one and the same issue can be both legal and illegal depending on what state actor addresses it. This, on the one hand, points to heterogeneous nature of the state constituencies. On the other hand, it shows how governmentality affects the law. In the absence of a centralized figure of a sovereign, various state institutions get a chance to be within and outside the law, either redefining “sovereign decision” or ignoring it.<sup>594</sup>

Then Minister of Domestic Affairs, Anatoliy Mohylov, justified the need for gathering the information by the fact that people who were the OST patients were also a

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<sup>591</sup> The photocopy of the order was provided by the International HIV/AIDS Alliance in Ukraine, “The Order As It Is.” [www.aidsalliance.org.ua/dl/dbnon.pdf](http://www.aidsalliance.org.ua/dl/dbnon.pdf) . (accessed January 31, 2011).

<sup>592</sup> UNIAN, “Militsiya Zbyrae Informatsiyu pro Hvoreh na VIL/SNID v Ukraini [Police Gathers Information on People Diseased with HIV/AIDS n Ukraine],” (January 21, 2011) <http://www.unian.net/ukr/news/news-417267.html> (accessed January 21 2011).

<sup>593</sup> Andrey Klepnikov in UNIAN, “Militsiya.”

<sup>594</sup> Here I refer to Agamben when he talks about “the paradox of sovereignty,” when “the sovereign is, at the same time, outside and inside the juridical order.” Yet I complicate the paradox by denying the sovereign the centralized role in decision making, when I put the discussion in a concrete geopolitical space of a post-Soviet state. Such a context points to the fact that there exists a number of (state as well as non-state) actors which to a certain extent can afford being within and outside the juridical order at once. Giorgio Agamben, *Homo Sacer* (Stanford: Stanford University Press, 1998), 15.

target group of the security agencies' work: "even if we requested such information we are not going to make it public. But for our work in relation to those people we also need this information."<sup>595</sup> IOs and NGOs workers reported that some patients called the international organizations declaring that they want to withdraw from substitution therapy programs.<sup>596</sup> Some reported that they were not provided substitution therapy until they filled in the questionnaire. Some substitution therapy programs clients were threatened by arrests.

Vladimir Zhovtyak, the chairperson of the coordinative council of the All Ukrainian Network of PLHA expressed his concerns about the situation and referred to it as a "violation of the confidentiality of a patient [which] is a violation of not only Ukrainian but also international legislation."<sup>597</sup> He continued that "demanding that the doctor violates Art, 132 of the Criminal Code of Ukraine, the authority not only violated human rights but also casts a shadow on the President, who signed a new law "On Combating HIV/AIDS.""<sup>598</sup> (The Article 132 of the Criminal Code deals with the disclosure of the information about medical check up on HIV-infection or other incurable illness and punishes medical personnel in case of the disclosure.)<sup>599</sup>

The logic of an accusation was quite paradoxical since the information was already gathered by the NGOs providing the substitution treatment to their clientele group. Further, the information could not help but being spread beyond the doctor-patient borders. As the service provision would necessarily involved IOs and NGO workers as well. In this case, if the information was gathered and produced by IOs and NGOs which constructed the figure of an addict as a patient exercising its right to be cured, - it was addressed as a legal act. If the

<sup>595</sup> International HIV/AIDS Alliance in Ukraine, "Syuzhet u Novynah Tyzhnya na Telekanali ICTV [Video in Weekly News on TV Channel ICTV]." (February 1, 2011) <http://www.aidsalliance.org.ua/cgi-bin/index.cgi?url=/ua/news/2011/index.htm> (accessed April 8, 2011).

<sup>596</sup> International HIV/AIDS Alliance in Ukraine, "Syuzhet."

<sup>597</sup> "Militsiya Sobiraet Dannye o Patsientah [Police Gathers Data on Patients]," *KyivPost*, January 21, 2011. [www.kyivpost.ua/ukraine/news/miliciya-sobiraet-dannye-o-pacientax](http://www.kyivpost.ua/ukraine/news/miliciya-sobiraet-dannye-o-pacientax) (accessed January 29, 2011).

<sup>598</sup> *KyivPost*, "Militsiya."

<sup>599</sup> Criminal Code of Ukraine, Art. 132. <http://zakon.rada.gov.ua/cgi-bin/laws/main.cgi?page=3&nreg=2341-14> (accessed January 29, 2011).

same act was induced by the state security agencies, it was already illegal. This points to the fact, that legality and criminality of biopolitical act of surveillance and control was largely defined through the appeal to the figure of IDUs as either a patient or a criminal.

According to some legal experts, the Ukrainian police in the given situation, alongside with having violated the Criminal Code, has also violated a number of other legislative acts: the Ukrainian Constitution, the law of Ukraine about the police, the law on searching-operational activity Art. # 9, and the basics of Ukrainian legislation about Healthcare.<sup>600</sup> However, according to some experts, it was a specificity of substitution therapy patients as a group that enabled the security agencies to go unpunished: “If other group of people was involved here, then they would appeal to the court and win the case...but yes, here is a quite specific group of people involved.”<sup>601</sup> One of the victims of the campaign supported the opinion: “if one complains then they get a drug surreptitiously placed to them and that is it, then they smoothly go away.”<sup>602</sup> It is beyond the scope of my interest to dwell upon morality and legality of the Ukrainian police in this case. What interests me is the role of discourse which represent one and the same act through different interpretative logic justified through various figures of HIV/AIDS sufferer and IDUs, produced by biopolitical discourses.

#### 4.2.5 Risk Group at Risk

The problems related to combating HIV/AIDS in Ukraine did not finish with the raids. The 25<sup>th</sup> January 2012, the article in one of the all Ukrainian newspapers “Dzerkalo Tyzhnya,” stated that 20 thousand HIV positive people were put under risk since the Ukrainian AIDS-centers were not supplied with ARV on time.<sup>603</sup> It happened because of the

<sup>600</sup> International HIV/AIDS Alliance in Ukraine, “Syuzhet.”

<sup>601</sup> International HIV/AIDS Alliance in Ukraine, “Syuzhet.”

<sup>602</sup> International HIV/AIDS Alliance in Ukraine, “Syuzhet.”

<sup>603</sup> “Vseukrainskaya Set’ LZHV: 20 Tysyach VICH-infitsirovanyh Ukraintsev Mogut Umeret’ Iz-za Otsutstviya Lekarstv [All Ukrainian Network of PLHA: 20 thousand of HIV-Infected people might die because of the absence of medical drugs]” *Korrespondent.net* (January 25, 2011).

ongoing delays in purchasing ARV by the Ministry of Health. Vladimir Zhovtyak, the chairperson of the coordinative council of the All Ukrainian Network of PLHA, stated that his organization has warned the state about the situation, yet in vain:

We have not been silent before and cry out loud now. As a response the state makes unplanned raids to our organization. Without any warnings and necessary documents Public Prosecutor's Office has begun raiding the Network and its main partners in the regions.<sup>604</sup>

The head of the Committee on HIV/AIDS of the Ministry of Health, reassured mass media that the problem with the delays of ARV was resolved by “giving the patients the substance of the same group but more progressive [which] is only a good event.”<sup>605</sup> The nature of HIV-virus, however, does not confirm the statement. The capability of the virus to mutate makes it resistant to a certain combination of ARV, if that certain combination of a drug is not taken regularly. In other words, temporal usage of a “more progressive” ARV would make the virus resistant to the previous combination of ARV. Therefore, the head's of the HIV/AIDS Committee of the Ministry of Health, celebration of the “good event” either represents her as incompetent in HIV/AIDS related area or consciously hiding the consequences of the situation. The head of the department of the All Ukrainian Network of PLHA stated this point as well:

From a medical perspective it [the “progress”] is impossible. This pill cannot do me any good anymore [the previous ARV combination], I have run out of these pills as well [the “more progressive” pills] and this pill [the old one] makes no sense anymore. So in fact, what will happen is disrupt of patients' therapy.<sup>606</sup>

According to experts the state might lose billions of UAH and tens of thousands of lives due to this situation.<sup>607</sup> As it was in 2007, the GF warned Ukraine again that it might not provide the country with the promised 305 million USD grant should the state keep on

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<http://korrespondent.net/tech/health/1178402-vseukrainskaya-set-lzhv-20-tysyach-vich-inficirovannyh-ukraincev-mogut-umeret-iz-za-otsutstviya-lekarstv> (access April 8, 2013).

<sup>604</sup> Korrespondent.net, “Vseukrainskaya Set’.”

<sup>605</sup> International HIV/AIDS Alliance in Ukraine, “Syuzhet.”

<sup>606</sup> International HIV/AIDS Alliance in Ukraine, “Syuzhet.”

<sup>607</sup> Korrespondent.net, “Vseukrainskaya Set’.”

engaging in the “politics of repression” towards the AIDS NGOs and disrupt the ARV and substitution therapy campaigns.<sup>608</sup> The representative of the GF, Andreas Tamberg, stated that “HIV-virus cannot be defeated by political pressure and political decisions.”<sup>609</sup>

Throughout January 2011, the security agencies in Ukraine, the Ministry of Domestic Affairs and the Security Service of Ukraine were involved in the massive campaign of raids on NGOs dealing with HIV/AIDS in Ukraine.<sup>610</sup> Andrey Klepnikov, the Head of the International HIV/AIDS Alliance in Ukraine stated that it was the most massive raid campaign in his 10 years experience of work in the area of HIV/AIDS.<sup>611</sup> He made a suggestion that the security agencies conflict with the organizations which were involved in providing therapy for drug addicts could be related to the desire of drug mafia to bring back its clients. He stated that “from time to time the information appears that the representatives of the security agencies are involved in illegal drug pushing.”<sup>612</sup> For instance, in Kharkiv, one of the biggest cities in Eastern Ukraine, regional department on combating illegal drugs was among the regions the most reluctant to introduce methadone programs in the region.<sup>613</sup> In 2010 mass media presented information that majority of drug pushers arrested in Kharkiv worked in the above mentioned department.<sup>614</sup> To the contrary, in 2010 in Odesa, police detained a chief doctor and three people representatives of medical personnel and suspected a regional coordinator of the International HIV/AIDS Alliance in Ukraine in drug pushing.<sup>615</sup>

<sup>608</sup> “Ukraina Mozhet ne Poluchit’ ot Goba’l’nogo Fonda 300 mln dlya bor’by s Vich [Ukraine Might not Receive 300 million dollars from the Global Fund for Fighting HIV],” *Korrespondent.net* (January 25, 2011) <http://korrespondent.net/tech/health/1178561-ukraina-mozhet-ne-poluchit-ot-globalnogo-fonda-300-mln-dlya-bor-b-s-vich> (access April 8, 2013).

<sup>609</sup> *Korrespondent.net*, “Ukraina Mozhet.”

<sup>610</sup> Marinenko, “Bor’ba.”

<sup>611</sup> Marinenko, “Bor’ba.”

<sup>612</sup> Petr Shukshilov “Fighters against AIDS: Narcobusiness Loses Millions of Dollars Because of us”, Portal Newsland, (2011) <http://www.newsland.ru/news/detail/id/622542/cat/51/> (accessed February 2, 2011)

<sup>613</sup> Dvoryak, “Zashchitnik,” NTN, “U Kharkovi Militsioneriv-Narkotorgovtsiv Zvynuvachuyut’ u Torgivli Kokainom [In Kharkiv Policemen-Drug Pushers Are Accused in Selling Cocaine],” TV Channel NTN Web site (June 8, 2010). [http://ntn.ua/uk/news/drugs/2010/06/08/3911\\_06.08.2010](http://ntn.ua/uk/news/drugs/2010/06/08/3911_06.08.2010) (accessed February 3 2011).

<sup>614</sup> NTN, “U Kharkovi.”

<sup>615</sup> “Glavnyu Doktor Otravlenn v Sledstvennyui Izolyator za Narkotiki [A Chief Doctor Was Sent to Investigatory Isolation Ward for Drugs],” *Segodnya*. (March 14, 2010). [www.segodnya.ua/news/html/14122296.html](http://www.segodnya.ua/news/html/14122296.html) (accessed January 26 2011).



The head of a press service of the Prosecutor's General Office stated that "The Prosecutor's Office watches the observance of the laws in the country. If they are violated, we interfere so that they do not get violated."<sup>616</sup> Hence, the issue of criminality and legality was brought up by both supporters and opponents of the therapy to their own ends.

A TV-program on illegal drugs in Ukraine screened 30<sup>th</sup> January 2011, broadcasted on TSN, one of the national channels in Ukraine, reinforced the image of substitution therapy programs as closely related to drug pushing.<sup>617</sup> The tone of the program positioned it as 'against everybody,' inquiring the work of both the police and NGOs in relation to drug. The last part of the program dealt with a journalist inquiry of the substitution therapy in the country. The journalist checked two out of 10 centers providers of substitution therapy in Kyiv: "Stupeni" and "Kroky Zhuttya." Both were reluctant to deal with mass media. In the case of "Stupeni," the journalist pretended to be a drug addict and proved to be able to easily receive drug injection as a part of substitution therapy program, even though he was not a drug addict. The procedure cost him 20 Euro and 3-5 minutes of a visit to a doctor, who falsely filled in the journalist's personal data and labeled him "a drug addict in need of substitution therapy."

The situation appeared to be quite scandalous in view of the recent debates of substitution therapy lobbies. Pro-substitution therapy mass media pictured substitution therapy in Ukraine as therapy "transforming drug use into a controlled form, when instead of a dangerous injection a drug user can take it as a liquid or a pill under the doctor's supervision."<sup>618</sup> However, according to the program on TSN, in the centers providing substitution therapy related services, the drug was relatively easily accessible for non-drug

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<sup>616</sup> Marinenko, "Bor'ba."

<sup>617</sup> TSN, "Osobysta Sprava: Narkobiznes v Ukraini [Personal Matter: Narcobusiness in Ukraine]," TSN News Website. (January 31, 2011) <http://tsn.ua/video/video-novini/?type=784> (accessed February 01 2011).

<sup>618</sup> Galkovska. "Navit'."

users.<sup>619</sup> The price for it, instead of being free constituted around 20 Euro. Moreover, the substitutive drug was not given in pills or liquid but injected by a nurse. In the end, the program reinforced the discourse produced by massive raids campaign of security agencies which undermined the authority of substitution therapy NGO-providers and portrayed the situation as criminal. The program also raised several questions endemic to the substitutive therapy debate in general. Was that a onetime event, when certain personnel working with substitution therapy could abuse their duty and transform their social work into illegal business? Or could the situation be representative of the nature of humanitarianism on the more global level as well?

This situation represented debate over substitution treatment as a rivalry for drug markets in Ukraine between various providers holding the same economic interests over the clientele group. It also blurred the line between the narco mafia, state security services and IOs and NGOs humanitarian-service provision. Regardless of how the clientele group was represented, i.e. criminals or patients, the outcome of the struggle was to be the same – marketing narcotic/opioid drug. What was different is the discursive umbrella under which the actors operated. It was either a criminal drug pushing or fulfilling the right of a patient.

## **Conclusion**

The debate over substitution therapy in Ukraine served as a signifier of democracy and/or eastwardness of the post-Soviet state. It also constructed Ukraine as a post-colonial state which would inevitably follow the lead of either one (Russia) or another (the West) neo-colonial party. It involved various actors and raised a number of issues which problematized commodification of health as a part of international humanitarianism in the state. It questioned relations between international humanitarian aid, the work of national state security services and narco business in Ukraine. It also pointed to a blurred line between

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<sup>619</sup> TSN, “Osobyta Sprava: Narkobiznes.”

legality and criminality, medicine and pseudo-scientific claims in case of drug provision in particular.

Discourses around the therapy were largely reliant on various representation of the figure of a drug addict in the context of the HIV/AIDS epidemic in Ukraine. The IOs and NGOs would often refer to a liberal framework and construct the figure as a patient exercising a right for treatment. Certain organizations, positioning themselves as civil parental organizations, represented the figure of a drug addict as an integral part of society which was being killed by means of imported drugs in the interests of economic profitability. State security agencies addressed the figure as a representative of risk groups in need of control and surveillance. Similarly, some supporters of the therapy would talk about the addict as a criminal whose dependency should be controlled in the interests of society.

As soon as the topic of OST was raised in Ukraine and substitution treatment started being implemented on the state level, the figure of the HIV/AIDS sufferer was often overshadowed by the figure of IDUs, which was largely politicized in the discourse over OST. This situation pointed to the fact that the epidemic was instrumentalized by Western political actors to promote and sustain OST in the state. Certain state actors resisting OST also referred more to the figure of IDUs than the effect of OST on the epidemic. The fact that both parties seemed to give up on the figure of the HIV/AIDS sufferer in the debate, pointed to their underlying interests in the matter which were promoted under the umbrella of fighting the epidemic yet did not hold that fight at the core of their interests. Discourses on control and surveillance also differed according to the actors exercising them. Whereas IOs and NGOs would work under the umbrella of global clinic, offering its products and expertise as a part of a solution to the problem of drug addiction in the context of the epidemic in Ukraine; state security institutions would go under the slogan legality above all.

Clashes between various international, non-state institutions and various state constituencies reflected the complex relational dynamic between them. On the one hand, the state was rather open, if not reliant, on the international donations. On the other hand, state constituencies were far from humble recipients of Western humanitarian aid. Whereas, the substitution treatment lobbies were quite successful in changing state policy and legislation concerning the implementation of the treatment in Ukraine; the process of implementation underwent a rather strong resistance by certain state agencies and civil organizations. Similarly, in the discourses about substitution treatment provision, economic interests of Western pharmaceutical markets were attacked not less than the ‘criminal nature’ of state security agencies’ resistance to the treatment implementation. It is the situation similar to that addressed by Janine R. Wedel when while talking about developmental aid, she states that the outcome of its influence on the state is complex and hard to foresee as it includes interactive relations with many actors on various levels.<sup>620</sup>

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<sup>620</sup> Wedel, *Collision*, 8.

## Chapter 5: Feminization of the Epidemic

The question is not about individual life or individual death. It is not about liberal or post-liberal rights (the contract, consent, or bodily integrity). The sole question, again, is who is the friend and who is the enemy.

—Ruth Miller, *The Limits of Bodily Integrity*.

In this chapter I analyze in detail discursive production of the figure of HIV/AIDS sufferer in Ukraine as a (pregnant) woman. I also examine how feminization of the epidemic is accompanied by third-worlding of the state.<sup>621</sup> By third-worlding I mean the discursive production of Ukraine as a diseased geopolitical space, similar to that of the discursive production of sub-Saharan Africa. In this space, the epidemic serves as a marker of the state's underdevelopment and/or lack of liberal reform and need for international political-economic guidance. I do not use the term in a derogatory form, rather to make an analogy with the treatment and politicization of HIV/AIDS in sub-Saharan Africa in particular, where the epidemic was often naturalized with reference to unrestrained and (related to that) diseased black (hetero)sexuality in times when the country was undergoing dramatic political-economic hardships, influenced, in part, by international financial institutions promoting Western neoliberal and neocolonial interests in the state.<sup>622</sup> This chapter looks at how through the reference to the epidemic not only do certain groups within the population become heavily racialized, but Ukraine itself as a geopolitical space becomes gendered and racialized on a discursive level, when transnational discourses<sup>623</sup> in the state conflate

<sup>621</sup> I borrow this word from King, "Security," 773.

<sup>622</sup> Cooper, *Life*. In an online article "Racist Myths About African Sexuality Persist in AIDS Prevention Efforts" the author provides a collection of statements from "HIV/AIDS strategists and commentators," who address behavior change as a mode of HIV-prevention in Africa. Hence, they provide a causal link between "black sexuality" and the epidemic. See Olujobi, Gbemisola. "Racist Myths About African Sexuality Persist in AIDS Prevention Efforts." *AlteNnet*, 07 24, 2008.

<sup>623</sup> By the term transnational discourses, I refer to discourses as a part of transnational biopolitical governmentality in the state, involved in production and dissemination of knowledge on the epidemic, since the international involvement in and NGOization of the HIV/AIDS sector in Ukraine. The term signifies the discourses that were often heavily reliant on Western exercise on the epidemic, yet circulating through state and non-state actors. Such dynamics made it increasingly hard to disentangle the discourses from each other and attribute them to any specific actors. The situation of such a conflation of discourse was also a signifier of transitional governance in the state, which represented a conglomerate of various discourses yet also power

feminization with generalization of the epidemic.<sup>624</sup> I argue that third-wording of the state – accompanied by discourses on the generalization of the epidemic in Ukraine – happens due to the reference to women, (hetero)sexuality and reproduction, i.e. feminization of the epidemic. Such discourses justified transnational governmentality in a post-Soviet space, with pharmaceutical intervention being a significant part of transnationally driven biopolitics.

### **5.1 Biopolitical Production of the “Enemy”**

As mentioned in previous chapters, since the beginning of the epidemic and throughout the nineties, the state agencies dealing with AIDS, addressed injecting drug users as the main risk group in the context of the epidemic. (Hetero)sexual intercourse – even though, not considered to be the main mode of transmission – continued to be discussed during the sessions of HIV/AIDS committees as well. Discourses on the epidemic started to change in the early 2000s. Not only did the link between injection drug use and ‘diseased’ sexuality become strongly emphasized but both categories were strongly related to reproduction. The discursive shift coincided with securitization of AIDS on the international level,<sup>625</sup> international organizations’ (IOs) involvement in Ukraine and the NGOization of the region, in the HIV/AIDS sector in particular.

The Ukrainian Independent Center of Political Research stated that the change of the main roots of HIV-transmission started taking place already in 1999.<sup>626</sup> According to the center, the epidemic in Ukraine could be divided into three phases. The first one happened in

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asymmetries when knowledge production and related to that, biopolitical governance was heavily reliant on Western donations and thus, expertise.

<sup>624</sup> According to UNAIDS, the HIV-epidemic is generalized when it is “self-sustaining through heterosexual transmission. In a generalised epidemic, HIV prevalence usually exceeds 1% among pregnant women attending antenatal clinics.” UNAIDS. “Terminology Guidelines” (October 2011), 12. [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2118\\_terminology-guidelines\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2118_terminology-guidelines_en.pdf) (accessed April 4, 2013).

<sup>625</sup> See Chapter 1 for more detail.

<sup>626</sup> Yulia Kyselova. UNCPD [Ukrainian Independent Center of Political Research] “AIDS in the World and in Ukraine: Open Statistics,” *Research Update* no. 37/332, (September 29, 2003). <http://www.ucpr.kiev.ua/modules.php?op=modload&name=News&file=article&sid=3421> (accessed April 18, 2011).

1987 when the first 6 cases of HIV-infected Ukrainians were registered in the Ukrainian SSR. The second period took place in 1995. The epidemic spread into the environment of drug addicts. The peak of the epidemic was in 1997. The third period of the epidemic started in 1999, when it was more or less stabilized. Yet the modes of transmission started to change to include not only transmission through blood among IDUs, but also an increase of transmission through heterosexual intercourse and mother-to-child transmission. The role of heterosexual intercourse in the epidemic spread was admitted as constantly growing (see table 9).

**Table 9. Phases of the HIV/AIDS Epidemic in Ukraine.**

1987 (phase I)	First 6 cases of HIV-positive Ukrainians registered.
1995 (phase II) – official beginning of the epidemic. 1997– peak of the epidemic.	The epidemic spread in IDUs environment.
1999 (phase III) – relative stabilization of the epidemic	Increase in heterosexual and mother-to-child transmission.

Source: Created from data from Yulia Kyselova. “AIDS in the World and in Ukraine: Open Statistics,” *Research Update* № 37/332, (29 September 2003) Ukrainian Independent Center of Political Research <http://www.ucipr.kiev.ua/modules.php?op=modload&name=News&file=article&sid=3421> accessed 4/18/2011

A gradual shift of the discourses towards the increasing role given to (hetero)sexual intercourse and reproduction accompanied emergence of discourses on generalization of the epidemic in Ukraine.<sup>627</sup> In its definition of the generalized epidemic, UNAIDS strongly links it with heterosexuality and reproduction:

A generalised HIV epidemic is an epidemic that is self-sustaining through heterosexual transmission. In a generalised epidemic, HIV prevalence usually exceeds 1% among pregnant women attending antenatal clinics.<sup>628</sup>

Central role given to heterosexual intercourse and in particular (pregnant) women in the definition signaled that feminization of the epidemic is a constitutive part of its generalization. The term feminization in reference to the epidemic in Ukraine also came from

<sup>627</sup> I concentrate more on the issue of generalization of the epidemic in subchapter 5.2.

<sup>628</sup> UNAIDS, “Terminology (2011),” 12.

international organizations. For instance, UNAIDS included the term in its “Terminology Guidelines” of 2007:

Referring to the pandemic, feminization is now often used by UNAIDS and others to indicate the increasing impact that the HIV epidemic has on women. It is often linked to the idea that the number of women infected has equaled, or surpassed, the figure for men. To avoid confusion, do not use ‘feminization’ in its primary sense in English, ‘becoming more feminine’.<sup>629</sup>

Already in 2004, the organization used the term describing global trends of the epidemic. However, feminization was a term especially used to signal the context of “African AIDS:”

AIDS is the most globalized epidemic in history, and we are witnessing its growing ‘feminization’. Every year brings an increase in the number of women infected with HIV. Globally, nearly half of all persons infected between the ages of 15 to 49 are women. In Africa, the proportion is reaching 60%.<sup>630</sup>

The report continued to provide a strong relation between heterosexual sex, geopolitical region of sub-Saharan Africa and feminization:

In recent years, the overall proportion of HIV-positive women has steadily increased. In 1997, women were 41% of people living with HIV; by 2002, this figure rose to almost 50%. This trend is most marked in places where heterosexual sex is the dominant mode of transmission, particularly the Caribbean and sub-Saharan Africa. . .

Nowhere is the epidemic’s ‘feminization’ more apparent than in sub-Saharan Africa, where 57% of adults infected are women, and 75% of young people infected are women and girls.<sup>631</sup>

In subsequent years, other state and non-state actors were using the term in reference to the epidemic in Ukraine, e.g. UNICEF, Ukrainian state Committee on Fighting HIV/AIDS and Other Socially Dangerous Diseases and the Ministry of Health.<sup>632</sup> Such a situation can be seen as paradigmatic to knowledge production and dissemination in the context of

<sup>629</sup> UNAIDS. “Terminology Guidelines” (March 2007), 8. [http://data.unaids.org/pub/MediaAdvisory/2007/20070328\\_unaids\\_terminology\\_guide\\_en.pdf](http://data.unaids.org/pub/MediaAdvisory/2007/20070328_unaids_terminology_guide_en.pdf) (accessed April 9, 2013).

<sup>630</sup> UNAIDS. “Report on the Global AIDS Epidemic” (June 2004), 8. [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2004/GAR2004\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2004/GAR2004_en.pdf) (accessed April 9, 2013).

<sup>631</sup> UNAIDS, “Report,” 22.

<sup>632</sup> I exemplify it in the subchapter 5.1.2



transnational governmentality in Ukraine, when discourses and terms introduced by international actors start functioning in the post-Soviet state.<sup>633</sup>

In the context of the epidemic in Ukraine, such discourses increasingly emphasized the growing importance of the link between drug use, sexuality and reproduction.<sup>634</sup> The figure of a woman as an HIV sufferer acquired its political value directly through her relation to reproduction.<sup>635</sup> In this case, a figure of the HIV-positive pregnant woman served as a bridge between the risk groups and the general population, providing the link between the two in the context of the virus-transmission. The case embodied anxieties about not only (and perhaps, not as much) individual bodily penetration but the penetration of the body of the population, when the womb was a biopolitical space, reproducing HIV-affected generations in post-Soviet space. This is when discourses in Ukraine were also addressing generalization of the epidemic. In view of the feminization of the epidemic, a further overlap occurred between the two ostensibly different biopolitical spaces, i.e. a pregnant woman from the general population (often ‘a wife’ and ‘an innocent victim’ of either a ‘drug addict’ or a ‘philandering husband’) and a woman from a risk group (not innocent). This overlap was clearly discernible in the coding for the “Temporary Schema of Seroepidemic Surveillance,” which blurred the lines between women from risk groups and women from the general population uniting them under one code 109, i.e., the pregnant.<sup>636</sup> The logic of the coding was adding to discursive feminization and generalization of the epidemic, conflating virus transmission through (hetero)sexual intercourse, drug use and reproduction.

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<sup>633</sup> In 2011, the role of UNAIDS as a powerful actor in knowledge production on the epidemic was confirmed once again, when the organization published its updated “Terminology Guidelines” in which it recommended not to use the term anymore as it was “vague and potentially stigmatising.” UNAIDS, “Terminology (2011),” 11.

<sup>634</sup> As I exemplify further in the subchapter 5.1.2.

<sup>635</sup> This conclusion is based on my analysis of reports and statements of international and state organizations dealing with the epidemic in Ukraine, as well as mass media sources on the issue, some of which I exemplify further in this chapter.

<sup>636</sup> International HIV/AIDS Alliance in Ukraine, “Problemy Testuvannya Vagitnyh Zhinok ta Ditei Narodzhennyh VIL-Infikovanymy Materyamy [Problems of Testing Pregnant Women and Children Born by HIV-Infected Mothers],” “*SNID v Ukraini* no 1 (2) (Spring 2002): 6. <http://www.aidsalliance.org.ua/ru/library/our/aidsinukraine/pdf/pb2.pdf> (accessed April 9, 2013).

This is a situation similar to that in which Cerwonka talks about neo-colonial discourses producing geopolitical borders between Europe and its polluting and diseased Other.<sup>637</sup> She states that it is “aberrant” sexuality that is involved in the production of the boundaries. She exemplifies it through the reference to the “so-called crisis of sexuality in Africa” (constituted by discourses on rape and sexual disease) which encloses the boundaries of Africa as a geopolitical space and positions it as European Other.<sup>638</sup> On the case of feminization and with that generalization of the HIV/AIDS epidemic in Ukraine, I show how European Other is created within the geographical location of Europe, yet through very similar neo- colonial discourses on diseased sexuality. In the case of the epidemic in Ukraine, the state was also mapped as Western Other due to discourses which linked sexuality and reproduction in the state with drug use. In the context of the international securitization of the epidemic, the transnational discourses in Ukraine could not help reinforcing the image of the state as a risk space similar to that of sub-Saharan Africa where the epidemic has been already discursively feminized and generalized.<sup>639</sup>

The geopolitical location of Ukraine as a state ‘between’ – between post-Soviet and European, capitalist and developing, not-yet (and not-ever) economically and politically advanced – only added to discursive production of an image of Ukraine as an HIV-positive country, contaminated with a Soviet virus of corruption, underdevelopment and decay and hence, in need of international intervention/guidance. Transnational discourses on the

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<sup>637</sup> Cerwonka “Slippery Paths.”

<sup>638</sup> Cerwonka “Slippery Paths.”

<sup>639</sup> For instance, in a paper by UNAIDS and WHO for a workshop on HIV/AIDS in developing countries, the epidemic in the African region was already addressed as generalized through a reference to HIV-positive women as a “key data source:” “Virtually all countries in the WHO African Region have generalized epidemics, which are defined as HIV/AIDS epidemics with at least 1% of pregnant women attending antenatal clinics in the urban areas HIV infected. In most countries, surveillance systems primarily rely on monitoring HIV prevalence among women attending antenatal clinics. HIV prevalence among pregnant women is a good indicator of the spread of the epidemic in the general population, as the level of *HIV infection among pregnant women is close to the prevalence in the general population* of men and women 15-49 years. . .” UNAIDS and WHO, “A History of the HIV/AIDS Epidemic with Emphasis on Africa,” paper prepared for “Workshop on HIV/AIDS and Adult Mortality in Developing Countries,” Population Division Department of Economic and Social Affairs, United Nations Secretariat (New York, September 8-13, 2003), 6. [http://www.un.org/esa/population/publications/adultmort/UNAIDS\\_WHOPaper2.pdf](http://www.un.org/esa/population/publications/adultmort/UNAIDS_WHOPaper2.pdf) Emphasis mine.

epidemic in Ukraine created an image of the post-Soviet state similar to Dorothy Roberts' discussion of representations of "welfare mothers" transmitting their "degenerate" lifestyles to future children in the uterus.<sup>640</sup> In the context of feminization of the epidemic in the state, which is strongly linked to reproduction, what happens is a conflation of a biopolitical space of the HIV-positive pregnant (womb) and a geopolitical space of the Ukrainian state, similarly to the situation which Miller describes as "biopolitical framework" in which "the nation is politically displaced onto women" due to their biological and medical relation to the nation and national health.<sup>641</sup> In the case of the epidemic in Ukraine, the geopolitical space of the nation state is not simply displaced onto women. A very specific group of HIV-positive pregnant women starts to embody the boundaries of the nation state on a global geopolitical map, marked by the risk of reproducing HIV-infected groups of population within the global population.<sup>642</sup> Hence, the borders of both biopolitical and geopolitical spaces containing the virus were to be secured biopolitically through the surveillance and management of bodies of HIV-positive women (often by making them consumers of global ARV-related pharmaceutical market) and through international surveillance and management of the post-Soviet space (by fostering neoliberal reforms and NGOization in it).

Before I go on to analyze the change of the discourse in the reports done by state and non-state institutions, I am going to provide some background information on the peculiarities of the epidemic surveillance related to HIV-testing in Ukraine. This way I want to include one more process involved in knowledge production on the epidemic to make my analysis more encompassing and partly explain the discursive change in the mode of HIV-transmission in Ukraine since the early 2000s.

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<sup>640</sup> Roberts, *Killing*.

<sup>641</sup> Miller, *Limits*, 152.

<sup>642</sup> I concentrate on the issue more in subchapters 5.1.2 and 5.2.

### 5.1.1 On Data Production and Feminization

There were several techniques of epidemic surveillance in Ukraine in the 2000s: routine epidemiological surveillance, sentinel surveillance surveys, behavioral studies and expert counts of the HIV/AIDS spread.<sup>643</sup> The Ministry of Health followed the first method through regional AIDS centers and other sanitary surveillance departments. According to the logic of routine epidemiological surveillance, the number of HIV-positive people was estimated based on the amount of officially registered HIV-positive test results. Sentinel surveys were done by AIDS centers and funded by the Global Fund. This method aimed to calculate approximately the level of infection among different risk groups. Behavioral studies also concentrated on groups at risk and were funded by the Global Fund and The International HIV/AIDS Alliance in Ukraine. All the methods represented quite different results.

Whereas the state's method of the routine epidemiological surveillance was reproached for underrepresenting the actual numbers constituting the epidemic,<sup>644</sup> the validity of sentinel surveillance surveys, preferred by non-state actors, was reproached for overestimating the numbers. For instance, according to the data by the Ukrainian Center for AIDS Prevention of the Ministry of Health in Ukraine, since 1987 until April 2011, there were only 467 cases of HIV-transmission through homosexual intercourse.<sup>645</sup> Yet as regards MSM, sentinel surveillance data stated that out of 25 men tested in Odesa (Southeastern Ukraine) – 7 tested HIV-positive and in Sevastopol (Southeastern Ukraine) 3 men tested positive from a sample of 22.<sup>646</sup> It is noteworthy, however, that the sample was taken in the

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<sup>643</sup> The information in this based on Tetyana Semygina, 2007:10.

<sup>644</sup> Tetyana Semygina, 2007:10.

<sup>645</sup> Ukrainian Center for AIDS Prevention of the Ministry of Health in Ukraine, "Statystyka. Epidemiologiya [Statistics: Epidemiology]." <http://ukraids.gov.ua/index.php/en/statistics/epidemiology> ( accessed March 16, 2012).

<sup>646</sup> Semygina 2007: 15.

cities with the highest epidemic rates and each sample constituted less than 30 people, which could hardly be taken as representative of the country with a population of over 45 million.

The report “Tracking Global HIV/AIDS Initiatives and their Impact on the Health System in Ukraine,” 2007, stated, referring to the situation:

It is therefore important to stress that accurate, complete data on HIV in Ukraine are unavailable: there is a wide discrepancy between registered official numbers of HIV cases and estimated figured, with no consensus on the ‘actual’ total.<sup>647</sup>

The report also pointed to the general lack of full and reliable data on the epidemic in the state: “Official statistical data are complimented by research data and experts’ estimations, sometimes contradicting each other on trends of HIV/AIDS spread in the country.”<sup>648</sup>

The raise of the share of (hetero)sexual intercourse among others modes of HIV-transmission since the late nineties might be explained by the fact that since 1998 HIV-testing became voluntary in Ukraine.<sup>649</sup> If before, it had been mandatory for injecting drug users, the epidemiological surveillance within this group decreased after 1998, hence the percentage of sexual transmission increased as compared to the decreasing percentage of parenteral modes of transmission (i.e. through needles).

In the year 2003, the International HIV/AIDS Alliance in Ukraine published an analytical review, “AIDS in Ukraine: Injection Drug Users and the Epidemic of HIV-infection in Ukraine.” It stated that the change in prevailing modes of HIV-transmission with the raising importance of sexual transmission were related more to the change in HIV-testing patterns than to the change in the nature of the epidemic, as “the number of testing for injection drug users decreases and a number of testing pregnant women increases.”<sup>650</sup>

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<sup>647</sup> Semygina 2007: 10.

<sup>648</sup> Semygina 2007: 6.

<sup>649</sup> International HIV/AIDS Alliance in Ukraine. “Sheh Govoryt’ Ofitsiina Statystyka [What an Official Statistics Says],” *SNID v Ukraini* no. 1 (3) (Summer, 2003): 3. <http://www.aidsalliance.org.ua/ru/library/our/aidsinukraine/pdf/pb3.pdf> (accessed April 9, 2013).

<sup>650</sup> Semygina 2007: 8.

The same possible explanation was given in the report “Tracking Global HIV/AIDS Initiatives and their Impact on the Health System in Ukraine,” 2007.<sup>651</sup> The interviewees mentioned in the report admitted: “Only pregnant women and blood donors must go through obligatory testing at this point. All others, it seems, are to be tested voluntary. However, each region has its own testing policy. . .”<sup>652</sup> The problematic nature of such a statistic on the epidemic is in the fact that the virus was found the most in the groups which were tested the most. Once, the testing of drug users ceased being mandatory, their share in the epidemic spread decreased in comparison to HIV-positive (pregnant) women which remained the main target group of the mandatory testing.

Another problem related to epidemiological data on the HIV-positive people in Ukraine in the late nineties through the early 2000s was in the fact that testing depended on local budgets, i.e. the amount of money spent on test-systems and related to that, target groups tested by them.<sup>653</sup> If one administrative region concentrated on testing IDUs and another region chose pregnant women as the main target group for the HIV-epidemiological surveillance, the epidemiological data on the groups in the respective regions differed accordingly. Similarly, one region might give preference to testing women who were considering abortions, instead of providing double testing for those who were going to give birth. When the amount of budget money was too low, it was only blood donors who were obligatory tested. Hence, the rates of HIV-infection among other groups would decrease with the decrease of HIV-testing among them. As one of the employees for and International AIDS NGO in Ukraine admitted for the research in 2007:

In some regions, for example Vinnitsya region, we can say that the epidemic has slowed down among clients, but in real life they just stopped HIV testing them, and

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<sup>651</sup> Semygina 2007: 12.

<sup>652</sup> Semygina 2007: 40.

<sup>653</sup> International HIV/AIDS Alliance in Ukraine, “Polityka Regioniv u Galuzi Obstezhennya Naselennya na Antytily do Virusu Imunodefitsytu Lyudyny [Regional Policy in the Realm of HIV-testing],” *Snid v Ukraini* no. 1 (Jul/Aug/Sep 2001), 7. <http://www.aidsalliance.org.ua/ru/library/our/aidsinukraine/pdf/pb.pdf> (accessed April 9, 2013).

it's not just that someone came up with this policy and stopped testing them, no, there just was no money and they didn't test anybody except donors, that's why there is an imaginary decrease of the epidemic.<sup>654</sup>

Another analytical review published by the HIV/AIDS Alliance in Ukraine in 2002 "AIDS in Ukraine: HIV-infection: Problems of Women and the Children Born by the HIV-Infected Mothers" pointed to the fact that the official statistics often failed to reflect the actual character of the epidemic and people affected by it.<sup>655</sup> When prior to the year 2000, HIV-testing became voluntary in the state, it was only donor blood testing that received all the state financing needed. Lack of local governments' budget has often resulted in a fact that less people were tested for HIV, less pregnant women including. Consequently, in certain regions there were more children with HIV-antibodies officially registered than there were screened women.<sup>656</sup>

At the time the review was published in 2002, more and more pregnant women were getting tested. Hence, the number of HIV-positive registered cases increased. However, the confusion as to which category of HIV/AIDS sufferer they should belong was not resolved:

However, it should be admitted that as before, there is no real data as for to which groups the HIV-infected women belong, i.e. whether majority of them are injection drug users, or diseased with sexually transmitted diseases, or these are women who do not belong to vulnerable groups.<sup>657</sup>

The coding for the "Temporary Schema of Seroepidemic Surveillance," included non-mutually exclusive categories such as "101"- "sexual partners of the HIV-positive," "102"- "injection drug users," "104" – "the diseased with venereal diseases" and "109" – "the pregnant."<sup>658</sup> Very often, pregnant HIV-positive women were allocated code 109, blurring their relation to other categories. This also added to the proliferation of discourses around the feminization of the epidemic.

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<sup>654</sup> Semygina 2007: p.49.

<sup>655</sup> International HIV/AIDS Alliance in Ukraine, "Problemy," 6.

<sup>656</sup> International HIV/AIDS Alliance in Ukraine, "Problemy," 6.

<sup>657</sup> International HIV/AIDS Alliance in Ukraine, "Problemy," 6.

<sup>658</sup> International HIV/AIDS Alliance in Ukraine, "Problemy," 6.

Another peculiarity related to the state epidemiological survey was that while paying particular attention to testing certain groups, (e.g. IDUs, the pregnant), it was not that common to test people from other categories in the context of HIV/AIDS ( e.g. men having sex with men and sex workers). As the national report to UNGASS in 2010 states:

Men who have sex with men (MSM) are another group at high risk of HIV infection. Between 2005 and 2009, an increasing absolute number of new HIV cases among representatives of this group was officially recorded annually: 20, 35, 48, 65, and 94, including AIDS cases. We can assume that there is substantial underestimation of HIV infection cases connected with sexual relations between men because they are included in a different population group.

Ukraine does not register HIV infection cases among commercial sex workers because this group can hardly be extracted from all sexual transmission cases. However, data of sentinel epidemiological surveillance indicate a broad and growing epidemic among this population.<sup>659</sup>

An analytical report on HIV risk groups in Ukraine in 2009 financed by the International HIV/AIDS Alliance in Ukraine stated that since the year 2005, the number of cases of HIV-transmission among MSM has risen by five.<sup>660</sup> The report, however, also admitted that since the beginning of the epidemic the number of officially registered cases of the virus transmission in the group was fairly low, i.e. 319 cases. The report questioned the validity of such state official statistics on the real situation with the epidemic in Ukraine, claiming that the statistics only reflected registered cases of people who tested HIV-positive, while the “real” situation with the epidemic could only be known through studying the precise numbers of those constituting “higher risk groups” in the context of HIV-infection.<sup>661</sup> Taking into consideration the fact that not only official statistics but also risk groups are a product of certain discourses (state and non-state), the project to explore the reality of the epidemic would only be an attempt to construct that reality even further.

<sup>659</sup> Ministry of Health of Ukraine. “Ukraine: National Report on Monitoring Progress towards the UNGASS Declaration of Commitment on HIV/AIDS. Reporting Period: January 2008–December 2009,” (Kyiv 2010), 11. [http://data.unaids.org/pub/Report/2010/ukraine\\_2010\\_country\\_progress\\_report\\_en.pdf](http://data.unaids.org/pub/Report/2010/ukraine_2010_country_progress_report_en.pdf) (accessed April 9, 2013).

<sup>660</sup> G. O. Berleva et. al. International HIV/AIDS Alliance in Ukraine, “Analytical Report Based on Sociological Study Results Estimation on the Size of Populations Most-At-Risk for HIV-infection in Ukraine in 2009,” (Kyiv: 2010), 7. [http://www.aidsalliance.org.ua/ru/library/our/monitoring/pdf/indd\\_en.pdf](http://www.aidsalliance.org.ua/ru/library/our/monitoring/pdf/indd_en.pdf) (accessed April 9, 2013).

<sup>661</sup> Berleva et al., “Analytical,” 8.



Given the peculiarities of the epidemiological surveillance, it is not surprising that the figure of HIV/AIDS sufferer in Ukraine was an unstable one, contingent on a number of different social actors invested in particular constructions of the epidemic. For quite a long time, the state was largely concentrating in monitoring and blaming the risk group of drug addicts, the figure largely supported and used by IOs and NGOs in the substitution treatment debate as well.

A somewhat newer category of HIV-positive (often pregnant) women was introduced with an international involvement in HIV/AIDS-related issues in Ukraine. On the one hand, the category went in line with third-worlding Ukraine and naturalizing the epidemic in the state by pathologizing this geopolitical space. On the other hand, foreign pharmaceutical industry got an increasing access to clientele groups and directed their medical expertise and products not only to drug users but to the pregnant and children as well. Feminization of the epidemic also justified the need for escalating international medical-political intervention in the state because now not only risk groups but the whole general population in Ukraine was both at risk of the infection (and representing a risk group for the West).

### 5.1.2 HIV/AIDS and the Figure of Its Sufferer in the early 2000s

Miller claims that in the context of modern postcolonial nation state formation what happens is a collapse of sexual and reproductive crimes into each other.<sup>662</sup> She also stated that in modern times, all relations including sexual, reproductive and biological are political and reinforce the enemy/friend distinction. In this case the illegality/criminality of sexual act would be dependent on the sovereign decision as to whether the actor committing it represents a friend or a “colonizer” of a woman’s body.<sup>663</sup> In the situation of HIV-transmission, when the actor is a drug addict, the criminality of his addiction is passed to

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<sup>662</sup> Miller, *Limits*, 162-166.

<sup>663</sup> Miller, *Limits*, 162-166.

criminality of the sexual act in which he engages. Therefore, a sexually active drug addict inevitably represents a host colonizing a woman's body with the virus. Sexual intercourse involving a drug addict would be by definition criminal, representing a threat of the HIV-transmission to the nation onto which women's bodily borders are displaced. In this situation, a woman embodies the vulnerability not only of the emerging nation state, but also the global vulnerability of humanity in the face of the virus. This serves what Miller defines as "the vulnerable, biologically passive political ideal",<sup>664</sup> and concomitantly reinforces the criminality of the given sexual act and, with it, the criminality of reproduction (i.e. the potential infection of newborns). In the context of global AIDS securitization, this development transformed Ukraine into a geopolitical territory, where sex and reproduction are intertwined with risk and criminality.

An analytical review on "AIDS in Ukraine" done by the International HIV/AIDS Alliance in Ukraine, 2000, stated that the share of HIV-transmission through heterosexual intercourse in the country "has been increasing significantly since the year 2000."<sup>665</sup> Even though, according to the review, in the year 2001 it was still injecting drug use that was the leading mode of the transmission, the share of sexual intercourse as the mode of HIV-transmission reached 25%, which, the report stated, resulted in the increase in the number of children born by HIV-positive women.

In the year 2003, the International HIV/AIDS Alliance in Ukraine published an analytical review "AIDS in Ukraine: Injection Drug Users and the Epidemic of HIV-infection

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<sup>664</sup> Miller, *Limits*, 151.

<sup>665</sup> International HIV/AIDS Alliance in Ukraine, "Analiz Terytorial'nogo Poshyrennya VIL-infektsii v Ukraini [Analysis of Territorial Spread of the HIV-infection in Ukraine]," *Snid v Ukraini* no. 1 (Jul/Aug/Sep 2001): 4. <http://www.aidsalliance.org.ua/ru/library/our/aidsinukraine/pdf/pb.pdf> (accessed April 9, 2013).

in Ukraine.”<sup>666</sup> In its description of IDUs, the review made an explicit link between drug use, sexuality and reproduction in the context of the epidemic:

As a result of unprotected sexual relations with representatives of this group [IDUs], a number of people, infected through sexual intercourse, and, respectively, children born from HIV-infected mothers, increases.<sup>667</sup>

The same line of thought, which related drug use, sexuality and reproduction was reflected in other documents by international and state institutions the following years.

For example, the WHO document on Ukraine, “Summary Country Profile for HIV/AIDS Treatment Scale up” in 2004 as well as in 2005 pointed to the link between drug use and sexuality of the drug user:

The most rapid [HIV] spread took place between 1995 and 1997 among networks of injecting drug users. Since then there has been increasing heterosexual transmission, especially to the female sexual partners of injecting drug users and related to sex work.<sup>668</sup>

The documents also stated that “female sex partners of injecting drug users and children of female drug users” were “especially vulnerable [to the infection].”<sup>669</sup> On the webpage on the World Bank, Ukraine the article “Ukraine Aids Epidemic Could Lead to Slower Growth, Fewer Workers, Warns World Bank” commenting on the situation in 2007, states that even though, IDUs are the leading cause of the epidemic spread, the mode of HIV-transmission in the country is changing: “a rising number of cases are emerging among the heterosexual partners of injecting drug users and among children. The epidemic’s tendency to

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<sup>666</sup> International HIV/AIDS Alliance in Ukraine, “ SNID v Ukraini: Spozhyvachi In’ektsynyh Narkotykyv ta Epidemiya VIL-infektsii v Ukraini [AIDS in Ukraine: Injection Drug Users and the Epidemic of HIV-infection in Ukraine],” no. 1 (3) ( Summer 2003).

<sup>667</sup> International HIV/AIDS Alliance in Ukraine, “ SNID v Ukraini: Spozhyvachi,” 1.

<sup>668</sup> WHO, “Summary Country Profile for HIV/AIDS Treatment Scale up” (July 2004), 1. <http://www.who.int/3by5/en/Ukraine.pdf> (accessed November 3, 2012); WHO, “Summary Country Profile for HIV/AIDS Treatment Scale up” (December 2005), 1. [http://www.who.int/hiv/HIVCP\\_UKR.pdf](http://www.who.int/hiv/HIVCP_UKR.pdf) (accessed November 3, 2012).

<sup>669</sup> WHO, “Summary (2004),” 1; WHO, “Summary (2005),” 1.

spill into the general population is reflected in official Ukrainian AIDS Center data.”<sup>670</sup> The article also relates potential rapid generalization of the epidemic to the fact that youth and women are the most affected by it. AIDS Foundation East-West also stated that the epidemic was growing related to injecting drug use, sex work, human trafficking and in groups of MSM. However, it pointed out that the epidemic was reaching the “general population” through heterosexual sex.<sup>671</sup> According to the UNDP website in 2012, “the HIV epidemic still remains concentrated in most-at-risk groups (injecting drug users and their sexual partners).”<sup>672</sup> East European and Central Asia Union of PLWH published a report “Data on HIV/AIDS from the 15 Countries of Eastern Europe and Central Asia,” in which while talking about Ukraine, they also mentioned that since the year 2008 sexual intercourse and injecting drug use respectively constituted main modes of HIV-transmission in the country.<sup>673</sup>

Addressing the country situation of Ukraine in 2009 in the context of the epidemic, a UNAIDS report stated the strong link between drug use, sexuality and the epidemic:

Unsafe drug use continues to play major role in HIV spread (40% of the reported cases in 2009). Meanwhile, the feminization and sexual transmission continue to increase (45% of new HIV cases reported among women; 8,000 cases of heterosexual transmission of HIV versus 7,000 cases of drug-use related transmission registered in 2009). Yet, the new wave of sexual transmission is closely related to unsafe sexual behaviour between IDUs and their sexual partners. Female sex workers and men who have sex with men (MSM) continue as well to be at highest risk with 17% and 16% HIV prevalence respectively.<sup>674</sup>

<sup>670</sup> World Bank, Ukraine, “Ukraine Aids Epidemic Could Lead to Slower Growth, Fewer Workers, Warns World Bank.” <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/UKRAINEEXTN/0,,contentMDK:21366209~menuPK:328553~pagePK:2865066~piPK:2865079~theSitePK:328533,00.html> (accessed November 3, 1012).

<sup>671</sup> AIDS Foundation East-West, “Ukraine.” Last Modified February 16, 2012. <http://www.afew.org/about-afew/where-we-work/ukraine/> (accessed March 13, 2012).

<sup>672</sup> UNDP Ukraine, “Prosperity, Poverty Reduction and MDGs: Governance of HIV/AIDS in Ukraine.” <http://www.undp.org.ua/en/prosperity-poverty-reduction-and-mdgs/38-prosperity-poverty-reduction-and-mdgs-627-governance-of-hiv-aids-in-ukraine> (accessed March 11, 2012).

<sup>673</sup> East European and Central Asia Union of PLWH. “Data on HIV/AIDS from the 15 Countries of Eastern Europe and Central Asia,” (2011), 20. [http://www.ecuo.org/for\\_Statistics/2011/ecuo\\_eeca\\_hiv\\_aids\\_data.pdf](http://www.ecuo.org/for_Statistics/2011/ecuo_eeca_hiv_aids_data.pdf) (accessed March 11, 2012).

<sup>674</sup> UNAIDS, “Ukraine: Country Situation 2009,” (2009), 1. [http://www.unaids.org/ctrysa/EURUKR\\_en.pdf](http://www.unaids.org/ctrysa/EURUKR_en.pdf) (accessed April 9, 2013).

In the National Report on Monitoring Progress towards the UNGASS Declaration of Commitment on HIV/AIDS, Ukraine for the January 2008–December 2009 period, the growing importance of the sexual mode of HIV-transmission, was immediately linked it to diseased sexuality and drug use:

The number and percentage of sexual HIV transmission cases has increased since the late 1990s. In particular, the percentage of heterosexual infection cases is growing quickly and reached 43.5% in 2009. This trend indicates the growing impact of heterosexual HIV transmission. At the same time, this growth is closely connected with the risky sexual behaviour of injecting drug users.<sup>675</sup>

The report claimed that Ukraine belonged to the countries in which the epidemic was concentrated among certain most-at-risk groups.<sup>676</sup> It came to that conclusion stating that “. . . there is no evidence indicating that sexual transmission among the general population is the cause of most new HIV-infection.”<sup>677</sup> Instead, the report adhered to the above-mentioned discourse closely relating sexual transmission with drug use:

Parenteral transmission, mainly by injection of narcotic substances, was the main type of HIV transmission in Ukraine from 1995 to 2007. In 2008, for the first time since 1995, a change occurred: the percentage of parenteral transmission fell below that of sexual transmission. In 2009, the share of people infected by sexual transmission continued to grow and reached almost 44%. Parenteral transmission accounted for 36%. However, the HIV epidemic still remains concentrated in most-at-risk groups (injecting drug users and their sexual partners) in terms of HIV infection.<sup>678</sup>

It is noteworthy that the working group preparing the report was constituted by representatives of IOs in Ukraine such as the International HIV/AIDS Alliance in Ukraine, WHO office in Ukraine, UNAIDS in Ukraine, and an all-Ukrainian charitable organization “All-Ukrainian Network of PLWH” as well as representatives of Ukrainian AIDS Center and state Ministry of Education and Science.<sup>679</sup> Related to that the construction of the epidemic and the figure of its sufferer in the report endorsed by the state Ministry was similar, yet not

<sup>675</sup> Ministry of Health of Ukraine, “UNGASS,” 11-2.

<sup>676</sup> Ministry of Health of Ukraine, “UNGASS,” 12.

<sup>677</sup> Ministry of Health of Ukraine, “UNGASS,” 12.

<sup>678</sup> Ministry of Health of Ukraine, “UNGASS,” 3.

<sup>679</sup> Ministry of Health of Ukraine, “UNGASS,” 11.

necessarily identical to the discourse by international organizations and NGOs mentioned above. The data from the report were later used by the IOs. Such an example of state-international discourse circulation was reflected in the USAID's HIV/AIDS image on Ukraine. The report in times referred to the data provided by the National Council on TB and HIV/AIDS, and the UNGASS report, and its wording was rather close to that of the UNGASS report. Each sentence, including sequence of sentences echoed the state UNGASS report (blurring the line between plagiarism and knowledge circulation)<sup>680</sup>:

From 1995 to 2007, the primary means of HIV transmission was through injection drug use, but by 2008, sexual contact outpaced injection drug use as the primary form of transmission. By 2009, almost 44 percent of new infections occurred through sexual transmission, and 36 percent were through injecting drug use. However, the majority of HIV infections continue to occur in two groups: IDUs and their sexual partners.<sup>681</sup>

Even more strikingly on the UNDP Ukraine website page under the rubric "Governance of HIV/AIDS in Ukraine," sub rubric "What is the Situation in Ukraine," the whole paragraph was word for word corresponding to the UNGASS report. The only difference was in the change of three numbers in the report. The data on sexual transmission as well as the year for which they were provided, and the data on the parenteral transmission for that year were updated. The main line of thought about sexual transmission as predominant in spreading the epidemic, as well as the wording of the UNGASS report was not changed:

Parenteral transmission, mainly by injection of narcotic substances, was the main type of HIV transmission in Ukraine from 1995 to 2007. In 2008, for the first time since 1995, a change occurred: the percentage of parenteral transmission fell below that of sexual transmission. In 2010, the share of people infected by sexual transmission continued to grow and reached 45%. Parenteral transmission accounted for 33.8%.

<sup>680</sup> I am grateful to Anna Loutfi and Susan Craddock for this comment.

<sup>681</sup> USAID. *Ukraine, HIV Health Profile. October 2010.*  
[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/eande/ukraine\\_profile.pdf](http://www.usaid.gov/our_work/global_health/aids/Countries/eande/ukraine_profile.pdf) accessed 3/11/12

However, the HIV epidemic still remains concentrated in most-at-risk groups (injecting drug users and their sexual partners).<sup>682</sup>

It is not my intention to trace the original source of the discourse. Instead I want to show how knowledge production on HIV/AIDS started to involve more actors and discourses on HIV/AIDS circulated between them, especially after the year 2000, when the country underwent NGOization in the area of HIV/AIDS. I also want to point to the fact that state and non-state discourses were not necessarily oppositional. In some instances different actors might participate in similar kinds of discursive production under the umbrella of transnational governmentality.

### 5.1.3 State and Non-state Controversies: On Youth, “Generalization” and HIV/AIDS in Ukraine

One of the expansions to the state and non-state discourses was coming from UNICEF, which repeatedly talked about youth-at-risk. This included uncontrolled (often female) sexuality, drug use by youth at risk and mother-to child transmission. The information provided on the UNICEF website (with the last update indicated on the page as 11, May, 2004) stated:

The spread of HIV [in Ukraine] is being driven by injecting drug use and, to a lesser but growing extent, unsafe sex among young people. Cases of parent-to-child transmissions have shot up. Today 40 percent of those infected with HIV/AIDS in Ukraine are women. Some 97 percent of HIV-positive children were infected by their mothers.<sup>683</sup>

In a similar vein the article of 2012 on the UNICEF website pointed out:

There are an estimated 15,000 adolescent girls exploited by sex work in Ukraine. A UNICEF-supported study of adolescents living and working on the streets of major cities like Kyiv and Mykolaiv found that almost 60 per cent of the girls started to sell sex before age 15. These girls are particularly vulnerable to HIV . . . The HIV epidemic in Ukraine has also been fuelled by injecting drug use, an activity that girls

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<sup>682</sup> UNDP, “Ukraine. Prosperity.”

<sup>683</sup> UNICEF. “Ukraine Fights Rising HIV/AIDS Infection Rate.” Last modified December 22, 2004. [http://www.unicef.org/infobycountry/ukraine\\_fights\\_aids.html](http://www.unicef.org/infobycountry/ukraine_fights_aids.html) (accessed March 13, 12).

exploited in sex work are vulnerable to. According to a 2008 study, 19 per cent of adolescent female sex workers reported using injecting drugs, essentially doubling their risk of HIV infection.<sup>684</sup>

Similarly, in its annual and mid-year reports on Ukraine, the International Federation of Red Cross and Red Crescent Societies also repeatedly admitted that:

According to experts, injection drug use is still driving the spread of HIV but the disease is now being increasingly transmitted by mothers passing it on to their babies and through unsafe sexual behaviour among youth. Young people now represent 80 per cent of the affected people.<sup>685</sup>

UNICEF also linked sexuality of youth to vertical transmission of the virus and lobbied for the national response to the epidemic among the most at risk adolescents (MARA):

Injecting drug use is still driving the spread of HIV but the disease is now spreading fast among the broader young population through unprotected sex and from mothers to their babies. Eighty per cent of all infected people are young. . . The analysis of data for most at risk adolescents (MARA) aged 10 to 19, based on data of the behavioural surveillance studies among most at risk populations (IDUs, MSM and FSWs), shows that MARA represent a population group in need of special attention within the frame of the national AIDS response.<sup>686</sup>

The UNICEF article of 2010 “In video shorts, young Ukrainians tell their stories about HIV and AIDS” stated:

While injecting drug use is still driving the spread of HIV in Ukraine, the disease is now spreading rapidly among the broader young population. The number of pregnant women who are HIV-positive in Ukraine is increasing by an estimated 20 to 30 per cent each year. Thousands of Ukrainian children have been born to HIV-positive mothers; many have contracted the virus or are too young to have their status confirmed . . . Based on current trends, experts believe that more emphasis

<sup>684</sup> Veronika Vaschenko, UNICEF. “In Ukraine, Providing Holistic Health Care to Sexually Exploited Adolescents and Other At-risk Youth” Last modified February 27, 2012. [http://www.unicef.org/infobycountry/ukraine\\_61838.html](http://www.unicef.org/infobycountry/ukraine_61838.html) (accessed March 13, 12).

<sup>685</sup> The International Federation of Red Cross and Red Crescent Societies, “Mid-Year Report: Ukraine,” (August 2011) <http://reliefweb.int/sites/reliefweb.int/files/resources/MAAUA00211myr.pdf> (accessed March 13, 12); the annual report represent the same statement with a couple of words changed for synonyms. The International Federation of Red Cross and Red Crescent Societies, “Annual Report: Ukraine” (April 2011) <http://reliefweb.int/sites/reliefweb.int/files/resources/MAAUA00210ar.pdf> (accessed March 13, 12).

<sup>686</sup> UNICEF, Ukraine. “HIV/AIDS, Children and Youth Programme” (2005) [http://www.unicef.org/ukraine/activities\\_11384.html](http://www.unicef.org/ukraine/activities_11384.html) (accessed March 13, 12).



needs to be placed on prevention among the most at-risk adolescents and children born to HIV-positive mothers.<sup>687</sup>

Certain state actors, however, were rather reluctant to accept the category of youth as a figure of an HIV/AIDS sufferer in Ukraine. An article “In Ukraine, the Level of HIV-infection among Adolescence and Youth Gradually Decreases” on the official website of the State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases, stated that according to the Head of the department of HIV/AIDS Prevention (*protydii*), Maryna Zelenska, the number of youth affected by the infection had dropped from 16% to 9% since the year 2006.<sup>688</sup>

Similarly, whereas majority of the documents mentioned above talked about raising role of heterosexual mode of HIV-transmission, on the official website of the State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases under the rubric “Statistics: Situation on HIV/AIDS in Ukraine,” there was not much reference to heterosexual way of transmission, instead the information mainly addressed risk groups in the context of the epidemic:

The epidemic of HIV-infection in Ukraine until now is concentrated in the groups at the highest risk of HIV-infection, the most significant among them are injection drug users, commercial sex workers, men having sex with men, youth of/under the highest risk [pidlitky naivyschogo ryzyku], people in places of imprisonment, former prisoners, since they are in the environment related to the high risk.<sup>689</sup>

Under the rubric: “Publications: The Spread of HIV/AIDS in Ukraine,” however, the State Service supported the general discourse of the non-governmental institutions about the

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<sup>687</sup> Veronika Vashchenko. UNICEF, “In Video Shots, Young Ukrainians Tell Their Stories about HIV and AIDS.” Last modified August 9, 2010. [http://www.unicef.org/infobycountry/ukraine\\_55473.html](http://www.unicef.org/infobycountry/ukraine_55473.html) (accessed March 13, 12).

<sup>688</sup> State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases. “V Ukraini Postupovo Znyzhuet'sya Riven' VIL-infikuvannya Sered Pidlitkiv ta Molodi [In Ukraine, the Level of HIV-infection among Adolescence and Youth Gradually Decreases]” <http://dssz.gov.ua/index.php/en/main/97-novyny/836-2012-03-14-15-27-34> (accessed March 13, 12).

<sup>689</sup> State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases. “Sytuatsiya Shchodo VIL-infectsii/SNIDu v Ukraini Situation on HIV-infection/AIDS in Ukraine” <http://dssz.gov.ua/index.php/uk/operativna-informaciya/statystyka/427-2009-01-24-20-01-48> (accessed March 13, 2012).

rising impact of heterosexual HIV-transmission on the epidemic spread. However, the leading role in the epidemic the State Service reserved for IDUs:

This social group [IDUs] still remains the most vulnerable [in the context of the epidemic], as an environment where HIV is actively spread. Cumulative share of IDUs among all the registered cases constitutes 68%. At the same time, a number of cases of HIV-infection through sexual intercourse (in majority of the cases - heterosexual) increases, as a result a number of children born by HIV-positive mothers increases. Correlation of the infected men and women is respectively, 58% and 42%.<sup>690</sup>

Hence, even though certain state institutions adhered to some parts of discourse spread by non-governmental institutions, such as the link between HIV, sexuality and reproduction, they still insisted on the epidemic being concentrated among the risk groups and restrained from talking about the generalization of the epidemic and the category of Ukrainian youth as increasingly affected by it. Epidemiological data provided by the Ukrainian Center for AIDS Prevention of the Ministry of Health in Ukraine also continuously stated that injection drug use was a major way of HIV-transmission in the country.<sup>691</sup> Therefore, whereas at time state and non-state discourses on the epidemic coincided in other cases, knowledge production varied according to the actor involved in it. Nevertheless, increasing role given to heterosexual intercourse in various discourses on HIV/AIDS in Ukraine kept on inevitably feminizing and with that generalizing the epidemic in the state concomitantly pathologizing the state as a geopolitical zone heavily affected by the virus.

## **5.2 Feminization=Generalization**

The logic of the UNAIDS definition on generalized epidemic and the increasing importance and attention given to the figure of a (pregnant) woman as an HIV/AIDS sufferer in the context of the epidemic in Ukraine corresponded to the logic of Ruth Miller's argument

<sup>690</sup> State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases. *Poshyrennya VIL-infection/SNIDu v Ukraini The Spread of HIV/AIDS in Ukraine*, <http://dssz.gov.ua/index.php/uk/operativna-informaciya/publikacii/428-2009-01-08-12-50-08> (accessed March 13, 2012).

<sup>691</sup> Ukrainian Center for AIDS Prevention of the Ministry of Health in Ukraine, "Statystyka."

that as nations consolidate their borders in the context of war, territorial conflict, and postcoloniality, women as biological spaces (wombs) come to represent a biopolitical norm.<sup>692</sup> The universality of the womb-owning citizen is derived directly from the biopolitical meanings inscribed on women's bodies. Miller also points to the link between women and national health, not wanting to represent women as *metaphors* to the nation but instead, as *biopolitical subjects*:

“Womanhood” and national health are linked here, the nation is politically displaced onto women, but this is not a result of women's place in something called “traditional” interpretations of honor or civilization. Nor is it a result of their role in preparing children for a liberal education. It is instead that women are biologically and medically linked to the nation, and that in this emergent biopolitical framework, women are the political actors.<sup>693</sup>

It is this biological linkage between women and health of the nation that opens up their bodies for (inter)national biopolitical intervention. Put in the context of the epidemic in Ukraine, women's vulnerability to the virus' trespass of her body points to the national and universal vulnerability, no longer unique to women. This, in turn calls for/justifies (inter)national intervention in order to protect and redefine friend/enemy boundaries once again.

According to the data on the official site of the UNDP, Ukraine, the main root of HIV-transmission for the period 1995-2007 was injecting drug use.<sup>694</sup> In 2008, the share of parenteral transmission decreased compared to transmission through sexual intercourse. In 2009, transmission through sexual intercourse constituted 44% of all cases, whereas parenteral transmission constituted 36%. Discourses on the epidemic, however, were slow to

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<sup>692</sup> Miller, *Limits*, 149-73.

<sup>693</sup> Miller, *Limits*, 152.

<sup>694</sup> UNDP Ukraine, “Prosperity.”

renounce the concept of risk groups, claiming that the epidemic was the most widespread among IDUs and their sexual partners.<sup>695</sup>

However, already in the early 2000s, the discourse on generalization of the epidemic and its spread beyond the “risk groups” started to emerge. An article “Time to Survive,” in 2001 stated:

Unfortunately, today AIDS – is no longer a disease of only “marginal” groups of the population, every day a number of HIV-infected children grows and that is related to mother to child transmission.<sup>696</sup>

In 2002, then current Vice-Prime Minister of Ukraine, Volodymyr Semynozhenko, in his personal website also pointed to the situation of HIV-spread beyond risk groups:

The characteristic feature of the current phase of the spread of the infection [HIV], is that if before its spread happened within traditional “risk groups” predominantly, today new groups emerge – children of HIV-positive people, members of their families and victims of violation of safety norms in some medical establishments.<sup>697</sup>

In the data published by the International HIV/AIDS Alliance in Ukraine and the WB, the epidemic was getting “generalized” in the mid 2000s:

The modes of HIV-transmission change. By now, the epidemic of HIV was concentrated in certain groups of population, mainly among IDUs. Now the epidemic shifts from high risk groups to general population. The tendency of the epidemic spread among the general population is admitted by the official data of the Ukrainian Center of AIDS Prevention and Prophylactics. According to it, the share of infections through injecting drugs decreased from 83.6% in 1997 to 44% in 2006, while the share of the infection through sexual intercourse grew from 11% to 35%.<sup>698</sup>

<sup>695</sup> UNDP Ukraine, “Prosperity.”

<sup>696</sup> Oksana Omelchenko, “Chas Vyzhyvaty [Time to Survive],” *Den'* no. 88, (May 22, 2001) <http://www.day.kiev.ua/290619?idsource=81088&mainlang=ukr> (accessed April 23, 2011).

<sup>697</sup> Volodymyr Semynozhenko, “HIV/AIDS in Ukraine: Non-Medical Approach to the Problem,” Volodymyr Semynozhenko’s personal site (July 20, 2002). <http://www.semynozhenko.net/documents/90/> (accessed April 22, 2011).

<sup>698</sup> International HIV/AIDS Alliance in Ukraine and the WB, “Sotsialno-Ekonomichni Naslidky Epidemii VIL-infektsii/SNID v Ukraini [Socio-Economic Outcomes of the HIV-infection/AIDS Epidemic in Ukraine]” (2006). <http://siteresources.worldbank.org/INTUKRAINE/Resources/LeafletAIWB.pdf> (accessed April 22, 2011).

The written press held similar stances. According to an article “AIDS: Today Everybody Can Become Its Victim,” in 2003 heterosexual way of transmission was increasing, though “risk groups” were still strongly involved in the epidemic spread:

The analysis of the domestic statistics also signifies the tendency to a rapid growth of a number of people infected through heterosexual intercourse. Though, in majority of cases (67%), HIV-infection as before happens in the environment of IDUs and “workers” of sex business.<sup>699</sup>

Similarly an article in an all Ukrainian newspaper *Den'*, 2006, claimed that in the Ukrainian capital sexual way of transmission and vertical transmission of the virus were increasing:

The experts provide us with such facts: in eight years of the epidemic a number of the infected [with HIV] through injection drugs decreased almost twice. Instead a number of the infected through sexual intercourse and also by mode of mother to child transmission grew (26% and 23% respectively)... Today the number of the diseased [HIV-positive] women is almost similar to that of men, while 5-7 years ago, the share of men constituted 80% of the HIV-infected.<sup>700</sup>

On the website of the World Bank, Ukraine, the tendency to the feminization of the epidemic in the country was also admitted:

The epidemic shifts from the high risk groups to general population and mostly affects youth and women... The share of women among the newly registered cases grew to 42% [in 2006].<sup>701</sup>

Similarly to IOs and the Ukrainian press, the Ukrainian state organizations also talked about increasing feminization of the epidemic. According to the state Committee on Fighting HIV/AIDS and Other Socially Dangerous Diseases, in 2008:

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<sup>699</sup> Tetyana Galkovska, “SNID: S’ogodni Iogo Zhertvoyu Mozhe Staty Kozhen [AIDS: Today Everyone Can Become Its Victim],” *Dzerkalo Tyzhnya* no.46 (November 29, 2003) <http://www.dt.ua/articles/37486> (accessed April 21, 2011).

<sup>700</sup> Olga Pokotulo, “Yak Zupynyty Epidemiyu [How to Stop the AIDS Epidemic?],” *Den'* no.130 (August 5, 2006) <http://www.day.kiev.ua/290619?idsource=166591&mainlang=ukr>

<sup>701</sup> The World Bank, Ukraine, “Sotsialno-Ekonomichni Naslidky Epidemii VIL/SNID v Ukraini [Socio-Economic Outcomes of the HIV-infection/AIDS Epidemic in Ukraine].” <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/UKRAINEINUKRAINIANEXTN/0,,contentMDK:21363342~menuPK:455706~pagePK:2865066~piPK:2865079~theSitePK:455681,00.html> (accessed April 21, 2011).

During the last couple of years in Ukraine we can observe “feminization of HIV-epidemic.” Today among the adult population involved in the epidemic, women constitute around 42%.<sup>702</sup>

In 2008, the head of the Kyiv city Center of Reproductive and Perinatal Medicine, Vyacheslav Kaminskyi admitted:

Heterosexual mode of HIV-transmission in Ukraine remains very significant. Therefore, today children and women remain the most vulnerable group of the population, under the risk of getting HIV-infected. Among the people living with HIV, their number continues to grow.<sup>703</sup>

On the website of the Ministry of Health, there was a reference to the feminization and generalization of the epidemic as well. According to the data in 2008:

However, lately there is a tendency to generalization of the epidemic of HIV-infection that is characterized by the involvement of general population in the epidemic process, by the dominance of sexual intercourse in HIV-transmission because of the epidemic spread beyond the borders of vulnerable groups... During the last couple of years in Ukraine “feminization of the HIV-epidemic” is taking place. Currently among the adult population involved in the epidemic, women constitute 42%. The raise of heterosexual mode of transmission and a number of HIV-infected women of reproductive age has facilitated gradual raise in an amount of children, born by HIV-positive mothers . . .<sup>704</sup>

In the study by Ukrainian experts in 2009, the relation between sexual transmission and vertical transmission was emphasized:

The raise of the importance of sexual transmission in the epidemic process of HIV-infection facilitates the gradual growth in the number of HIV-infection among women of reproductive age and their share among officially registered HIV-infected aged 15-

<sup>702</sup> Committee on Prevention of HIV/AIDS and Other Socially Dangerous Diseases. “Rozvytok Epidemii VIL/SNID v Ukraini: Sychasnyi Stan, Ochikuvani Naslidky, Mekhanizmy Vplyvu [The Development of the HIV/AIDS Epidemic in Ukraine: Modern State, Expected Outcomes, Mechanisms of Influence]” [http://stop-aids.gov.ua/index.php?option=com\\_content&view=article&id=62:2009-01-13-17-57-41&catid=52:2009-01-24-20-05-26&Itemid=13](http://stop-aids.gov.ua/index.php?option=com_content&view=article&id=62:2009-01-13-17-57-41&catid=52:2009-01-24-20-05-26&Itemid=13) (accessed April 22, 2011).

<sup>703</sup> “Franchuk I Kilchitskaya Otkryli v Kieve Akusherskoe Otdelenie dlya VICH-pozitivnyh Materei [Franchuk and Kilchitskaya Opened an Obstetric Department for HIV-positive Mothers in Kyiv],” *Korrespondent.net* (December 16, 2008). <http://korrespondent.net/tech/health/680694-franchuk-i-kilchickaya-otkryli-v-kieve-akusherskoe-otdelenie-dlya-vich-pozitivnyh-materei> (accessed April 22, 2011).

<sup>704</sup> Ministry of Health. “Rozvytok Epidemii VIL/SNID v Ukraini: Sychasnyi Stan, Ochikuvani Naslidky, Mekhanizmy Vplyvu [The Development of the HIV/AIDS Epidemic in Ukraine: Modern State, Expected Outcomes, Mechanisms of Influence]” <http://www.moz.gov.ua/ua/portal/rozvitok.html> accessed ( January 23, 2013).

49, which in its turn, leads to the growth in the numbers of children born by HIV-infected mothers.<sup>705</sup>

In the article under the title “AIDS in Ukraine Ceased Being the “Disease of Drug Addicts”,” published in 2010, the author cited a representative of the International HIV/AIDS Alliance in Ukraine, Zahedul Islam, who stated that the epidemic spread beyond risk groups and the share of sexual transmission grew annually and reached more than 40% of the cases. Even though, Z. Islam admitted that IDUs stopped being the main risk group in the context of HIV to give its place to sexual transmission, he did not renounce the concept of risk groups:

IDUs get into relations with men and women, who are not drug addicts. Many of drug addicts participate in sex business. All this facilitates the spread of the HIV/AIDS epidemic among the population.<sup>706</sup>

In the same article, the head of the UNICEF projects on HIV/AIDS in Ukraine, Tetyana Tarasova, admitted:

Current epidemiological situation is characterized by feminization. That is to say that every year we have more and more HIV-infected women. Majority of them are in reproductive age, they give birth to children.<sup>707</sup>

The UNICEF website held similar stances in 2011: “Sexual way of transmission is becoming the driving force and leads to feminization of the epidemic. Respectively, the number of HIV-infected children grew too.”<sup>708</sup> In the following subchapter, I analyze in more

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<sup>705</sup> M.D. Chemych and A.I. Piddubna, “ VIL-infektsiya/SNID u Ditei I Pidlitkiv [*HIV-infection/AIDS in Children and Youth*],” under Introduction. Sumy State University, Medical Institute, Department of Infectious Disease and Epidemiology (2009). <http://essuir.sumdu.edu.ua/bitstream/123456789/5925/1/Chemych.pdf> (accessed April 9, 2013).

<sup>706</sup> Oleksandr Savytskyi. Deutsche. “SNID v Ukraini Perestav Buty “Hvoroboyu Narkomaniv” [AIDS in Ukraine Ceased Being the “Disease of Drug Addicts”]” (July 20, 2010). <http://www.dw-world.de/dw/article/0,,5819706,00.html> accessed (April 20, 2011).

<sup>707</sup> Savytskyi, “SNID.”

<sup>708</sup> UNICEF, Ukraine. “Novi Dosyagnennya v Profilaktytsi Peredachi VIL vid Materi do Dytyny [New Achievements in Prevention of HIV-transmission from Mother to Child].” [http://www.unicef.org/ukraine/ukr/media\\_16476.html](http://www.unicef.org/ukraine/ukr/media_16476.html) (April 202 2011).

detail discursive production of the figure of an HIV-positive woman and her relation to general population, sex and reproduction in the context of the epidemic.

### 5.2.1 The Figure of Mother and Child in the Context of the Epidemic

In 1999, in an article “Deadly Virus with Maternal Milk,” there was an early reference to mother to child transmission. Here, the image of HIV-positive mother was that of a representative of a risk group:

Nine years ago there were no such children in the country. In 1995 (probably as a reaction on the long awaited Ukrainian economic miracle and reforms in health care) a number of female drug addicts – the carriers of deadly virus - grew rapidly and a number of HIV-infected children doubled.<sup>709</sup>

In similar vein, an article “The Alienated” published in 2000 in an all Ukrainian newspaper “Den” told three stories about HIV-positive women: a ‘drug addict’ who later turned into a ‘prostitute,’ a ‘prostitute’ who later got involved in drug use, and a ‘woman-victim’ of her HIV-infected partner. Both the drug addict and the prostitute were from broken homes, where parents neglected their children and pushed them into living ‘immoral lives.’ In the case of the drug addict, not only did she get infected because of her life style but she also “rewarded Him [her new boyfriend in a rehab center] with Death.” The He in the story was a child from an impoverished family of intelligentsia, “one of those rare boys-philosophers, who come to drugs due to their irresistible will to learn the world.”

The case of the prostitute started when she was sixteen due to the problems in her family: “at home nobody loved anyone and everyone was in each others’ way – they lived in a single room apartment: her father, mother, her younger brother and Herself. Irritation was the first feeling she knew since her childhood.” She learnt about her HIV-positive status when pregnant from one of her numerous clients. In the end, she and her child underwent ostracism

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<sup>709</sup> Oleksandr Fandeev, “Smertel’nyi Virus z Molokom Materi [Deadly Virus with Maternal Milk],” *Den*’ no. 205 (November 4, 1999). <http://www.day.kiev.ua/6730> (accessed February 18, 2011).



and discrimination. The child was not accepted to the kindergarten either: “the state, embodied in an ignorant director, educators and baby-sitters, rejected her and her child.”

The case of the third woman represented the emergence of the discourses on feminization/generalization of the epidemic. According to the author, “her story terrifies by how simple it is.” The woman was a social activist, sociable and friendly person born in a happy family:

At home everybody loved and respected one another; they did not feel constrained and were comfortable in their three-room apartment – her mom, her dad and her younger sister. Her happy love story ended in marriage – her first husband was her first lover. Then came the birth of their son. She had an interesting job...

The story goes on to recount how this woman became infected through her promiscuous second husband: “He worked in shifts; often he did not stay home at night. Sometimes she thought that he was cheating on her.” In this case the HIV-positive woman was represented as a victim of her philandering husband rather than a representative of a risk group.

The image of HIV-positive women as both mothers and representatives of risk groups was depicted in the book “Here and Now: People Who Live with HIV/AIDS Tell about Themselves.” The book was published in 2000 under the initiative of the “Civil Movement ‘Vira, Nadiya, Lyubov [Faith, Hope, Love], UNAIDS and UNDP.”<sup>710</sup> The stories in the book were made to illustrate “real people” whose lives were being recounted. Even though, in the foreword to the book, Andrej Cima, Inter-Country Program Advisor UNAIDS, stated that the HIV-spread in the country happened not only among injection drug users, the book contained personal stories of drug addicts only, inevitably promoting certain image of the figure of HIV-positive people in Ukraine:

Commonly, these [PLHA] are young people, who inject drugs. However, infection of HIV is increasingly permeating into other groups of population, which is evidenced

<sup>710</sup> Civil Movement “Faith, Hope, Love,” UNAIDS, UNDP, *Tut I Teper: Lyudy, Yaki Zhyvyut’ z VICH Rozpovidayut’ pro Sebe [Here and Now People Who Live with HIV Tell About Themselves]* (Kyiv: Blank Pres, 2000), 111.

by the growth of HIV cases among pregnant women, who do not belong to risk groups, and among donors of blood.<sup>711</sup>

While in the foreword pregnant women were already related to non-risk groups, in the book itself half of the HIV-positive women-drug addicts, telling their personal stories, were mothers, and some gave birth to HIV-positive children. Most were struggling with addiction and could not provide for their children.

Similarly, in an article published in 2000, “HIV/AIDS Treatment: Drug Addicts are Asked not to Bother,” we find the following statement: “Currently in Ukraine, there are 1.5 thousand HIV-positive children, most of them born to mothers-drug addicts.”<sup>712</sup> HIV-positive mothers are reproached for passing their HIV legacy to their children and leaving them in hospitals after learning that the children were “doomed.”<sup>713</sup>

With the first projects directed at prevention of mother to child transmission implementation in the country, the discourse on HIV-positive mothers started to change. An article in an all Ukrainian newspaper in 2003 stated:

Also, if before we talked about HIV-infection being mainly related to drug addicts and various asocial elements, today there is a worrisome situation of the virus shift to an ordinary environment. Thus, 62% of the HIV-infected pregnant in Ukraine do not belong to risk groups. Majority of them are married, have a husband, children and give birth not for the first time. Actually, there is nothing unusual in the situation. It is well known that in case the epidemic grows, the ratio of married women to general number of infected women grows.<sup>714</sup>

The marital status of HIV-positive women is here linked to the greater integration of the group – a generalization of the group, we might say. Generalization of the epidemic can

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<sup>711</sup> Civil Movement “Faith, Hope, Love,” UNAIDS, UNDP, *Tut*, foreword.

<sup>712</sup> Olga Petryk. “Likuvannya VIL/SNIDu: Narkomaniv Prosyat’ ne Turbuvaty [Treatment of HIV/AIDS: Do not Disturb Drug Addicts],” *Dzerkalo Tyzhnya* no. 27 (July 8, 2000) <http://www.dt.ua/articles/21172> (accessed April 18, 2011).

<sup>713</sup> “Zarazherni SNIDom Materi Vidmovlyayut’sya vid Svoih Ditei [Infected with AIDS Mothers Give up Their Children],” *Den’* no 90 (May 16, 1998). <http://www.day.kiev.ua/141681> (accessed April 18, 2011).

<sup>714</sup> Tetyana Butusiva. “Pidkyd’ok zi “Spadshchynoyu” [A Foundling with “Heritage”],” *Dzerkalo Tyzhnya*. No.19 (May 24, 2003). <http://www.dt.ua/articles/32042> (accessed April 21, 2011).

thus be linked to its feminization not so much through the reference to women, but to a particular group of women – wives and later mothers.

The same year another article similarly referred to HIV-positive women as victims of the epidemic:

. . . the epidemic which before raged in “risk groups” only was set free. Moreover, it is the women, leading an ordinary, not risky way of life, and their newborn children who become most vulnerable, “blind” victims of the epidemic.<sup>715</sup>

In a typical story of HIV-transmission male-IDU became an agent of the virus spread to other victims. That was the case with the story told by the UNICEF workers about the first HIV-positive child in Donetsk region (Eastern Ukraine), a seven year old Svitlana: “Her mom died, a bit later her father died too. It was him who used drugs and infected his wife, and through her also his yet to be born child.”<sup>716</sup> In this case marital status, combined with motherhood constructed a woman involved in vertical transmission (mother-to-child) as a blind victim of her husband’s immoral life style but also as a bridge between the risk groups/enemy and the general population.

Hence, the concepts of generalization (spread of the epidemic to the general population), feminization (raise of the number of HIV-infected women), heterosexual intercourse and vertical transmission became strongly intertwined in the context of the HIV epidemic in Ukraine since the early-mid 2000s. Women’s biological relation to the health of the nation opened up women’s bodies – literally and metaphorically – for medical and biopolitical intervention in order to protect the similarly vulnerable (global) body of population but also in order to foster economic development by engaging developing world into the global pharmaceutical market. All that happed under umbrella of HIV-prevention –

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<sup>715</sup> Galkovska, “SNID.”

<sup>716</sup> Galkovska Tetyana, “My ne Zbyraemosya Pomyraty [We Are not Going to Die],” *Dzerkalo Tyzhnya* no.5 (February 7, 2004). <http://www.dt.ua/articles/38825> (accessed April 21, 2011).

in particular regarding prevention of mother-to-child transmission, through the discursive construction of the figure of an HIV/AIDS sufferer as an HIV-positive mother.

## 5.2.2 Pharmaceutical Aspect of Feminization

In view of the feminization of the epidemic, what happened was a further overlap between the two ostensibly different biopolitical spaces, i.e. that of a pregnant woman as a part of the “general population” (often a wife of a philandering husband) and a woman from a risk group”. The overlap was also evident in a biopolitical discourse on both groups of women as HIV-transmitters to children and the general population (though sex and reproduction). Pharmaceutical intervention overlapping with renewed medical and political attention to the role of pregnant women in the spread of the virus – suggests that both new markets and viral containment became a part of a nationally and internationally driven biopolitics in this time.

According to the head of the Department of the Organization of Medical Help for Mothers and Children of the Ministry of Health in 2003, Raisa Moiseenko, it is since early 2000s the program for prophylactics of vertical transmission (from mother to child) has begun to be implemented in Ukraine.<sup>717</sup> Prior to that, for instance, in 1999, only 9% of the infected pregnant was provided with ARV (in 2003 their share rose to 91%). Vertical transmission constituted around 30% of the cases (around 10% in 2003).<sup>718</sup> During that time HIV-positive pregnant women were strongly recommended to terminate their pregnancy (around 76% of the women were reported to have given birth to their children in 2003).<sup>719</sup>

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<sup>717</sup> Butusiva, “Pidkyd’ok.”

<sup>718</sup> Butusiva, “Pidkyd’ok.”

<sup>719</sup> Tetyana Butusiva. “Riven’ Peredachi VIL- infektsii vid Materi Dytyni u Nas Vdesytero Vyshchyi nizh na Zahodi [ The Level of HIV-transmission from Mother to Child in this country Is Ten Times Higher Than in the West” *Dzerkalo Tyzhnya* no.37 (September 27, 2003), <http://www.dt.ua/articles/35867> (accessed April 21, 2011).

Alla Shcherbynska, the head of the Ukrainian Center of Prophylactics and Fighting AIDS, stated that it was due to the involvement of UNICEF and “Doctors without Borders,” that since the year 2000, Ukraine started to implement a program directed at prevention of HIV-transmission from mother to child: “Ukraine received humanitarian aid medications for treatment of women during the last trimester of pregnancy or during delivery.”<sup>720</sup> The pilot project took place in Odesa, one of the cities with the highest level of HIV-spread. The ARV received as humanitarian aid was called “Viramun,” mostly known in the world as Nevirapine.<sup>721</sup> The producer of nevirapine was “Boehringer Ingelheim Pharma GmbH & Co. KG” for “Boehringer Ingelheim International GmbH”, Germany. The drug caused lots of controversy in the US and Europe due to its side effects already in the early 2000s.<sup>722</sup> It also was one of the key components of George W. Bush’s \$500 million donation to Africans.<sup>723</sup> The South African ruling party, the African National Congress, however, was highly critical about the drug use in the state. In their on-line publication ANC Today in 2004, in an article “Health: Nevirapine, Drugs & African Guinea Pigs,” the party emphasized side effects of the drug and reproached the US government for being in conspiracy with the pharmaceutical company-provider of the drug promoting nevirapine in the state.<sup>724</sup> Referring to Associated Press publications on problems related to the drug studies in Uganda and licensing the drug with the US authority, the Food and Drug Administration (FDA), the ANC article criticized the implementation of nevirapine in the state. The article also underlined an unequal nature of

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<sup>720</sup> Petryk. “Likuvannya.”

<sup>721</sup> Ministry of Health in Ukraine, “Viramun.” In Normative-directive Documents <http://mozdocs.kiev.ua/likiview.php?id=2737> (accessed April 16, 2011).

<sup>722</sup> Anthony Brink, “The Trouble with Nevirapine,” Virusmyth Homepage. (April, 2002). <http://www.virusmyth.com/aids/hiv/abnvp.htm> (accessed 18.04.2011); Liam Scheff, “Stepping over Bodies on the Way to Market,” Internet Archive “Wayback Machine” (December 20, 2004) <http://classic-web.archive.org/web/20051201003321/http://gnn.tv/articles/article.php?id=1011> (accessed April 18 2011).

<sup>723</sup> Scheff, “Stepping,” Henri E. Cauvin, “South African Court Orders Medicine for H.I.V.-Infected Mothers,” *New York Times*, December 15, 2001, <http://www.nytimes.com/2001/12/15/world/south-african-court-orders-medicine-for-hiv-infected-mothers.html?ref=nevirapinedrug> (accessed April 18, 2011).

<sup>724</sup> “Health: Nevirapine, Drugs & African Guinea Pigs,” *ANC Today*, 4, no. 50 (2004), <http://www.anc.org.za/docs/anctoday/2004/at50.htm> (accessed March 23, 2013). “Health: Nevirapine, Drugs & African Guinea Pigs,” *ANC Today*, 4, no. 50 (2004), <http://www.anc.org.za/docs/anctoday/2004/at50.htm> (accessed March 23, 2013).

global pharmaceutical market, which ascribed a different value to life, depending on what part of geopolitical space that life was located in:

. . . AP [Associate Press] has reported that because of the known problems about the Uganda "study", "NIH [National Institute of Health, the US] at first sought to postpone the FDA review of nevirapine, then top NIH and FDA officials arranged for the drug maker to pull its U.S. application rather than risk a public rejection that might scare African countries looking for U.S. guidance on the drug." This tells the deeply disturbing and frightening story that "top" U.S. government officials were ready to hide from "African countries looking for U.S. guidance on the drug", the adverse effects of nevirapine they knew very well, and which they were certain would oblige the FDA to reject the license application of the drug maker. In other words they entered into a conspiracy with a pharmaceutical company to tell lies to promote the sales of nevirapine in Africa, with absolutely no consideration of the health impact of those lies on the lives of millions of Africans.<sup>725</sup>

Nevirapine use as an ARV drug and its trials were not supported by then current President Thabo Mbeki either.<sup>726</sup> According to Melinda Cooper, "Mbeki ends up postulating a causal equivalence between the HIV virus and the ARV drug, pathogen and cure, identifying both with the vectors of global capital flow."<sup>727</sup> Such a discourse pointed to an alliance between biomedicine, racism and corporate interests covered under the umbrella of HIV/AIDS prevention in the developing world. A series of articles in Western media followed the AP and ANC publications on the issue, expressing support or criticism or both of the nevirapine use in Africa. What the publication pointed to was global health inequalities and inequalities on global pharmaceutical market, affecting life in non-Western states. For instance, an article posted on the webpage of Washington Post "Research Flawed on Key AIDS Medicine: Bush Had Planned Its Use in Africa" stated that despite its side effects nevirapine was sent to Africa because it was a "cheap solution:"

Weeks before President Bush announced a plan to protect African babies from AIDS, top U.S. health officials were warned that research on the key drug was flawed and

<sup>725</sup> ANC Today, "Health: Nevirapine."

<sup>726</sup> Scheff, "Stepping." Cauvin, "South."

<sup>727</sup> Cooper, *Life*, 69.

may have underreported thousands of severe reactions, including deaths, government documents show.

The 2002 warnings about the drug, nevirapine, were serious enough to suspend testing for more than a year, let Uganda's government know of the dangers and prompt the drug's maker to pull its request for permission to use the medicine to protect newborns in the United States.

But the National Institutes of Health, the government's premier health research agency, chose not to inform the White House as it scrambled to keep its experts' concerns from scuttling the use of nevirapine in Africa as a cheap solution, according to documents obtained by the Associated Press.<sup>728</sup>

In 2004, a New York Times article stated that a single dose of nevirapine often complicated further HIV-treatment; however, a better drug-treatment alternative was more expensive:

Recent studies indicate that a mother who gets even one dose of nevirapine is more likely to develop a drug-resistant strain of the virus, which complicates any subsequent treatment she gets.

For that reason, the World Health Organization prefers a six-week course of AZT and nevirapine "when feasible," but it costs about \$40, so the single dose is still used when it is the only chance to save a baby from infection.<sup>729</sup>

The same year an article in "the Guardian" called "Experts Express Doubts on anti-Aids Birth Drug" also pointed to the relations of (global) health inequalities when it came to ARV treatment:

James McIntyre, director of peri-natal HIV research unit at Johannesburg's University of Witwatersrand, said calls to drop Nevirapine were well-meaning but naive.

South Africa alone had 250,000 pregnant women with HIV each year and it could not afford the infrastructure to put all of them on triple therapy. Three months' worth of drugs for one expectant mother would cost around £100.<sup>730</sup>

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<sup>728</sup> John Solomon, "Research Flawed on Key AIDS Medicine: Bush Had Planned Its Use in Africa," <http://www.washingtonpost.com/wp-dyn/articles/A62360-2004Dec13.html> (accessed April 9, 2013). The article is referenced as previously published by *Associated Press* (December 14, 2004), A14. Original version is not accessible.

<sup>729</sup> Donald G. McNeil Jr., "Furor in Africa Over Drug for Women With H.I.V.," *New York Times*, December 21, 2004, [http://www.nytimes.com/2004/12/21/international/africa/21aids.html?\\_r=0](http://www.nytimes.com/2004/12/21/international/africa/21aids.html?_r=0) (accessed April 9, 2013).

<sup>730</sup> Rory Carroll, "Experts Express Doubts on anti-Aids Birth Drug," *The Guardian*, March 17, 2004, <http://www.guardian.co.uk/world/2004/mar/17/aids.rorycarroll?INTCMP=SRCH> (accessed April 9, 2013).

Hence, relations of global power inequalities are to a great extent ingrained in life and well-being of people affected by HIV, especially when those people are located in the non-Western world. Such a geopolitical location has a direct influence on their health and life as they are often put on the scales of economic cost-efficiency and corporate profitability, when it comes to ARV-treatment, nevirapine use in PMTCT programs in this case. The case, however, is not as much particular, as it is paradigmatic to relationship of global power inequalities, which were made visible in critical discourses on the situation with the ARV in Africa.

No such critique of the hidden agenda between Western humanitarianism was evident in the case of the drug in Ukraine. The donation was accepted with not much controversies related to Viramun/nevirapine. There were not numerous references to the drug-implementation in the Ukrainian press. An all Ukrainian newspaper “Dzerkalo Tyzhnya,” published the information concerning Viramun in 2001, to only positively address the drug and reinforce the image of Western ‘omnipotence and goodness’:

Thus in Odessa, the amount of HIV-infected newborns decreased by five. We owe the success to the implementation of an ARV, Viramun. The unique qualities of the medicines was discovered only half a year ago...as a charity project the company-producer of Viramun will supply the medicine to our country for the next five years free of charge.<sup>731</sup>

Regarding the adverse effects of the drug on the pregnant women in Ukraine, very little was forthcoming. The situation was similar to the one described by Liam Scheff, an investigative journalist and health advocate, in relation to nevirapine use in Africa in 2004 described above:

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<sup>731</sup> Olga Surzhyk, “ Terrytoryia SNID: proryv na Zahidnomu Fronti [AIDS Territory: Breakthrough on the Western Front],” *Dzerkalo Tyzhnya* no. 48 ( December 8, 2001). <http://www.dt.ua/articles/26613> (accessed April 16, 2011).



The drug's manufacturer, Boehringer Ingelheim, had originally slotted the drug for pregnant HIV-positive women in the U.S. But Nevirapine's toxicities were so great, they pulled it out of the FDA approval process. Then they did what all AIDS drug manufacturers do with their garbage – dump it into the gay, Black or foreign market and tell the soft-headed liberal media that it's an “antiretroviral” that will stop AIDS.<sup>732</sup>

Ukraine started the implementation of ARV as a part of vertical transmission prophylactics since the early 2000s on the donations of pharmaceutical companies and IOs.<sup>733</sup> The treatment was to include a course of zidovudine for the pregnant from the 36<sup>th</sup> week of conception until delivery and/or single-dose nevirapine/viramun for mother and newborn. Since 2003 the treatment started from the 29<sup>th</sup> and during the seven days after the child was born it got syrup of retrovir.<sup>734</sup>

In 2001, the First National Program on Prevention of HIV-transmission from Mother to Child in Ukraine 2001-2003 was developed by the government and supported by UNICEF.<sup>735</sup> According to the review of the program by LTG Associates, Inc. Social & Scientific Systems, Inc. submitted to the USAID Ukraine, the governmental strategy to prevent mother to child transmission was based on the integration of prevention of vertical transmission activities into existing health services.<sup>736</sup> One of the key findings published in the review was that the implementation of the activities developed in the Program did not always take place: “Although there is a national policy commitment to prevention of mother

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<sup>732</sup> Scheff, “Stepping.”

<sup>733</sup> Ruslan Malyuta et. al., “Infectious Diseases Prevention of Mother-to-Child Transmission of HIV Infection: Ukraine Experience to Date,” *European Journal of Public Health* 16, no. 2 (2006): 123-4.

<sup>734</sup> Inna Verdernykova. “Snid I Iogo Dity: Missiya Likariv Vykonana? [AIDS and Its Children: The Mission of Doctors Accomplished?]” *Dzerkalo Tyzhnya* no. 43 (November 5, 2005) <http://www.dt.ua/articles/45038> (accessed April 16, 2011).

<sup>735</sup> UNICEF, Ukraine. “VIL/SNID [HIV/AIDS].” [http://www.unicef.org/ukraine/ukr/activities\\_11400.html](http://www.unicef.org/ukraine/ukr/activities_11400.html) accessed 4.21.2011. (accessed April 16, 2011).

<sup>736</sup> Judith Justice, Roger Drew, and Stephen Lee. LTG Associates, Inc. and Social & Scientific Systems, Inc., “Review of the National Program to Prevent Mother-to-Child Transmission of HIV/AIDS in Ukraine: Executive Summary.” (April 2004). [http://pdf.usaid.gov/pdf\\_docs/PDACA196.pdf](http://pdf.usaid.gov/pdf_docs/PDACA196.pdf) (accessed April 16, 2011).

to child transmission (PMTCT), this is not always matched with the delivery of local services.”<sup>737</sup>

According to the head of the department for Infectious Diseases of the Hospital for Children # 1 in Kyiv, Svitlana Komar, until July 2002, they had practically no ARV treatment for HIV-positive children. The situation has improved since 2002. However, there were still not enough medications.<sup>738</sup> Contrary to that, the coordinator of the program on HIV/AIDS and Tuberculosis of the National Committee of the Red Cross, Viktor Serdyuk, stated in 2001 that the situation within mother and child health care in the country was really advanced:

Today the question of mother and child health care in Ukraine is the most developed in the country. We provide the infected with the necessary medications for free, hold practical seminars for obstetricians and gynecologists, involve women in medical examination in early terms of pregnancy, and provide future mothers, who are HIV-infected, with complete information how to reduce the risk of birth of HIV-positive child.<sup>739</sup>

In 2004 following WHO recommendations, the Ministry of Health introduced new guidelines, according to which the pregnant had an access to ARV in both cases i.e. for her own health needs and for prevention of vertical transmission.<sup>740</sup> The Ukrainian report for the Special Session of the General Assembly, the UN, in 2009 stated that prevention of mother to child transmission was the most successful HIV/AIDS prevention program in the state as it reached almost “universal [ARV] coverage” of the target group.<sup>741</sup> In the report, the success of the program was attributed to “introduction of HAART [Highly Active Antiretroviral Therapy] as the most effective regimen for vertical transmission prevention,” increasing HIV-testing for the pregnant women (twice during the pregnancy), diagnosis of newborns, and availability of formula milk. According to the data by UNICEF, the number of HIV-

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<sup>737</sup> Justice et. al., “Review,” i.

<sup>738</sup> Butusiva. “Pidkyd’ok.”

<sup>739</sup> Omelchenko, “Chas.”

<sup>740</sup> Ruslan Malyuta et. al., “Infectious,” 123-124.

<sup>741</sup> Ministry of Health of Ukraine. “UNGASS,” 40-41.

transmission from mother to child decreased to 6% in 2007 in the country.<sup>742</sup> Hence, the goal of preserving the population and expanding the (global) pharmaceutical markets was being achieved. The figure of the HIV/AIDS sufferer as a (pregnant) woman facilitated the process preserving the virus within the borders of her body and hence, within the borders of a post-Soviet space.

## **Conclusion**

The emergence of a figure of HIV/AIDS sufferer in Ukraine as a (pregnant) woman accompanied several discourses. It facilitated construction of a post-communist state as an exceptional zone where the virus was increasingly pronounced as spreading to the general population through heterosexual intercourse. In this case the figure of a woman served as a bridge between the risk groups (through her sexual relations with an infected drug addict) to the general population (often through being a wife of a philandering husband and a sexual partner of IDU, giving birth to an increasing number of HIV-positive children). This way both sexual intercourse and reproductive activity were marked through references to risk and criminality. However, it also allowed for processes of naturalizing and encapsulating the epidemic within a geopolitical, transitional zone in which virus spread increased following the third world scenario. The figure of a woman and her vulnerability to the virus served as a marker of the universal vulnerability of a body to HIV. Such discourse went in line with the already existing discourse on global securitization of AIDS, when the epidemic was pronounced as threatening the well-being of global population as well as economic and political developmental processes. Hence, on the one hand, the figure of a (pregnant) woman as an HIV/AIDS sufferer largely justified international humanitarian intervention in Ukraine. On the other hand, it also facilitated the process of engagement of a developing state into an

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<sup>742</sup> UNICEF, Ukraine, “Novi Dosyagnennya.”

unequal global pharmaceutical market (when life has less value in some places as compared to others) as a part of the AIDS prevention campaign. In this case, biopolitics was largely played out on women's bodies – literally and figuratively -, which was concomitantly turned into a consumer of ARV drugs and medical equipment. The adverse effect of such as consumerism on her body as well as political-economic component of such a campaign was largely overshadowed by the image of international goodness under which the drugs and medical equipment were presented to some women in the 'HIV-infected' Ukraine.

## Chapter 6: Racializing Street Children, Racializing the State

In this chapter, I focus on discourses involved in racializing Ukraine through the reference to street children as a figure of an HIV/AIDS sufferer in the state. I argue that whereas the figure of an HIV-positive (pregnant) woman was involved in discursive “third-worlding” of Ukraine through the reference to heterosexual sex and reproduction, the figure of street children was used as a specific marker of the post-Soviet state’s underdevelopment and a signifier of the need for a faster developmental reform away from the state’s socialist past and towards the Western ideal of neoliberalism.

Increasing international involvement in the epidemic in Ukraine was accompanied by the growing visibility given to the figure of street children. Discursive production of the category was largely influenced by UNICEF. Like the children of Black welfare mothers in the US – described by Dorothy Roberts in her work on race and reproduction as a “new bio-underclass,” characterized as “crack babies” prone to vice,<sup>743</sup> the street children of the post-Soviet state have been, and still are often depicted as born into the life of suffering, inferiority and deviance. Images of Ukrainian street children - as one of the groups (mostly constructed by transnational discourses as young people involved in drug use and dangerous sexual activities) heavily affected by the virus in Ukraine - only reinforced Western construction of (post)Socialist political-economic ‘transitional depravities’. The image could also be linked to a discourse on children’s homelessness in Soviet Russia. Wendy Z. Goldman writing about Soviet family policy and social life, 1917 - 1936, stated that high numbers of street children (*besprizorniki*) were the embodiment of a failing soviet society: “The *besprizorniki*, in

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<sup>743</sup> Roberts, *Killing*, 3-21.

symbol and flesh, embodied the chaos, anarchy, and breakdown of the new postrevolutionary society”<sup>744</sup>

On the one hand, an image of an HIV-positive street child served as an embodiment of an impotent post-Soviet state, unable to protect its population. On the other hand, the victims were also criminals as their involvement with sex and drug represented them as vectors of the virus spread. The street children’s mobility added to the anxiety of spaces no longer mattering in the context of the epidemic leakage (or mattering in a different, more urgent way. Street children’s mobility meant increased number of ‘affected’ spaces. Since their movement was difficult to track, it marked space as both unpredictable and unknowable. Thus, street children seemed to appear everywhere at once)<sup>745</sup>. In the case of Ukraine, the borders between victims and criminals, risk groups and general population, innocent children and virus transmitters become blurred.

According to Venn, a similar discourse on the fear of the “underclass” can be traced back to 19<sup>th</sup> century Western societies as well:

This view of the poor as the dangerous classes, or as an inherently criminal class of people, is a constant refrain in the dominant discourses about poverty from the time of liberalism, whether in political economy or in the countless policy documents and laws introduced to address the ‘problem’ of the poor. It has been revived in neoliberal policy regarding the treatment of the poor, who are either treated as victims of ‘underdevelopment’, or marginalized as the ‘underclass’, or effectively criminalized.<sup>746</sup>

Venn states that in capitalist and neoliberal discourse, inequality (and with that poverty) was both a necessary condition for the free market economy and a threat to security and order related to criminal activities of the impoverished groups and possibility of their rebel. The perceived mobility of the poor added to anxieties about illegal activities associated with them. In its turn, it produced an image of a vagabond as a protagonist of those activities,

<sup>744</sup>Wendy Z. Goldman, *Women, the state and revolution : Soviet family policy and social life, 1917-1936* , (Cambridge: Cambridge University Press, 1993), 89.

<sup>745</sup> I am grateful to Susan Craddock for this point.

<sup>746</sup> Venn, “Neoliberal,” 221.

whenever they would happen.<sup>747</sup> In the case of street children in Ukraine, transnational discourses produced them through the similar framework of poverty as synonymous in some sense with rising ‘dangers’ associated with mobility and criminal activity. Yet, in the context of the epidemic, criminality is not so much related to violation of property rights or the threat of rebellion, but to illegality of drug use and danger of sexual activity, which carry the threat that the virus may spread from the street to the ‘general population’.

Venn argues that following the logic of neoliberal discourse, the category of poor is produced as people responsible for their own poverty due to their backwardness or inappropriateness as economic subjects.<sup>748</sup> However, I argue that put in the context of an era of neocolonialism and global inequality, not only populations but also spaces are produced through similar discourses; like the very risk groups they contain (or threaten not to contain), these spaces are produced as responsible for the diseases and related conditions of impoverishment affecting them. In this case, not only street children in Ukraine but Ukraine itself is produced by transnational discourses as a post-Soviet space, responsible for diseases and poverty affecting its population largely due to its underdevelopment and lack of neoliberal reform.

## **6.1 Looking for “the Missing Face of the Epidemic:” Street Children and HIV/AIDS**

It [street children] is a hidden problem you find only if you’re looking for it.

—Caroline Crume.

Similarly to the terms feminization and generalization of the epidemic, which came to the state with international involvement and signified emergence of transnational governmentality in Ukraine in the realm of HIV/AIDS, the term “street children” was also a

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<sup>747</sup> Venn, “Neoliberal,” 221.

<sup>748</sup> Venn, “Neoliberal,” 207.

part of transnational biopolitical discourse on the epidemic. Prior to the international engagement with the epidemic in the state there was no legal concept of street children in Ukraine. A state report on the state of children in Ukraine in 2003 claimed that the category of street children in the state was encompassed by the two concepts, i.e. neglected children and homeless children.<sup>749</sup> There was not a strong link between homeless and neglected children and the epidemic on the state legislative level either.<sup>750</sup> In their 2006 report UNICEF referred to the Chief Specialist of the Kyiv City Centres of Social Services for Family, Children and Youth in Ukraine who also admitted that by the year 2006 “there was also no overall strategy at any level to address the issue of the prevention of HIV and STIs in the target group [street children].”<sup>751</sup>

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<sup>749</sup> Balakireva, O. M., O.V. Bykovska, and D. G. Baranchuk, *Problemy Bezdoglyadnosti ta Bezprytulnosti Ditey: Tematychna Derzhavna Dopovid' pro Stanovyshche Ditey v Ukraini (Za Pidsumkamy 2003 p.)* [Problems of Neglect and Homelessness of Children: Thematic State Report on the Situation with Street Children in Ukraine] (Kyiv: Ministry of Family, Children and Youth Affairs, State Institute on Problems of Family and Youth, 2004), 12.

In 2010, the new edition of the Law of Ukraine on the Basics of Social Protection of Homeless (bezdumni) People and Homeless (bezprytulni) Children, defined the concept of homeless children in an Art. 2. (Prior to giving the definition, it is worth mentioning that both words in the Ukrainian language “bezdumni” and “bezprytulni” are translated into English as “homeless.” In the literal translation “bezdumni” would mean “without home,” “bezprytulni” would mean “without shelter.”) According to the law, homelessness as “bezdumnist” is “a social position of a person stipulated by them not having any dwelling appointed and appropriate for living.” Subsequently, a homeless person (*bezdumna*) is “a person that is in the social state of homelessness.” Homeless person as “bezprytulna” is “an adult living on the street, in parks, basements, attics, objects of unfinished construction, in other places not appointed and appropriate for living, including derelict dwellings.” “Homeless children” (*bezprytulni*) are “children that were left by parents, themselves left their family or establishments for children where they were being brought up and do not have a definite place of residence.” The Government of Ukraine the Law of Ukraine № 2823-VI (December 21, 2010) <http://zakon4.rada.gov.ua/laws/show/2823-17> (accessed April 6, 2013).

<sup>750</sup> Only few legislative documents mentioned the two issues together. A decree by the government “On the Problem of Homeless Citizens and Homeless Children and the Ways of Its Overcoming,” referred to AIDS while constructing a figure of homeless people in the country: “Most citizens who are prone to vagrancy, lead illegal, mostly criminal way of life. Among them, 43% are imprisoned, 6% have infectious diseases (AIDS, tuberculosis, hepatitis, etc), 3.7% are involved in drug abuse, 5.4% are chronic alcoholics...” The Government of Ukraine Decree no. 1428-IV (February 3, 2004). <http://zakon4.rada.gov.ua/laws/show/1428-15> (accessed April 6, 2013); In 2006, an order by the Ministry of Labor in Ukraine “On Ratification of the Basic Regulations On the Establishments of Social Protection of Homeless Citizens and People Released from Places of Imprisonment,” while addressing the state centers for the reintegration of homeless people, stated that in case such people were HIV-infected or had AIDS, the centers should refer them to near-by medical establishments. Ministry of Labor and Social Policy of Ukraine. Order # 31 (February 14, 2006). <http://zakon4.rada.gov.ua/laws/show/z0474-06> (accessed April 6, 2013).

<sup>751</sup> Anja, Teltschik. UNICEF, “Children and Young People Living or Working on the Streets: The Missing Face of the HIV Epidemic in Ukraine,” (Kyiv, 2006), 68. [http://www.unicef.org/ukraine/Blok\\_.pdf](http://www.unicef.org/ukraine/Blok_.pdf) (accessed April 6, 2013).



In relation to the epidemic in Ukraine, the term street children was first used in the Fourth National Program on Prophylactics of HIV-infection and AIDS in 2001.<sup>752</sup> The peculiarity of the Program was that it reflected the task of the government to ensure cooperation with IOs, the GF, and the WB in particular. This was one more marker of the beginning of state – IOs cooperation and hence, transnational governmentality in the realm of HIV/AIDS in particular. Such cooperation was reflected in the change of vocabulary used in the program. The new program stated as its target groups representatives of “vulnerable groups:” injection drug users, people providing sexual services for payment, men having sex with men, prisoners, etc. There was also the first mentioning of the category of “street children,” “peer education” and “tolerance.” In the part of the program dedicated to “Information-Educational Work with Children and Youth,” point 43 stated the need to “develop and implement programs of prophylactics of HIV/AIDS and STDs among homeless and neglected children (street children).”<sup>753</sup> The term street children in the report was used together with the two state legal concepts, i.e. homeless children and neglected children. The usage of both, international terminology alongside with state concepts exemplified transnational biopolitical discourse on the epidemic in Ukraine.

The UNICEF and AIDS Foundation East-West (AFEW) report, 2006, called the category of street children “the missing face” of the HIV/AIDS epidemic in Ukraine.<sup>754</sup> The epigraph to the introduction might partly explain the meaning of the phrase “the missing

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The same report named four documents produced in 2006 that recognized street children as a target group as part of the national response to the HIV/AIDS epidemic. The documents were ‘Concept for a State Programme’ and the ‘State Programme Aimed at Fighting the Homelessness and Neglect of Children 2006-2011’ (‘2006 State Programme on Homeless and Neglected Children’), the Road Map to Universal Access to HIV Prevention, Treatment and Care in Ukraine by 2010 (Road Map) developed by a multi-stakeholder working group and supported by UNAIDS and Ukraine HIV/AIDS application to the Global Fund to Fight AIDS, Tuberculosis and Malaria that addressed street children as a target group for HIV prevention interventions for 2007-2011. Teltschik, “Children,” 3-4, 69.

<sup>752</sup> The Cabinet of Ministers of Ukraine. Decree no. 790 (November 07, 2001). <http://zakon4.rada.gov.ua/laws/show/790-2001-%D0%BF> (accessed April 6, 2013).

<sup>753</sup> The Cabinet of Ministers of Ukraine. Decree no. 790 (November 07, 2001). <http://zakon4.rada.gov.ua/laws/show/790-2001-%D0%BF> (accessed April 6, 2013).

<sup>754</sup> Teltschik, “Children”

face.” The source of the epigraph was indicated as a UNICEF publication “The State of the World’s Children 2006. Excluded and Invisible:”

Street children are among the most physically visible of all children, living and working on the roads and public squares of cities all over the world. Yet, paradoxically, they are also among the most invisible and, therefore, hardest children to reach with vital services such as education and health care, and the most difficult to protect.<sup>755</sup>

According to the UNICEF discourse then, as much as street children were invisible in the society and hard to reach with service provision, yet a part of the material world “on the roads and public squares of cities all over the world;” so were they a part of the epidemic, yet its invisible part, claimed by UNICEF to be missing in the public discourses and hard to access. UNICEF defines street children as follows:

Children who have no contact with their families, live in temporary dwellings (such as abandoned buildings), or have no permanent dwelling and sleep in a different place every night; children who maintain contact with their families, however due to poverty or other reasons such as exposure to abuse, spend most of their days, and occasionally nights, on the street; and children who technically reside in state boarding schools or shelters, but for one reason or another have run away and now live on the streets.<sup>756</sup>

A good deal of the references to street children and HIV/AIDS started to appear in scholarly research and mass media in Ukraine in the early 2000s, often with the reference to UNICEF. A number of articles on HIV/AIDS among street children since the early 2000s would refer to the research done on the support of UNICEF. For instance a news article, “In Ukraine Homeless Children Are the Most Affected by the AIDS Epidemic” stated in 2007:

More than one hundred thousand children in Ukraine, who live on the street without parental care, are the most affected by the AIDS epidemic. This conclusion was stated by the UNICEF research.<sup>757</sup>

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<sup>755</sup> Teltschik, “Children,” 1.

<sup>756</sup> Teltschik, “Children,” 5-6

<sup>757</sup> All-Ukrainian Expert Network, “V Ukraini Bezprytni Dity Naibilsh Vrazheni Epidemiyu Snidu [In Ukraine Homeless Children are the Most Affected by the AIDS Epidemic].” Last modified 08.31.2007. <http://www.experts.in.ua/inform/news/detail.php?ID=20124> (accessed March 2, 2013).

Similarly in 2007, an article “Street Children: 130 thousand in Ukraine is not the End. Cruelty and Indifference of Parents Push Children on the Street,” indicated the epidemic spread among street children, relying on the UNICEF as a source of the data:

According to UNICEF, Ukraine, a number of facts indicate that the spread of HIV among children and youth that live on the street reached dangerously high level.<sup>758</sup>

In the article “UNICEF: AIDS Spreads Fast in Ukraine” in 2010:

In its report on the situation in Eastern Europe, dedicated to the world conference on AIDS, UNICEF emphasized that they dealt with a “hidden AIDS epidemic” among [street] children and youth. The research was done in the states which appeared after the USSR, in particular Russia and Ukraine.<sup>759</sup>

In 2009, talking about the plan of the Ministry of Family and Youth Affairs to develop an action plan for AIDS prophylactics among the homeless, an article in an all Ukrainian newspaper “Korrespondent” gave a referenced to UNICEF research as well:

The research done by UNICEF, held together with the Ministry of Family and the O. Yaremenko Institute of Social Research, will constitute the basis for the action plan.<sup>760</sup>

The figure of street children<sup>761</sup> used to connote HIV/AIDS sufferers was mostly produced and promoted by international actors in Ukraine. Later on, this category was accepted and referred to by various state and non-state actors in the country.<sup>762</sup> Hence, on the one hand, the UNICEF proclaimed the category of street children as the missing face of the epidemic. On the other hand, the references to the category in the context of the epidemic

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<sup>758</sup> Lyubov Isakova, "Dity Vulytsi: 130 Tysyach v Ukraini ne Mezha. Na Vulytsyu Ditei Shtovhae Zhorstokist' i Baiduzhist' Bat'kiv [Street Children: 130 Thousands in Ukraine Is not the End. Cruelty and Indifference of Parents Push Children on the Street]," Site of Ukrainian Socialists "Tovarysh [Comrade]", 128, no. 1022 (2007), [http://www.tovarish.com.ua/archive/1022/Shestaia\\_p/Dity\\_vulyt.html](http://www.tovarish.com.ua/archive/1022/Shestaia_p/Dity_vulyt.html) (accessed March 2, 2013).

<sup>759</sup> Paralelli, "UNICEF: SNID Strimkymy Tempamy Poshryuet'sya v Ukraini [UNICEF: AIDS Spreads Fast in Ukraine]." Last modified 07.19.2010. <http://paralleli.if.ua/news/5710.html>. (accessed March 2, 2013).

<sup>760</sup> "Mincim'i Rozrobyt' Programu dlya Profilaktyky VIL/SNIDu sered Bezprytul'nyh [Ministry of Family Affairs Will Develop a Program for HIV/AIDS Prophylactics among the Homeless]." *Korrespondent.net*, 06 18, 2009. <http://ua.korrespondent.net/tech/874084-minsimyi-rozrobit-programu-dlya-profilaktiki-vilsnidu-sered-bezprytulnih> (accessed March 2, 2013).

<sup>761</sup> In this chapter I use the term “street children” as it became the operational term in Ukraine referred to by various actors in the context of HIV/AIDS in the state. The term was also translated to Ukrainian as *dity vulytsi*.

<sup>762</sup> I provide more examples to it in Chapter 6.

were increasing annually, with UNICEF among the most influential actors in producing and making visible street children as the figure of HIV/AIDS sufferer in Ukraine.<sup>763</sup>

## **6.2 The Virus of Neoliberalism: Sex as “Quick Money”, Drugs as “Escapism” and Medicines as Drugs**

Transnational biopolitical discourses on street children in Ukraine are one of the most vivid examples of the situation when (global) power inequalities (as a key element of the trend for global economic liberalization and neocolonialism) get inscribed on individual bodies, populations and spaces as individual pathologies with a help of modern racist discourses. Street children in Ukraine (as one of the populations the most disproportionately affected by the introduction of neo-liberal order in the state) were often produced similar to a figure of a classical criminal vagabond engaged in drug use and careless sexual activity, representing a threat of the HIV transmission to the “general population”.

The figure of street children in Ukraine, based on my analysis of state and non-state reports as well as mass media sources, encompassed children from poor, malfunctioning families, families where one or both parents were alcohol or drug addicts and/or families with many children; often these children were referred to as social orphans. Many street children were understood to be male, most of the children worked on the street (begged, washed cars, gathered empty bottles, unloaded cars with products delivered for shops, etc.). Such children often experienced hunger, violence, alcohol and drug abuse, many were involved in criminal activities (mostly petty thefts). A sum up on the figure of street children, given in a Ukrainian research in 2004, encompassed general description of the children given in other written and video materials on the issue:

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<sup>763</sup> I am indebted to Dr. Loutfi for such an observation.

A general portrait of a “street child” in Ukraine is as follows: it is a girl or a boy aged 9-13 mainly from socially disadvantaged poor family or a “social orphan.” The child lives on attics, in basements or heating mains, in a group of 5-6 similar children often with her/his brothers and sisters during two years and more. During the day s/he earns for living, often for their parents too, by begging, washing cars, gathering empty bottles, theft. A typical street child is not afraid of almost anything, except for the police and older stronger boys or adults. S/he smokes, uses toxic substances (sniffs glue) and is not inclined to abandon these harmful habits. Mostly it is a child who has infectious, dermatological, so-called “cold-related” diseases and chronic diseases of stomach and intestine, caused by low-quality and insufficient nourishment, but s/he never treats her/himself, though sometimes s/he drinks vodka instead of medicines. Having finished primary education, a street child can read, write and count a little bit. In the majority of cases the child wants to change her/his life in order to have a normal family or a foster family.<sup>764</sup>

It was mainly relations between street children, sex work, drugs and lack of access to medical care that discursively represented street children as a risk group in the context of the HIV/AIDS epidemic. According to an article on the International Harm Reduction Association’s (IHRA) official website, 2011, the UN Committee on the Rights of the Child (which examined the implementation of the UN Convention on the Rights of the Child in Ukraine), stated that it was “deeply concerned at the increasing practice of drug injection among children, affecting in particular children in prison, children left behind by migrating parents, children in street situations, and that drug use constitutes a main reason for HIV infection.”<sup>765</sup>

A video reportage on street children in Ukraine 2011 done by the CrossRoads Foundation stated that 8 out of 10 of the children used drug.<sup>766</sup> While giving an interview about the research done on street children in Ukraine by the Ukrainian institute on Social Research, the head of the institute, O.M. Balakireva stated that according to her research 1/3 of the interviewed street children used drug every day, and another 1/3 used them a couple of

<sup>764</sup> L.S. Volynets’, and O.O. Sichkar, “*Dity Vulytsi*” v Ukraini: *Sytuatsiynyi Analiz* [“Street Children” in Ukraine: Analysis of the Situation] (Kyiv: Sfera, 2004), 66-7.

<sup>765</sup> International Harm Reduction Association, “UN Child Rights Experts Call for Youth-Focused Harm Reduction in Ukraine and Decriminalization of Children Who Use Drugs,” <http://www.ihra.net/contents/864> (accessed February 10, 2011).

<sup>766</sup> CrossRoads Foundation, “Street Children in Kiev, Ukraine - CrossRoads - Part 1,” Youtube Web site. <http://www.youtube.com/watch?v=-74KQFHbIg> (accessed March 11 2007).

times per week. However, 81% of them claimed that they used sterile needles.<sup>767</sup> A research done by Ukrainian researchers in 2004 stated that 15% of street children had alcohol dependency, 30% - toxic dependency, and 10% drug dependency.<sup>768</sup> EJFA site pointed to the fact that drug abuse among street children in Ukraine was really high and that for instance, the Regional AIDS Center in Odesa showed 40% prevalence rates of HIV and Hepatitis B and C in the region among the children in 2009.<sup>769</sup>

In an article on street kids in Odesa, the author, a photographer from Prague who came to Ukraine to take photos of street children, admitted that he went to the city on the recommendation of one of his colleagues: "Here [in Kyiv] the kids [street children] just sniff some glue but, if you have time, go and see Odessa by the seaside. There the kids go for real, hard drugs."<sup>770</sup> The same article stated that according to the research by an NGO working with street children in Odesa, 23 out of 38 monitored children aged 14 to 18 years were HIV-positive.

Similarly the 2009 article in an all-Ukrainian newspaper "Korrespondent" admitted that according to the UNICEF report, 57 % of girls from the street were involved in sex work only 8% of them used condoms; 15.5 % of street children injected drugs, 61% shared the needle.<sup>771</sup>

The official website of AFEW also stated:

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<sup>767</sup> O. M. Balakireva in Inna Filipenko, "Patologichno Ranne...Starinnya [Pathologically Early... Aging]," *Den'* no. 112 (2009) <http://www.day.kiev.ua/uk/article/cuspilstvo/patologichne-rannie-starinnya> (accessed March 2, 2013).

<sup>768</sup> Volynets' and Sichkar, "Dity Vulytsi" 59.

<sup>769</sup> Elton John AIDS Foundation, "Ukraine." <http://ejaf.com/Ourwork/Countries/Ukraine/@1451> (accessed May, 23, 2011).

<sup>770</sup> Michal Novotny, "Street Kids in Odessa," World Street Children News: Ukraine Streetkid News Blog, September 2006, <http://streetkidnews.blogsome.com/category/1/europe-streetkid-news/ukraine-streetkid-news/page/1/>. (accessed March 2, 2013).

<sup>771</sup> "Mincim'i Rozrobyt' Programu dlya Profilaktyky VIL/SNIDu sered Bezprytul'nyh [Ministry of Family Affairs Will Develop a Program for HIV/AIDS Prophylactics among the Homeless]." *Korrespondent.net*, 06 18, 2009. <http://ua.korrespondent.net/tech/874084-minsimyi-rozrobit-programu-dlya-profilaktiki-vilsnidu-sered-bezprytulnih> (accessed March 2, 2013).

While accurate data is largely missing on Ukraine's population of street children, a joint study carried out by AFEW and UNICEF/Ukraine in Kyiv and Odessa in 2006 found that 20–69% of those tested were HIV positive, largely as a result of unsafe injecting drug use and/or unprotected sexual contact.<sup>772</sup>

The news on one of the most popular Ukrainian TV channel “1+1,” TSN in 2010 stated that 15% of street children in Ukraine were IDUs; girls were involved in unprotected sex work since they were 14 years old.<sup>773</sup> Every tenth child from the street had experienced same sex sexual intercourse; according to unofficial data 40% of street children were HIV infected in Ukraine; “...street children were already main protagonists of the epidemic;” however, it was stated in the news that this category was not protected from the epidemic either by law or by the society. The call for action in the news went under the umbrella of “Lethal diseases are spread already by juvenile prostitutes and vagabonds.”<sup>774</sup> Such racist discourses could be traces in the language of both IOs as well as some state researchers, representing the nature of knowledge production and dissemination in the state as a part of transnational biopolitical governance. Direct link between neoliberalism, drug use (as related to global pharmaceutical industry),<sup>775</sup> sex industry (as an inseparable part of the system)<sup>776</sup> and street children (as a population facing sex exploitation and drug addiction as a result of power inequalities being a consequence and a key condition of the neoliberal order as well as

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<sup>772</sup> “HIV/STI Prevention & Health Promotion among Street Children in Kyiv, Ukraine,” Official Site of AIDS Foundation East and West (AFEW). Article from the Annual Report 2009. Last update: 02/15/2010 [http://www.afew.org/about-afew/where-we-work/uzbekistan/project/?tx\\_afewregions\\_pi1%5Bproject%5D=27](http://www.afew.org/about-afew/where-we-work/uzbekistan/project/?tx_afewregions_pi1%5Bproject%5D=27)

<sup>773</sup> TSN, “Ukrainski Pidlitky v Tsentri Epidemii Snidu [Ukrainian Teenagers Are in the Center of the AIDS Epidemic in Ukraine ],” TSN News Web site. Last modified 2009. <http://tsn.ua/ukrayina/ukrayinski-pidlitki-v-tsentri-epidemiyyi-snidu.html> (accessed March 2, 2013).

<sup>774</sup> TSN, “Ukrainski Pidlitky.”

<sup>775</sup> I concentrate on it in more detail in the subchapter 6.2.2

<sup>776</sup> About the strong link between neoliberalism and sex work read in Thu-Huong Nguyen-Vo, *The Ironies of Freedom: Sex, Culture, and Neoliberal Governance in Vietnam* (Seattle: University of Washington, 2008).

a copying strategy to survive in that order) was never emphasized in the transnational discourse.

A set of examples that follows addressed the reasons for sex and drug use among the street children through the framework of risky behaviors, naturalizing those behaviors as pathological life styles of street children in Ukraine. Even if brief mentioning was made to "pauperization" as well as "sex for living and sexual exploitation and cold and hunger in the context of those behaviors, not much analysis, if at all, was provided for a role of (global) power inequalities as the reasons pushing the children to drug use and sex work (as their coping strategies for survival), perpetuating the children's vulnerability for the epidemic and with that perpetuating the epidemic spread in Ukraine. Instead the framework of risk behaviors as life styles of the children was applied in the discourses. The framework of risky behaviors corresponded to discourses on behavior change as a part of neoliberal logic of HIV-prevention campaign on the level of international institutions. UNAIDS in its "Terminology Guidelines" in 2011 stated that "Behaviour change is usually defined as the adoption and maintenance of healthy behaviours."<sup>777</sup> Such an approach to the issue, when health related risks and management of those risks were linked with individual behaviors, shifted those risks to the realm of individual responsibility and presented the risks as a characteristic part of individual life styles of marginalized groups. For instance, an article on the official website of UNICEF Ukraine, while talking about street children in Ukraine stated:

What specialists call 'risky behaviour' is a daily way of life for the homeless... Members of such groups usually smoke, drink, use drugs or sniff glue. Girls are often involved in transactional sex for a living. Offering sexual services in exchange for money is a widespread practice. In addition, street children are acutely lonely.

<sup>777</sup> UNAIDS, "UNAIDS Terminology Guidelines." (October 2011), 7. [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2118\\_terminology-guidelines\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2118_terminology-guidelines_en.pdf). (accessed April 7, 2013).



Wanting to feel loved and accepted, they start their sexual lives early. For most of them, sexual intercourse is the same as a friendly hug...<sup>778</sup>

In the thematic study “Children, Young People and HIV/AIDS” (2001) by the UNICEF, Ukrainian AIDS Center and the Ministry of Health, while talking about waves of the HIV/AIDS epidemic in Ukraine, stated:

The next outburst of HIV infection hits the adolescents, especially children with loosened family ties and inadequate life skills where a considerable portion of school age children belongs, as well as street children, children that are deprived of parental care and are placed into public care. The major routes of HIV infection in this group are parenteral (through injecting drug use) and sexual. Injecting drug use, early beginning of and carelessness in sex life represent behavioural models that can result in broader epidemic spread among these groups, even further enhanced by pauperization among considerable portion of population.<sup>779</sup>

The book on street children in 2004 published by Ukrainian authors addressed drug use among street children as a way of both escapism and shameful activity. The book stated that “...drug for them [street children] is an opportunity to escape unbearable reality for some short period of time. Those who hit the bottom for the cheap entertainment become glue sniffers (*toksikomany*)...”<sup>780</sup>

The next set of examples points to socio-economic context as a driving force perpetuating drug use and sexual activities among street children. However, such a context is never analyzed in relation to broader political-economic situation in the state and relations of (global) power inequalities facilitating hardships of street children life that push them into drug use and sex work either. Instead such hardships are presented as everyday reality of a

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<sup>778</sup> N. Konova, UNICEF, "Street Children in Ukraine Are among the Most Vulnerable Groups to Get HIV/AIDS." Last modified 2010. [http://www.unicef.org/ukraine/reallives\\_15486.html](http://www.unicef.org/ukraine/reallives_15486.html) (accessed March 2, 2013).

<sup>779</sup> United Nations Children's Fund, Ukrainian Aids Center, Ministry of Health of Ukraine, "Children and Young People Affected by HIV/AIDS in Ukraine. Thematic Study," under the subchapter "HIV Infection Among Children: Dynamics, Diagnostics, Regional Features, and Children Vulnerable to HIV Infection." Last modified 2001. [http://www.unicef.org/evaldatabase/files/UKR\\_01-005.pdf](http://www.unicef.org/evaldatabase/files/UKR_01-005.pdf). (accessed March 2, 2013).

<sup>780</sup> V.M. Orzhehovska and V. E. Vynogradova-Bondarenko, *Dytyacha Bezdoglyadnist' ta Bezprytulnist': Istoriya, Problemy, Poshuky* [Children's Neglect and Homelessness: History, Problems, Pursuit], (Kyiv: TOV Infodruk, 2004), 134.

particular group from social and spatial margins. The book on Children's Neglect and Homelessness: History, Problems, Pursuit, 2004, addressed sex industry as a way for the street children to obtain quick money yet the situation was not addressed as a part of neoliberal order in which market economy was involved in impoverishment of people and in turning some of the most disadvantaged and disempowered of them into sex-service providers as a way of survival under the existing political-economic order:

The homeless become the main candidates for sexual exploitation. In general, sex industry is an inseparable part of street children. For everyone who was left with no family and no future – prostitution is the way of getting quick money.<sup>781</sup>

A book written by a Ukrainian author on homeless people, while giving the main reason for homeless people's abuse of alcohol as a form of escapism, stated that alcohol helped reduce feelings of cold, hunger and lack of sleep, as well as helping with loneliness, depression, and lack of future prospects for future.<sup>782</sup> Children, especially in Odesa region, were addressed in such discourses as injecting hard drugs as form of escapism from everyday hardships but also as a part of street children culture of sharing. A reportage on street children in Odesa by Getty Images London in 2010 stated:

We are told a story about children who live together in strong social communities, and at the same time a story about the needles that are filled with lethal concoctions of homemade drugs that give the children a brief escape from their everyday life. Sharing these needles is the reason why many of the children have been infected with HIV.<sup>783</sup>

In the context of drug use among street children, such a discourse also produces a link between the epidemic and a post-communist context, when the epidemic spread happened in "strong social communities" due to "sharing." –The program "Osobysta Sprava: Dity

<sup>781</sup> Orzhehavska and Vynogradova, "*Dity Vulytsi*," 134.

<sup>782</sup> Anastasiya Ryabchuk, *Zaivi Lyudy: Bezdomni na Vulytsyah Kyeva* [Redundant People: the Homeless on Streets of Kyiv], (Kyiv: Chetverta Hvylya, 2005), 61.

<sup>783</sup> David Gillanders, Getty Images, "Street Children in Ukraine, 2010." [www.reportage-bygettyimages.com](http://www.reportage-bygettyimages.com) (accessed May, 2011).

Vulutsi” (“Private Matter: Street Children”) on an all Ukrainian TV channel pointed to the fact that most street children inhale glue to reduce hunger and/or pain:

. . . Sashko [the boy] knows another law i.e. if you want to eat but don’t have anything to eat then sniffs glue. He passes shops with sausage and cookies. But he has only 10 UAH [around 1 EUR] in his pocket. You can’t eat as much as you can sniff on that... he has glue in his hands, now he hurries to his hiding place [nychka] to satisfy his hunger with the glue.<sup>784</sup>

When in the evening the filming crew came back to visit Sashko’s hiding place they met a group of other street children sniffing glue as well: “We found the homeless while they were having their ‘dinner’ i.e. glue for the first serving, glue for the second and then glue again.” Glue sniffing in this case was represented partly as a consequence of poverty when buying glue to satisfy hunger was a more affordable and economically more cost-efficient solution than buying food. But it was represented as a part of street children’s life style and a culture of sharing as well.

Not only glue but also medicines from pharmaceutical markets were found to be typically used by street children as drugs. Thus, the pharmaceutical component can hardly be erased from the context of street children and HIV/AIDS in Ukraine. Drugs as escapism and drugs as a daily nutrition require certain amount of financial investment but more importantly, producer-consumer relationship between the street children and pharmaceutical industry. Whereas the category of IDUs in the context of HIV/AIDS in Ukraine was turned into global pharmaceutical market consumers through substitution therapy campaigns;<sup>785</sup> the category of street children remained the consumers of that market through turning medical drugs into narcotics by themselves. Medicines were not very difficult to obtain for children in pharmacies. In his article in 2004, Michal Novotny, while sharing his experience of visiting

<sup>784</sup> TSN, “Osobysta Sprava: Dity Vulytsi [Private Matter: Street Children]” TSN News Web site. Last Modified April 4, 2011. [http://tsn.ua/video/video-novini/?page=1&media\\_id=383411523&items=271&type=784](http://tsn.ua/video/video-novini/?page=1&media_id=383411523&items=271&type=784) (accessed April 7, 2013).

<sup>785</sup> I concentrate on it in Chapter 4.

street children's hiding places in Ukraine admitted the high accessibility of cheap medicines for street children, which they bought to turn them into narcotic drugs:

Miroslav [a street child] started crushing some influenza painkillers on a sheet of newspaper with a beer bottle. The pills are available in every drugstore and one dose of baltushka, as the boys call their drug with affection, costs less than 30 cents.<sup>786</sup>

An English language article in an online archive of articles on street children in Ukraine stated in 2007: "Many of the children are drug dependent, injecting themselves with stimulants, which they can obtain easily from pharmacies. This is how Oleg [a street child] became HIV positive."<sup>787</sup> An interview with a young Ukrainian male drug user from the street, published by UNICEF, supports this argument:

18-year old man Odesa: "I try to make as few injections as possible. It is about five times a day."

Interviewer: "How much do you spend on that stuff in a week?"

Young man: "About UAH 100 (approximately US\$ 19.80)."

Interviewer: "And is it hard to obtain it?"

Young man: "No. At the pharmacy."

Interviewer: "Did they ever refuse to give it to you?"

Young man: "On some occasions they didn't have any. But if they had it they never refused."

Interviewer: "But they surely know what you buy it for?"

Young man: "Yes, they do."<sup>788</sup>

The situation blurs the line between medicines and (narcotic) drugs. The problematic nature of the distinction between the two becomes especially evident, if we compare discourses on (opioid) drugs-as-medicines in the case when IDUs as a figure of the HIV/AIDS sufferer are clients of OST programs sponsored by IOs in Ukraine;<sup>789</sup> and medicines-as-(narcotic) drugs, in the case when street children as a figure of HIV/AIDS sufferer are a part of the discourses involved in racializing the post-communist space. In the

<sup>786</sup> Novotny, "Street Kids."

<sup>787</sup> Swissinfo, "Swiss Extend Help to Ukrainian Street Children," World Street Children News: Ukraine Streetkid News Blog, April 18, 2007 <http://streetkidnews.blogsome.com/category/1/europe-streetkid-news/ukraine-streetkid-news> (accessed May 2, 2013).

<http://streetkidnews.blogsome.com/category/1/europe-streetkid-news/ukraine-streetkid-news/page/1/>

<sup>788</sup> Teltschik, "Children," 34.

<sup>789</sup> I concentrate on OST-related discourses in Chapter 4 in more detail.

context of street children, the OST formula drugs-equal-medicines is reversed to medicines-equal-drugs. What defines the formula, hence, is not as much the difference between medicines and drugs in those cases, but discursive context which produces the formula. The context is largely defined by the reference to either the figure of IDUs or street children. The appeal to IDUs as a figure of HIV/AIDS sufferer facilitated discourses on OST as a part of HIV-prevention campaign and with that consumption and distribution of such opioids as methadone and buprenorphine under umbrella of medicines as a part of international humanitarian project in the state. Conversely, street children as a figure of the HIV/AIDS sufferer acquired its importance in transnational discourses on the epidemic in relation to (narcotic) drug use and served as a marker of post-Soviet depravities.

However, if we analyze the situation with drug use among street children through the prism of OST discourses, i.e. ‘drugs equal medicines’, the role of (global) pharmaceutical industry appear to be instrumental in the drugs/medicine production and distribution. In this case, pharmacies become spaces of (global) drug-pushing. Similarly, if the formula medicines-equal-drugs is taken out of the context of discourses on street children and put in the context of IDUs as OST clients, we see a conflation of humanitarianism (as distribution of buprenorphine and methadone in OST programs as a part of HIV-prevention campaigns) and global drug-pushing. The comparative analysis then also questions the line between legality and criminal activity, when criminal might no longer be users only (e.g. IDUs and street children) but producers (e.g. global pharmaceutical industry), distributors (e.g. pharmacies and NGOs) and intermediary parties facilitating consumption and distribution (e.g. IOs). In this dissertation, this is not my intention, however, to claim either the ‘criminal nature’ of medicines distribution as a part of transnationally driven biopolitics in the state or declare the role of intentionality in production of discourses on the epidemic. What my analysis aimed to show is the significance of the figure of HIV/AIDS sufferer in discourse on the epidemic in

Ukraine, and through that political nature of such discourses. The analysis also pointed to pharmaceutical industry as one of the strong actors, part of transnational biopolitical governmentality, involved in the epidemic in Ukraine. The role of the industry, based my research findings, was largely underplayed in transnational discourses on the epidemic. In this case, what is significant about street children as a figure of the HIV/AIDS sufferer in Ukraine is that through its relation to drug use – when the drugs are made out of medicines purchased in pharmacies – it helps to address and problematize the role of the pharmaceutical industry in the realm of the HIV/AIDS in Ukraine. Whereas the figures of IDUs and HIV-positive women pointed to the role and interests of pharmaceutical industry in international humanitarianism in Ukraine, the figure of street children pointed to the role of the industry in indirectly perpetuating drug consumption (and with that HIV-spread through injected drugs made of medicines) among street children ( as the industry was producing and distributing medicines which were turned into drugs) and IDUs (as perpetual consumers of pharmaceutical products through OST programs). Such a problematization helps to move the discussion of drug use as inherent in the nature of post-communist state, to include the role of global actors in the epidemic spread in Ukraine. However, transnational discourses on street children as a figure of HIV/AIDS sufferer in Ukraine, instead concentrated on discursive production of the state as a transitional post-communist space, unable to protect its own population and in need of faster economic reform and international guidance.

### ***6.3 The Figure of Street Children, the Image of the State***

Discourses on street children in Ukraine, which acquired increasing visibility largely due to the category being a figure of HIV/AIDS sufferer, opened up new channels through which transnational discourses were involved in producing and disseminating neo-colonial image of Ukraine as a post-communist underdeveloped state full of depravities and perversions. According to some of such a discourse, poor governance resulted in poor

parenting which resulted in the increase of the number of street children in Ukraine, which in its turn resulted in the proliferation of the HIV-spread in the state. This logic, hence, naturalized the epidemic in the state by representing it as both an agent and a victim of the epidemic. UNICEF stated that majority of children are left to live on the street because of the poor material conditions of their families, domestic violence, problems with parents and/or relatives.<sup>790</sup> The report on street children 2004 stated that many street children admitted that one of the reasons they left home was that their parents were alcoholics (50%), parents did not work (22%) and there were “nothing to eat at home” (23%).<sup>791</sup> Another book on street children published by Ukrainian scholars in 2004 also referred to families as a negative factor pushing children on the street:

Break down in family relations is one of the main reasons why children escape on the street from home. If at home a child suffers from the parents’ failure to fulfill their duties and from criminal acts, the escape to the street becomes for them the last means of protection.<sup>792</sup>

Another study on homeless people in Kyiv showed that majority of them left home because of a “conflict in their family and disruption of social relations.”<sup>793</sup> Such disruption of social relations within the institution of family in particular was discursively linked to poor socio economic conditions within the Ukrainian state after the independence. For instance, the research done on street children in Ukraine, in 2006, stated that one of the reasons why children were forced to the street was deterioration of material conditions of people in Ukraine since the independence:

Deterioration of the economic situation in Ukraine in the 90-ies of the XX century led to the visible increase in the numbers of families who lived below the poverty limit. According to the data of sociological researches, around 70% of families defined their material condition as “below average.”<sup>794</sup>

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<sup>790</sup> O. Glavnyk and N. Komarova, ed., *Dity Vulytsi: Hto Vony I yak im Dopomogty [Street Children: Who They Are and How to Help Them]* (Kyiv: Glavnyk, 2006), 5.

<sup>791</sup> Volynets’ and Sichkar “*Dity Vulytsi*” 50-51.

<sup>792</sup> Orzhehavska and Vynogradova, *Dytyacha Bezdoglyadnist*, 132.

<sup>793</sup> Ryabchuk, *Zaivi Lyudy*, 68.

<sup>794</sup> Glavnyk and Komarova, *Dity Vulytsi*, 9.

Various references to the figure of street children in Ukraine shaped the image of Ukraine as a state in transition, struggling with the USSR legacies. Many English language articles, written on street children in Ukraine and gathered in the archive World Street Children News, expressed those stances. For instance, an article in 2004 states:

When the USSR disbanded, it brought an economic collapse in many of the former republics. The inability of many parents to support their own children, combined with substance abuse and the inactivity of social programs and services forced many children to the streets.<sup>795</sup>

Another article in 2006 similarly stated:

Ukraine has experienced strong economic growth since independence in 1991, but still faces a mountain of social problems inherited from the Soviet era... They are around 120,000 children who, according to UNICEF, live on the street in Ukraine. Many are orphans. Their families are among those that lost out following the break up of the Soviet Union.<sup>796</sup>

And one more article the same year represented the discourse as well:

Ukraine's under-funded social programs have been struggling on their own due to the legacies of the Soviet system of childcare, wherein the state held full responsibility for providing social services for children.<sup>797</sup>

Similarly, the special report by the IO, Transatlantic Partners Against AIDS (TPAA) in 2006, "The HIV/AIDS Epidemic among Women and Children: The Analysis of the Situation and Recommendations to the Ukrainian Government," pointed to socio-economic instability in the country as involved in the raise of numbers of street children in Ukraine: "Prolonged social and economic instability in Ukraine led to the increase of number of orphans and "street children," who more than any other Ukrainians suffer from violence and drug use."<sup>798</sup>

<sup>795</sup> Carla Wynn, "CBF of North Carolina Builds Future for Kiev Street Children," World Street Children News Blog, December 15, 2004. <http://streetkidnews.blogsome.com/category/1/europe-streetkid-news/ukraine-streetkid-news/page/2/> (accessed May 2, 2013).

<sup>796</sup> Swissinfo, "Swiss."

<sup>797</sup> Elisabeth Sewall, "New Shelter, Clinic Open to Fill Needs of Ukraine's Street Children," World Street Children News: Ukraine Streetkid News Blog, April 25, 2007. <http://streetkidnews.blogsome.com/category/1/europe-streetkid-news/ukraine-streetkid-news/>

<sup>798</sup> V.Lyubarevych, L. Amdzhadin, and Yu. Dan'ko. Transatlantic Partners Against AIDS (TPAA), "Epidemiya VIL/SNIDu sered Zhinok ta Ditey: Sytuatsiynyi Analiz ta Rekomendatsii Uryadu Ukrainy [The HIV/AIDS Epidemic among Women and Children: Analysis of the Situation and



And in the 2008 book by UNDP in Ukraine, “Challenge and Overcoming: HIV/AIDS and Human Rights in Ukraine,”

The appearance of the phenomena of “street” children and youth in the early 1990-ies was caused by the negative influence of the system of soviet social security and the system of children protection...and the transitional state that followed the collapse of the USSR (dilapidation of the systems of health care and social services, raise of the level of new epidemics, raise of poverty and risk behavior, efforts to handle new life style).<sup>799</sup>

The report by United Nations Children’s Fund and AFEW, 2006, “Children and Young People Living or Working on the Streets: The Missing Face of the HIV Epidemic in Ukraine” also stated:

The phenomenon of children and young people living or working on the streets of Ukraine reemerged after the break-up of the Soviet system... The transition processes left the welfare system and the health and social sectors under-funded and neglected... Efforts to restructure the systems were introduced too slowly and without sufficient funding...<sup>800</sup>

In general, the 2008 report by UNDP stated that Ukraine had not succeeded in protecting rights of street children:

Analyzing available data about the fulfillment by Ukraine of its duties concerning implementation and protection of rights and well-being of “street children,” the conclusion to be done is that since 2002 when Ukraine, under support of international partners, started a number of initiatives for improving children’s protection, the country has not succeed in protection of rights of the most vulnerable groups and risk groups yet.<sup>801</sup>

Therefore, in the context of the street children phenomena in Ukraine, the image of the Ukrainian state was constructed as that of a state at the bottom of the implicit ‘Soviet Legacy to Capitalist Modernity’ continuum, obscuring, however, the strong ties between, poverty, unemployment, cheap labor, migration and capitalism, neo-liberalism which

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Recommendations to the Government of Ukraine],” (2006) [http://i-soc.com.ua/pdf/5\\_text.pdf](http://i-soc.com.ua/pdf/5_text.pdf) (accessed May 2, 2013).

<sup>799</sup> UNDP Ukraine, “Vykylyk ta Podolannya: VIL/SNID ta Prava Lyudyny v Ukraini [Challenge and Overcoming: HIV/AIDS and Human Rights in Ukraine],” (Kyiv 2008), 72. [http://www.undp.org.ua/files/en\\_84025aids\\_book.pdf](http://www.undp.org.ua/files/en_84025aids_book.pdf) (accessed May 2, 2013).

<sup>800</sup> Teltschik, “Children,” 1.

<sup>801</sup> UNDP, “Vykylyk,” 72.

perpetuated pushing children to the street not less, if not more than the “legacies” themselves. For instance, the same report by the UNICEF and AFEW admitted the negative change in relations between Ukrainian citizens and the state which meant “that Ukrainian citizens received less state support and had an increased responsibility for their own welfare.”<sup>802</sup> The report also mentioned that the change have influenced unequal distribution of social benefits, increase in unemployment and crime, migration, and widening gap between the rich and the poor in the country during the “transition,” (e.g. in 2006, officially 20% of population lived in poverty, 3% in extreme poverty).<sup>803</sup> That change, however, was not referred to as a negative influence of oligarchization, pauperization, privatization, decentralization (as a part of neoliberal scenario) but instead “the negative consequences of the former Soviet Union’s welfare and child protection system, and the transition process, [that] have had a severe impact on families in Ukraine.”<sup>804</sup> Hence, such discourses implicitly cried out for the transition to happen faster, for the reform of social services, childcare in particular, to be swifter, suggesting that the restructuring of social services, shifting the burden of state and local budget expenses to foster families, would automatically solve the problem with street children in Ukraine.

Such image of Ukraine was further reinforced through references to state institutions which dealt with street children. Through discourses on street children and their relations with state medical services and police forces, transnational discourses produced Ukraine on the global geopolitical map as a post-Socialist and post-communist space, the borders of which were defined and marked by violence and sexual crime. For instance, even though, the state report on street children in 2003, admitted that the majority (55%) of children from boarding schools and orphanages admitted a “normal attitude” towards them by other children in the establishments, and 44% by the staff; 20% admitted “friendly attitudes” by

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<sup>802</sup> Teltschik, “Children,” 1.

<sup>803</sup> Teltschik, “Children,” 2.

<sup>804</sup> Teltschik, “Children,” 2.

other children, 25% by the staff;<sup>805</sup> an article by a non-Ukrainian author in 2002 pointed to violence in governmental establishments for the children:

Given a chance, many children run away, citing starvation and abuse in the government homes. Although physical punishment is officially forbidden, Kurt Vinion, the photographer working on this article, witnessed a child being beaten at the government's showcase shelter at Maykovskovo.<sup>806</sup>

In 2006 UNICEF report provided similar information about violence as an everyday reality in state institutions for children, quoting one of the report's interviewee:

19-year old man in Odesa: "For example in...(name of a boarding school). There, the director resorts to such things that, although...(the director) has no right to beat children – small ones –...(the director) simply kicks them and so on; so how can you abstain from saying something to...(the director) in response if...(the director) simply comes up to you and hits you hard and swears at you as well – says a lot of things about you and starts insulting your parents? . . ."<sup>807</sup>

An article on street children in Ukraine in 2004 also emphasized harsh life conditions in orphanages: "Many of the street children are runaways from state-run orphanages that are infamous for bad living conditions, inadequate nutrition and hazing by older children and personnel."<sup>808</sup> A research done on street children in Ukraine in 2006 stated that majority of children escaped state run shelters five times and more.<sup>809</sup> A program on street children in Ukraine "Osobyista Sprava" (Private Matter) on an all-Ukrainian channel "1+1," also provided criticism of state institutions for children in Ukraine. In her interview to the program, the head of the main department for control and inspection in Ukraine, Iryna

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<sup>805</sup> Balakireva et al., *Problemy*, 75.

<sup>806</sup> Arie Farnam, "Help for Ukraine's Street Kids, from Two US Women," Street Children News: Ukraine Streetkid News Blog, April 08, 2002. <http://streetkidnews.blogsome.com/category/1/europe-streetkid-news/ukraine-streetkid-news/page/2/> (accessed April, 7 2013).

<sup>807</sup> Teltschik, "Children," 76.

<sup>808</sup> Lev Krichevsky, "Program in Ukraine Helps Feed Youths by Getting Them on the Bus," World Street Children News: Ukraine Streetkid News Blog. February 16, 2004. <http://streetkidnews.blogsome.com/category/1/europe-streetkid-news/ukraine-streetkid-news/page/2/> (accessed May 2, 2013).

<sup>809</sup> Glavnyk and Komarova, *Dity Vulytsi*, 8.

Gureva, stated that during 128 checkups of state boarding schools in 2011 in Ukraine, they registered violations for 128 million UAH (around 12.8 million EUR) illegally “taken away” from the children. In particular staff in the orphanages did not provide necessary food for children: “the children were not given large amounts of, for instance, fruit, i.e. more than 1 ton [around 2205 pounds] for the period of revision.”<sup>810</sup> A girl from the street while sharing her memories about an orphanage also stated “it’s cold, the stuff beats you up, they fed us badly.”<sup>811</sup>

In the TV program, some street girls stated that they were sexually harassed by heads of their orphanages and/or “older guys there, older than little girls or even to the contrary, older than young boys.”<sup>812</sup> Another story told by a woman sex worker dealt with her being sexually harassed by a head of her orphanage, who for “candies and chocolates” requested sexual favors from orphans. A young man who had already left the orphanage for mentally impaired boys claimed that he was sexually abused in his orphanage by his peers. A girl, who had already left an orphanage, also admitted having experienced violence there:

They [the staff] were taking a stick like this [shows half a meter solid stick] but a bit smaller and yellow and we were beaten up by it everywhere, whatever it reached—hands, legs. Back, whatever it hit...head...of course from such a stick we had bruises.<sup>813</sup>

In a letter to a lawyer working with children issues, Tetayna Makarova, a boy from an orphanage in Odessa also stated that he had a similar experience: “He [the head of the orphanage] hit my head against the wall because I stepped on a flower bed. Then I was sent to a loony-bin. The nurse wrote that my head had been smashed in by somebody.” In an

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<sup>810</sup> TSN, “Osobysta Sprava.”

<sup>811</sup> TSN, “Osobysta Sprava.”

<sup>812</sup> TSN, “Osobysta Sprava.”

<sup>813</sup> TSN, “Osobysta Sprava.”

interview for the pro-right all-Ukrainian news paper “Dzerkalo Tyzhnya,” a street child from Kyiv said that he had faced similar problems in a state shelter:

Trust me there is lots of injustice in a shelter too. I remember, I was lying on the floor and boys were getting crazy, so the staff punished us all by belts and put in a corner. And because I stole a piece of sausage from a teacher, I was locked in a dark closet for several hours. By the way there were mice, which I can’t stand since my childhood. Can you imagine what a horror it was?

Moreover, in the shelter there is “didvshchyna” [a practice when older members abuse younger members]. If you woke up an older boy during the sleeping hour, not only will you be beaten up but he also demanded your lunch. They feed well there, but very little, you are always left hungry. The staff does not react at such things. It is not difficult to run away from there...<sup>814</sup>

A research on homeless people in Kyiv stated: “The homeless are afraid to deal with state institutions and state bodies, who deal with the homeless, since they have experienced violations of their rights by these bodies.”<sup>815</sup> According to the research in 2004, when sick, majority of the interviewed street children admitted that they did not usually undergo any treatment, some prayed, sniffed glue, and/or drank alcohol until “it stops hurting.”<sup>816</sup> On their official website CrossRoads Foundation stated that their medical center for street children was nearly a unique opportunity for the children in Kyiv to access medical facilities: “Virtually ALL street children coming to our Day Center suffer from skin diseases, sexually transmitted diseases and other health problems. Realistically, NO other hospital in Kiev will accept a street child for any treatment.”<sup>817</sup> In the context of HIV/AIDS related services provision for street children the UNICEF report 2006, emphasized that the coverage of this groups was more than “insignificant.”

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<sup>814</sup> Volodymyr Malinin, “Dity Pidzemel’ya [Children of the Underground].” *Dzerkalo Tyzhnya* no.41 (October 26, 2002). <http://www.dt.ua/articles/30009> (accessed April 23, 2011).

<sup>815</sup> Ryabchuk, *Zaivi Lyudy*, 74.

<sup>816</sup> Volynets’ and Sichkar, *Dity Vulytsi*, 59.

<sup>817</sup> CrossRoads Ukraine, “Our Mission.”

[http://www.crossrdsfoundation.org/index.php?option=com\\_content&task=view&id=6&Itemid=9](http://www.crossrdsfoundation.org/index.php?option=com_content&task=view&id=6&Itemid=9) (accessed May 11, 2011).

. . . data set out in the 2006 Ukraine GFATM [The Global Fund to Fight AIDS, Tuberculosis and Malaria] proposal ...show that current HIV prevention, treatment, care and support services cover only 26% of injecting drug users, 9.4% of female sex workers, 7.9% of the prison population, 1.3% of men who have sex with men, 18.5% of people living with HIV in need of care and support, and 0% of ‘street children.’ The coverage data for ‘street children’ is not complete, as there are various service providers in Ukraine who work with this target group . . . In light of the overall need, it is true however that the coverage is insignificant.<sup>818</sup>

The same UNICEF report stated that accessing medical services in Ukraine in general was rather problematic for the street children as well:

Medical assistance is also quite often refused by many health care providers due to lack of official documents or based on issues relating to stigma and discrimination . . .<sup>819</sup>

Discourses on stigma and discrimination were also prevalent in addressing relation between the street children and law enforcement officers. A program manager of an NGO-run center for street children in Chernigiv city, Ukraine, Allison Lynch admitted: “They’re [the street children] considered a problem. The people who pay the most attention to them are probably the police.”<sup>820</sup> The UNICEF research in 2006 pointed to the fact that even though, some street children stated to be in “good relations” with law enforcement officers, a number of the interviewed children reported abuse and even torture.<sup>821</sup>

Interviewer: “What is the militia’s attitude to you?”

13-year old girl in Odesa: “It is good.”

Interviewer: “But have you ever been beaten at a militia station?”

Girl: “Once... Yes, I was beaten so as to make me inform on a friend. And yet I kept silent... They stubbed out a cigarette on my hand. They took a sticky tape, glued it on and tore it off. They hit me with a baton. They made me squat a hundred times. If you don’t squat they kick you.”<sup>822</sup>

Another interviewee for the report also reported police violence towards him:

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<sup>818</sup> Teltschik, “Children,” 82. Emphasis original.

<sup>819</sup> Teltschik, “Children,” 204.

<sup>820</sup> Sewall, “New Shelter.”

<sup>821</sup> Teltschik, “Children,” 91.

<sup>822</sup> Teltschik, “Children,” 92.

18-year old man in Kyiv: “Sometimes you have to climb onto a stool and they tell you to screw in a bulb – and you do so, because if you don’t, things will be even worse for you. Then he hits you and you fall. They kick you and beat you. Once two of my ribs – it was a very serious bruise. I stayed at the hospital for a long time . . .”<sup>823</sup>

A TV program on state children in Ukraine, 2011, stated that some law enforcement officers were taking money earned by street children. A street child, a beggar, reported that the biggest sum of money he gave to the police was 250 UAH (25 ERU) for them not to beat him up: “...then the police beat me up and take money from me, spit. They took me once with a friend we paid them and they let us go then. Half a year ago I gave 250 UAH so that they [the police] let me go.”<sup>824</sup>

According to an article on the IHRA official website, 2011, the UN Committee on the Rights of the Child, which examined the implementation of the UN Convention on the Rights of the Child, in Ukraine, was dissatisfied with police abuses of vulnerable groups in the context of HIV/AIDS, children in particular. The article stated, partially quoting the Committee: “Abuses against at risk children are a major concern, leading the Committee to recommend further that “abuses by law enforcement against at risk children” must be ‘investigated and punished.’”<sup>825</sup> This is not my intention to question or analyze the veracity of the statements mentioned above; instead, I want to point to the image of the state that was produced and enforced by the discourses as an exceptional ‘exotic’ space, representing Western/European Other. In such a space the proliferation of the epidemic was represented as inherent in the underdeveloped nature of the state. The image of state institutions for children was also representative of the post-Cold war image of post-Soviet Ukraine as corrupt, full of

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<sup>823</sup> Teltschik, “Children,” 91-2.

<sup>824</sup> TSN, “Osobysta Sprava.”

<sup>825</sup> International Harm Reduction Association, “UN Child Rights Experts Call for Youth-Focused Harm Reduction in Ukraine and Decriminalization of Children Who Use Drugs.” <http://www.ihra.net/contents/864> (accessed February 10, 2011).

violence and violations of human/children's rights, resulting in street children's avoidance of state services and institutions, which made them "the missing face of the epidemic," not reached by medical and social services to prevent the epidemic spread amongst the group (yet easily reachable by researchers, foreign photographers and other actors involved in representing Ukraine and racializing it through the reference to street children as a figure of HIV/AIDS sufferer in the state).

## **Conclusion**

The paradox of the international discourse on street children in Ukraine was in the fact that while referring to it as the epidemic's missing face the discourse was concomitantly reinforcing the category as a figure of an HIV/AIDS sufferer in Ukraine. In other words, how could the face be missing if it was continuously reproduced by the international discourse? In such a context, what was happening was the construction of a post-Soviet state as unable/unwilling to protect its citizens, more particularly future generation, largely due to the state's political-economic backwardness. On the one hand, the discourse constructed Ukraine as a space of slow political-economic transition naturally inhibited by the epidemic. On the other hand, the space was passing the virus to Ukrainian children from the street, the space, the most representative of Ukraine. The category of street children was as much an excluded yet essential part of the Ukrainian "general population" as was Ukraine a Western/European part. The image of Ukraine was as much related to drugs, criminal sex and dangerous reproductive activities in the context of the virus as was the image of the figure of an HIV/AIDS sufferer. State racism towards drug addicts, female sex workers, partners of drug addicts, street children, etc. corresponded to racism towards the state on the global level. The discourse on street children in the context of HIV/AIDS (re)produced the image of Ukraine as a zone of exception where everything was possible, where law enforcements officers were criminals violating international law on Human Rights and Rights of the Child, where



medical care provision excluded certain categories of citizens, street children in particular, where state institutions for orphans were the embodiment of violence, sexual abuse and corruption as was the image of Ukraine. Such an image was reinforced not only by international and non-state institution but also by certain state research and pro-right mass media. Transnational discourses were involved in racizliaing Ukraine as the Western/European Other, a zone of exception against which the image of the (neo)liberal and democratic West could only be reinforced and behind which similar violations happening in the West could be hidden and underplayed.

## Conclusion

In this dissertation, I have suggested that discourses on the epidemic are involved in racializing not only certain bodies and populations but also spaces by producing difference through the alliance of medicine and politics. I have argued that such discourses are involved in production of not only African but also post-Soviet states and populations as Western/European Other and often leave unquestioned (global) power inequalities which affect health, well-being and life chances making the populations, bodies and spaces vulnerable to the epidemic. I argued that such discourses preserve the status quo of political interests, social, institutional and economic actors and processes invested in the epidemic throughout the world. Therefore, I have questioned discourses involved in racializing certain bodies, populations and spaces as diseased and highlighted relations of (global) power inequalities as both making those bodies, populations and spaces vulnerable to disease and producing them as pathological (because underdeveloped) on the global geopolitical map. In this dissertation, I have looked at the ways in which the HIV/AIDS epidemic has been used by state and non-state actors alike to reinforce competing representations of Ukraine as a national, post-Soviet space – in thrall to either Russian or Western geopolitical interests. It is in this space that the political economy of the epidemic was tightly entangled with biopolitics and the question of which populations should be funded in HIV/AIDS treatment and prevention campaigns was answered through the lens of political-economic interests accompanying the funding. The shifts in representations of HIV/AIDS sufferers was very indicative of broader shifts in the structure of transnational governance in the region and knowledge production on the epidemic related to that and pointed to highly political nature of discourse on the epidemic. The first major shift of state discourses from the initial portrayal of the epidemic as a multidimensional problem to individualizing it was related to several factors. First, the state bodies dealing with the HIV-spread did not have sufficient funding;

neither did they develop sufficient political tools to deal with power inequalities perpetuating the epidemic spread amongst disadvantaged groups of population. Dealing with the epidemic through the concept of risk groups seemed to be a more economically cost-efficient and feasible project, especially given that potential international donor institutions preferred this model of coping with global health issues. Reliance on the Western expertise on the epidemic was used by the first state committees dealing with HIV/AIDS not only as a tool to underline their pro-Western orientation in the context of independent Ukraine, which also facilitated the committees' cooperation with the IOs; but also to develop relations with Western pharmaceutical industry, which started to donate certain equipment to Ukraine in return for such a cooperation. The situation when knowledge production on the epidemic was so heavily reliant on political-economic factors, which accompanied a shift of discourses on the epidemic from being a multidimensional problem to the problem becoming discursively enclosed within the risk groups (IDUs) and spaces (south-eastern Ukraine) reflected unequal power relations in global dissemination of knowledge, on the HIV/AIDS epidemic in Ukraine in particular. Such a situation could be paradigmatic to knowledge production on other issue involving state-IOs cooperation as well. The first state discourses on the epidemic created a solid platform for IOs intervention in the issue around the early 2000s. On the one hand, discourses of the first state HIV/AIDS committees participated in creation of the image of Ukraine as a state in need of aid and in that sense facilitated and justified installation of transnational biopolitical governmentality in Ukraine under umbrella of humanitarianism. The installation was accompanied by the NGOization of the region, not only as an alternative to welfare state service provision but more importantly as a structural apparatus for transnational governmentality which was to counterweight centralized post-Soviet states, Ukraine in particular. On the other hand, the shift of discourses towards the risk groups, the figure of IDUs in particular, produced the racialized category of IDUs in the context of the

epidemic in Ukraine, which invited the pharmaceutical component, OST in particular, as a significant part of transnational governemntality in Ukraine in the realm of AIDS since the early 2000s. The figure was politicized in the rivalry for pharmaceutical/drug markets by IOs, NGOs and state actors in the context of OST debate. The appeal to the figure of IDUs as a figure of the HIV/AIDS sufferer helped the IOs lobby implementation of OST programs throughout the country and with that widen pharmaceutical markets and access to clientele groups under umbrella of HIV-prevention campaigns. Increasing lobbying of the programs supported by IOs and NGOs eventually led to the change in the Ukrainian legislation which legalized the implementation of the programs in Ukraine.

With the NGOization of the region and increasing IOs' role in the realm of HIV/AIDS in the state, the figure of HIV-positive women as an HIV-sufferer was gaining its importance, especially as a part of discourses on generalization of the epidemic in the state. Discourses which linked feminization and generalization of the epidemic were involved in third-worlding of Ukraine – in which the epidemic was said to follow the African scenario. Feminization of the epidemic, with increasing importance given to the figure of HIV-positive women (as a bridge between risk groups and general populations, often through their involvement in sexual activities with either IDUs or philandering husbands) as a figure of an HIV/AIDS sufferer justified international humanitarian intervention and transnational governemntality in the state level further. Discourses third-worlding Ukraine was a part transnationally driven biopolitics which involved production, management and surveillance of the post-Soviet state and certain populations within it. The pharmaceutical component remained a significant part of the intervention. As the figure of IDUs was instrumentilized in the OST debate and facilitated distribution of methadone and buprenorphine in the state; so did distribution of ARV as a part of prevention of mother to child transmission campaigning constitute a significant part of transnational driven biopolitics in Ukraine through

politicization of the figure of HIV-positive pregnant women. Both figures were concomitantly involved in creating the image of an international goodness in saving lives in a post-Soviet region as opposed to the image of the impotent post-Soviet state which put those lives at risk, not being able to protect them in the face of the epidemic.

While discourses on feminization of the epidemic third-worlded the state and constructed it as in need of international biopolitical and political-economic guidance (similarly to discourses on the epidemic in sub-Saharan Africa, which constructed the geopolitical space as underdeveloped and naturally prone to the epidemic); discourses on the street child as the new figure of the HIV/AIDS sufferer (through their relation to sex, drug use, and related to that, HIV-transmission) were involved in racializing the post-Soviet region in a rather specific way, not identical to the third-world. Such discourses linked the state's underdevelopment, of which the figure of street children was a signifier, with its post-Soviet transitional nature. In this case, discourse on HIV/AIDS were a medium through which the figure of street children and with that an image of Ukraine as an underdeveloped post-communist state was articulated to international community and added specific coloring in racializing Eastern European post-Soviet space on a global geopolitical map. Even more than that, such discourses implied a push for a faster transition and pro-market reform 'for the sake of the children.'

Whereas IDUs, pregnant women and street children became socially intelligible through references to sex and drug use as carrying an increasing possibility of virus transmission; an image of Ukraine as an HIV-positive space was made intelligible on the global geopolitical map through reference to its Soviet past and close proximity to Russia as a neo-colonial party having strong political influence on the state. In this case, NGOization was an astute mechanism to allow for more Western influence in the state policy making. Being heavily reliant on the IOs, AIDS NGOs often served as IOs extensions, not only watch dogs

but also channels for dissemination of expert knowledge on the epidemic as well as biopolitical mechanisms for management and surveillance of the affected populations. As state institutions were not that heavily invested in the epidemic treatment/prevention campaigns as were IOs and NGOs, knowledge production on the state represented an asymmetrical picture in which discourses of IOs and NGOs were incorporated by mass media and state reports (working groups to which involved a good deal of IOs representatives). This is not to say, however, that various state institutions were a humble recipient of such discourses. State security forces, in the context of OST in particular, created a strong resistance to discourses by IOs and NGOs. Certain state Ministries while accepting part of the discourses were resistant to other parts (e.g. not admitting increasing role of the youth in the epidemic or generalization of the epidemic in Ukraine). However, a number of research done on the issue by Ukrainian scholars was often sponsored by IOs and reflected discourses and the language favored by the IOs. The situation of such a conflation of discourse was also a signifier of transitional governmentality in the state, which represented a conglomerate of various discourses yet also power asymmetries when knowledge production and related to that biopolitical governance was heavily reliant on Western donations and hence, expertise.

What such a knowledge production obscured was critical analysis of (global) power inequalities and related to that, political interests, processes and actors invested in the epidemic spread. Whereas the epidemic was naturalized in the state via reference to its underdevelopment, the role of neoliberal processes influencing that underdevelopment was heavily underplayed. Such discourses on HIV/AIDS in the state produced it as a state in perpetual crisis too poor and weak to take care of its populations, yet strong and rich enough to serve the oligarchs and to be worthy of western and Russian interests and interventions in state policy-making processes.

Oligarchization, pauperization, proliferation of drug trafficking and sex industry, high level of unemployment, decline in education, social and medical services as processes related to unequal redistribution of wealth under a new political economic order – which favored market economy and privatization as well as decrease of welfare provision, lobbied by IFIs in Ukraine – were processes involved in making populations in Ukraine vulnerable to the epidemic. However, instead of addressing the processes which created and perpetuated vulnerability; transnational biopolitical governance was focused on production, management and surveillance of the groups and spaces the most disproportionately hit by (global) power inequalities producing them as HIV-positive and risk-related.

I offer the concept of race as an operational tool for scholars coming from spaces misrepresented by Western knowledge production, to problematize the racializing discourses and point to political-economic interests and actors as well as relations of (global) power inequalities involved in production, surveillance and management of spaces and populations as much as they are involved in perpetuating human vulnerability and disease throughout the world. My project opens up a possibility to talk about race differently, through the lens of biopolitical discourses, when race has to do not with visible difference (e.g. skin color) as related to the context of colonies, but when race is related to difference produced through interaction of medicine and biopolitics. Such a discussion on race opens up analysis on global power asymmetries in discourses on the epidemic and facilitates the analysis on the global issues to include Eastern Europe as well. In other words, in such a context HIV/AIDS represents a paradigm of relations of power inequalities involved in perpetuating human vulnerability throughout the world, when through the concept of race that vulnerability is translated into individual and spatial pathology and opens up a lucrative space for political-economic gains of the actors involved in transnational biopolitical governance. If put in the context of the epidemic in Eastern Europe, the concept of race points to similarities of the

effect that global power inequalities produce throughout the world and shows that a Western project of Othering happens within geographical space of Europe as much as it does outside of that geopolitical space. My research thus, opens up a possibility of further scholarly analysis of the applicability of the concept race in the context of Europe. I have suggested that the racialization of populations within a schema of medicalization and pathologization of discreet bodies and within discreet borders and territories is a process that as much characterized European peripheries as it does non-European postcolonies. The question my project has raised then, is not only what spaces are not Europe but also what Europe is, if not a fractured geopolitical spaces constituted through ‘what it is not’ more than through what it actually is. In other words, when does the project of racializing Europe stop, and more importantly, does it?

My dissertation points to several new directions for further research. A new possible direction that opened in the course of my project was ambiguity in political representation of the figure of street children (as both victims and active agents of HIV-transmission) in production of spatial boundaries between developed and post-Soviet developing states. While analyzing discourses on street children in Ukraine, another direction for research that was raised is the role of philanthropy and private initiative as welfare providers in the post-Soviet region under the current global political economic and biopolitical regime. Could we talk about such initiatives as alternatives of post-Soviet states welfare provision or more as political projects favoring neoliberal order (as NGOs are to a large extent)? Related to that, further research can be done on the role of transnational networks of elites in dealing with the epidemic in the region and their relation to transnational biopolitical governance as well as political-economic interests of their involvement. Equally important would be to analyze what effects such involvement produces on production and management of populations and spaces affected by disease, the epidemic in particular.



Current critical literature on global health and inequality increasingly concentrates on relations between poverty, capitalist globalization, corporate interests and global governance affecting public health policy-making and health and well-being of people in different countries throughout the world.<sup>826</sup> My work adds to this debate by addressing global power inequalities in the realm of health policy-making on the HIV/AIDS epidemic in the newly independent post-Socialist state. It opens up an area for further research which would concentrate on intersections of biopolitics, geopolitics and political economy shaping transnational governmentality and affecting public health and policy-making in the post-Soviet region.

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<sup>826</sup> For instance research of numerous scholars united in edited editions by Kelley Lee, ed., *Health Impacts of Globalization: towards Global Governance* (New York: Palgrave Macmillan, 2003); Kelley Lee, et. al., ed., *Health Policy in a Globalising World*, (Cambridge, U.K.: Cambridge University Press, 2002).; Navarro, *Neoliberalism*; Fort, *Sickness*; Jim Yong Kim, et. al., ed. *Dying for Growth: Global Inequality and the Health of the Poor* (Monroe, Me.: Common Courage Press, 2000); and also Petchesky, *Global*, etc.

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