

# Withdrawal/Redaction Sheet

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                 | DATE       | RESTRICTION |
|--------------------------|-------------------------------------------------------------------------------|------------|-------------|
| 001. memo                | Linda Vogel to Health Committee Executive Network [partial] (1 page)          | 11/25/1994 | P3/b(3)     |
| 002. memo                | Jo Ivey Boufford to Health Committee Executive Network [partial] (1 page)     | 11/22/1994 | P3/b(3)     |
| 003. list                | re: US-Russia G-C Health Committee [partial] (1 page)                         | 11/18/1994 | P3/b(3)     |
| 004. cable               | re: Visit of Principal DAS for Health, Boufford, To Moscow [partial] (1 page) | 10/1994    | b(6)        |
| 006. report              | re: Report of Medical Condition (2 pages)                                     | n.d.       | b(6)        |
| 007. report              | re: Report of Medical Condition (2 pages)                                     | n.d.       | b(6)        |

### COLLECTION:

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First Lady's Office  
Melanne Verveer  
OA/Box Number: 20051

### FOLDER TITLE:

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### RESTRICTION CODES

#### Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

March 24, 1995

file Ivanov

Sent 3/24

TO: The Honorable Joe Duffey  
United States Information Agency

FROM: Melanne Verveer  
Office of the First Lady

The attached letter is from Professor Ivanov, a Russian linguistic scholar, who the First Lady met during the Yeltsin visit and then again at a meeting at the Library referenced in the letter.

I wonder if you could provide me with any counsel I might provide Prof. Ivanov regarding the request he makes about "organizing a study of the present-day linguistic and ethnic situation in America."

Thanks.

March 24, 1995

TO:           The Honorable Sheldon Hackney  
              National Endowment for the Humanities

FROM:         Melanne Verveer  
              Office of the First Lady

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Thanks.



February 25, 1995

DEPARTMENT OF SLAVIC LANGUAGES AND LITERATURES  
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Melanne Verveer  
Deputy Assistant to the President, and  
Deputy Chief of Staff to the First Lady  
The White House

Dear Melanne,

Thank you very much for your note of February 20. It was a pleasure for me to make your acquaintance and to talk to such a small, exquisite company at the Library of Congress. I would like to invite all those who were present, at that lunch meeting, to my Faculty Research Lecture (a sort of public address) on "Indo-European Migrations: A Linguistic Reconstruction of History" which will take place in Los Angeles (UCLA Schoenberg Auditorium) on Wednesday, April 19 at 3pm (with a reception following at 4pm at the UCLA Chancellor's Residence). You will receive an official invitation by the end of March but I am informing you ahead of time about this talk (during which I will continue some discussion on historical topics mentioned during the meeting at the Library of Congress) so that you may schedule such travel in April.

As you have kindly offered your possible assistance, may I ask you for some advice on the possible ways of organizing a study of the present-day linguistic and ethnic situation in America, in which I have been greatly interested? I have been studying some linguistic and ethnic groups in the USA (as I did before in Russia). I suspect that such a project requires a certain organizational scheme, which could produce a general picture of the present-day linguistic and ethnic situation and the dynamics of its change in different



parts of the country (in the IXth century and in the beginning of this century, a most valuable work was done by the Bureau of American Ethnology, the publications of which still have enormous value--but no comparable federal institution exists now). Let me give you some examples of what I have in mind:

1) As you know, I was the curator for the exhibition of the Alaskan Orthodox Church archives, which was opened by the President in September 1994 (by the way, it will still be open until the end of the first week of March at the Library of Congress). As I have studied some problems regarding the preservation of the Eskimo (and the Aleut-cognate to Eskimo) language and culture in Alaska, I have suggested to the organizers of the March 1995 Copenhagen Summit (particularly to J.Baudot, Coordinator, United Nations, NY), while discussing the problem of endangered languages and cultures (which we mentioned in our conversation at the Library) that the problem might be approached through a kind of festival of Eskimo culture (as represented in Greenland, which is in charge of Denmark as well as in the Circumpolar areas of Canada, the USA and Russia). Recently I have learned (from an article on how an Envoy Defends World of Eskimo [her World] in the New York Times, February 22, 1995) that Mr. David A. Colson, the Deputy Assistant Secretary of State responsible for Polar affairs is being engaged in a discussion on establishing some kind of Arctic Council of eight circumpolar nations, as suggested by the first Canadian Circumpolar Ambassador Mary Simon. What I am interested in, first of all, is a cooperation of scholars who study circumpolar ethnic and linguistic groups. I myself have been studying such circumpolar nations as the Kets (a small nation; only several hundreds of Kets still live on the Yenisey river in Western Siberia; beginning with the reforms in Russia, it has become possible to publish a Ket abecedary of which I was an editor; we suppose that the Ket language, which is quite peculiar, may be a missing link between the languages of Eurasia and the second wave of those American Indian languages that came to Alaska several thousand years ago; you remember that we discussed this

problem during our conversation). On this example one may study the interconnection of ecology, culture and language: all circumpolar cultures have much in common. There are interesting studies by the great American ethnologist of the first half of the century F. Boas on this topic, but again nothing substantial being done with the exception of the excellent work by M. Krauss and his collaborators at the Alaskan Center of Native languages. Do you think that an international (at least combining the efforts of the USA and Canada and including some representatives of native groups) scholarly commission or council on Eskimo and other circumpolar languages and cultures might be a practical institution in which some federal officials may become interested?

2) Among chronologically more current possibilities, I have been particularly interested in the study of different ethnic and linguistic groups in Los Angeles. There are many (some people suppose no less than 90!) languages spoken in this large city; there exist predominantly Korean, Chinese, Japanese, Vietnamese, Persian (Iranian), Ethiopian, Tagalog (Philippines), Russian, Greek, areas of the city (not to mention the growing role of Spanish). Interactions between all these ethnic groups, although not necessary, appears to be also interesting indeed (I found a similar situation in San Francisco when I was teaching at Stanford four years ago). Long ago, as I studied cuneiform documents of the oldest known cities (in the Ancient Near East four thousand years ago), I found that the plurality of languages and linguistic diversity (such as found now, for instance, in New York) is typical of any large city. I think that ethnic and linguistic maps of cities and description of their relationship is a task interesting both for linguists and ethnologists, but also important for the state and federal authorities. Particularly intriguing might be to find exact data on the role of (both public and private) television, and other methods of telecommunications, in the life of such linguistic communities (in Los Angeles there are special TV programs in most of the languages, which are the most important and enumerated above). A study of the different levels of education (again in public and private

schools) in English, Spanish and other languages would be extremely illuminating, as well as a study of the various commercial competitions, which may be seen in advertising, in different kinds of street and house inscriptions and so on. All these aspects of modern life should be studied carefully and eventually taken into consideration when discussing immigration and quota politics and related matters. Do you know anyone in Los Angeles, or in the state of California in general, who may appreciate such an idea? I have found some young people (graduate student linguists) who may assist at such work, but of course it should be supported by some state (or private?) institutions to become a reality. At the same time, I think, that if a work on the linguistic and ethnologic situation in several large cities is begun at the next stage, some general project on a larger scale may be elaborated:

3) Between the highest possible level of study--an international one, as in the case of Eskimo and other circumpolar ethnic groups--and the local level, the study of languages of Los Angeles, or the well done studies of the Center of Native Alaskan Languages--a federal or national kind of general survey could become very important and useful. Among other possibilities (having in mind the necessity not to overload the federal authorities), I was thinking of creating an electronic (computerized) database on languages and ethnic groups in the whole country. Maybe the Library of Congress is the most suitable place for such a new endeavor (as J. Billington told us during the lunch, it has already important archives on native languages, such as the tape recordings of American Indian languages or the materials on Alaskan history which I have studied)? I have not yet discussed this project with J. Billington, but I think that it could become interesting for the Library if a kind of informational group on this topic is created as a separate branch within it. Of course, there are other institutions (such as the Smithsonian) who also could be connected to such a project, but, again, I do not know to whom it may be advisable to address.

There are several other problems, particularly those relating to education, which we began to discuss at our meeting, and that I'll be glad to continue to investigate together with you

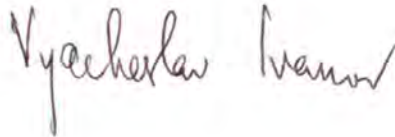


either in letters or in our future meetings. But I am afraid I have already taken too much of your time.

Thank you for your attention and good will. With best wishes and greetings,

Yours Sincerely,

Vyacheslav Ivanov

A handwritten signature in cursive script, reading "Vyacheslav Ivanov". The signature is written in dark ink and is positioned to the right of the printed name.



# **Ethical and Spiritual Dimensions of Social Progress**

World Summit for Social Development  
6-12 March, 1995 Copenhagen

# **Dimensions éthiques et spirituelles du progrès social**

Sommet mondial pour le développement social  
6-12 mars 1995, Copenhague



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## Introduction

A seminar on Ethical and Spiritual Dimensions of Social Progress was organized by the Secretariat of the United Nations in the context of the preparation of the World Summit for Social Development, or Social Summit, Copenhagen, 6-12 March 1995. It took place in Bled, Slovenia, from 28 to 30 October 1994. This is a presentation of the report of the seminar, in the language it was written, French, and in English, together with extracts from the contributions made by the participants.

By its subject, this seminar was unusual. It might even be considered surprising that a debate on ethical and spiritual issues was organized in the framework of the United Nations. Yet, the seminar evolved almost "naturally" from the work of the intergovernmental body in charge of the preparation of the Social Summit. Through the initiative of some individuals, and, more importantly, because of the nature of the debated problems - poverty, unemployment, and social integration - a consideration of the philosophical, ethical, and spiritual dimensions of social development, or social progress, became a necessity, and almost a moral imperative.

Participants came from different regions, walks of life, cultures and beliefs. They shared the conviction that it was useful, and perhaps essential, to search for a renewed discourse on the problems and future of contemporary societies. Concerned by a number of facets of the dominant spirit of the time, participants shared a basic faith that progress was possible and would be greatly enhanced by a spirit of compassion, humility, responsibility and courage. They also shared the conviction that respect for the views of others, which is more than tolerance, is compatible with the universal promotion of human dignity and of particular significance at this point of human history. The debate in Bled was obviously a modest first step, among others, in the direction of a much needed renaissance of the human spirit that would promote the expression of commonly shared values reflecting the innate goodness and inherent dignity of humankind.

The Bled seminar was hosted by the Government of Slovenia and financed by voluntary contributions from the Governments of Austria, France and Switzerland. The responsibility for both the report of the Seminar and the selection of contributions from participants rests with the secretariat of the Social Summit.

Secretariat of the Social Summit

## **Save the endangered languages and cultures and practice tolerance**

The situation of the absolute majority (approximately 5,400 out of 6,000) of the linguistic and cultural ethnic groups of the world is tragical.

If radical steps are not taken all of them might be lost in the time-span of one generation. The main problem concerns the education of the younger generation both at home and at school. To survive, a linguistic and cultural group should get its youngest members interested in the continuation of the tradition. The modern critical situation of economic development, poverty and underemployment, make it difficult for many young people to continue old traditions that do not immediately help their integration into modern life. Thus the problem does not consist only in encouraging the elementary (and if possible higher level) education in the vein of the ancient linguistic and cultural systems. It seems necessary to build a social structure promising economic and social advantages for those who would choose this way of shaping their future.

The school education with its stress on literacy and the written form of the language might itself be destructive for the oral tradition in which the cultural heritage had been transmitted through the channels of the folklore. To preserve these ancient methods of cultural transmittance one should achieve better cooperation between parents and children. The role of the mass media with their enormous varieties of ways to influence young people may become crucial.

The preservation of the linguistic and cultural diversity of mankind is necessary for our future. The languages of the world reflect different ways of understanding reality. With the loss of each language we are losing possibilities of better understanding the outer environment and our own inner spiritual and emotional world. Native ethnic cultures in their different ways of composing literary and folklore texts, music, painting and other objects of culture are complementing the narrow road chosen by the modern technological civilization. With the disappearance of this reserve of different symbolic systems to apprehend the world, we are in danger of a more standard and less diversified cultural development that may have tragical results for many individuals.

It seems important to sign an appeal to preserve cultural and linguistic diversity of mankind during the Social Summit and to include a paragraph on this problem in the final general resolution of the Summit.

With regard to tolerance, the historical development of modern thought based on the classical German philosophy and the legacy of the religions of the axial time has led to an emphasis on the notion of the Other person or Neighbour. The problem of the existence of the Other person, with a soul or mind similar to that of the Self, has been discussed by many great minds of both Eastern and Western traditions.

The same attitude based on the identification of the Self with the Other should be generalized in a way making it possible to understand and build mutual relations between different ethnic, racial, linguistic, religious and cultural groups in one country and in different countries. In terms of political ethics, it is of the utmost importance to see that two countries always stand to each other in the same relation as the Self and the Other.



The main ethical principle according to which nothing should be made to another person (the Other) that would not be permitted in relation to the Self is fundamental for the Open Society. This principle is valid in relations between different groups of one community and between different communities. Countries should base the ethics of their behaviour towards each other on the same principle of tolerance that does not permit any kind of xenophobic attitudes. The legacy of the century when genocide became not only possible but widely spread makes it necessary to stress these fundamental ideas.

There are important political consequences of this moral philosophy that have yet to be realized in modern life. For instance it should be clear to all that after the end of the Cold War, spying and secret agents are obsolete. International institutions, including the International Atomic Energy Agency and Interpol have the capacity to monitor all possible violations of the internationally important rules of behaviour. Modern technical means such as satellites imply internationally based systems of control. A spy is becoming a picturesque cultural relic of the past apt to be described in literature or mass media but practically no more significant than a pirate after the establishment of modern methods of transportation.

The abolition of secret agents and secret services would have very important consequences for modern science and technology. Not only science but also individual scientists need to be liberated from interferences linked to secrecy and spying. The important technological and scientific projects of the near future are truly international in their scope. This applies to the exploration and utilization of the depth and bottom of the oceans and of the cosmic space and such celestial objects as the Moon; the continuation of the work on thermonuclear energy; the study of the structure of the brain and its possible practical applications, and the genetical engineering in its relation to the human genome. Work in these domains cannot be achieved and are doomed to fail if secrecy is not eradicated. Modern science has reached such possibilities of influencing life and death and even the way to understand the world and ourselves that these results cannot become a property of one single person, group or country. We need to think about elaborating a moral and legal code appropriate for these new vistas.

Vyacheslav Ivanov

*file  
Rebecca*

**THE UNTOLD STORY OF A FRINDSHIP**  
by Helen Boldyreff Semler

*In our professional lives, my husband now a retired senior US diplomat, and I had something to do with every presidential couple beginning with President Kennedy and his First Lady. What impressed me about Mrs. Hillary Rodham Clinton and Mrs. Naina Iosifovna Yeltsin, the wife of the Russian President, was that in the total of 9 days together counting three summits and three G-7 meetings, they were able to initiate an impressive health care program for women and children in the former Soviet Union. I felt that this story should be told:*

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Beneath the glittering frescoed vaults of Kremlin's 16th century Palace of the Facets built by Grand Prince Ivan III to provide a stage for victory celebrations and ceremonials of the Russian Tsars, Boris Yeltsin and Bill Clinton flanked by the First Ladies presided over a state banquet. The occasion was the 50th anniversary of V-E day. "Your President had to twist a few arms," said a senior Russian official who wished to remain unnamed. Not only the Republican Party but several European heads of state opposed President Clinton's participation in Russian victory celebrations. "I felt I owed it to the Russian people" said Clinton. His candor won him the hearts and the acclaim of the Russians who heard him speak that day at the new war monument on Poklonnaya Gora in western Moscow. The subject of Chechnya hung unspoken in the electrified atmosphere of the great hall.

**THE BABES WITH DAGGERS IN THEIR FISTS**

Earlier when I asked Mrs Yeltsin how she felt about Chechnya, the usually reserved Naina spoke up: "When I heard about the planned invasion, I ran to the house of (Defense Minister Pavel) Grachev who lives next to us. My heart was pounding. I said to him 'stop it'. I could not bear the thought of blood flowing and innocent children dying. Now that I know the facts I feel differently." Naina said. The high cheek bones of her softly contoured face became more pronounced and her eyes lost their sparkling warmth.

"Do you realize," Naina said gravely, "that pensioners had not received their pay for three years in Chenchnya? Dudayev is a prisoner in his own country where even babies, horrible as it may sound, are born clutching daggers in their fists." She went on: "The President could not allow this festering crime hole to continue spewing out bandits."

As to the Western and Russian accounts of attacks on civilians she countered: "It is the fault of the Chechens. They used women to shield soldiers with guns. They placed snipers on the roofs of hospitals and schools. They used civilian apartments to shoot from. This is why so many civilians have been killed. All Dudayev had to do was to tell his people to lay down their arms peacefully. But he refused." I asked: "When will the hostilities end in Chechnya?" Mrs Yeltsin repeated her

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husband's words: "This question should be addressed to Dudayev who advocates war to bitter end'."

"What would your President have done, had this happened in the US?" Naina asked me in turn. I was about to say that I was not in a position to speak for my President, when she preempted me: "He would have done the same," she said.

#### THE PRESIDENT'S WIFE

As she spoke I sensed a bitterness and lassitude I had never noticed before in Mrs. Yeltsin. She was still the warm and modest woman I met during President Yeltsin's first official visit to the US in June of 1992. I recall how small and unprepossessing she looked next to her husky imposing husband as they alighted the Russian aircraft. When Naina learned that I would interpret for her and Mrs Barbara Bush, wife of the then US President, her face lit up. Framed by shortly cropped russet hair, it looked amazingly fresh and unlined.

A month later when I interviewed Mrs. Yeltsin at her Moscow apartment, she was still aglow with memories of Barbara Bush and "America." For Naina everything was new and exciting, but for Mrs. Bush it was the usual fare. Outside of the official summit program, requiring the presence of first ladies, Mrs. Bush had arranged for Naina the traditional visits to museums and other Washington landmarks. Between visits they chatted about grandchildren.

The high point of the June summit was President Yeltsin's speech at the joint session of the the US Congress. Naina was moved to tears by the standing ovation which followed her husband's speech. The date was June 17, 1992, exactly one year and five days after the epoch-making presidential election in Russia. Naina kept thinking of the parallel between her husband and George Washington whose house she had visited that morning. Similarly to Washington who "had walked on untrodden ground," Boris Yeltsin was creating precedents for the course of Russian democracy.

What struck me at the time was Naina's aversion to being called the First Lady. "I am only the President's wife," she told the press. "I shudder when people call me First Lady". I subsequently learned that beneath Mrs. Yeltsin's modesty, there was a precise analytical mind coupled with fierce loyalty to her husband. Friendly and soft spoken, she can grow stern when defending her embattled country and husband, as she did talking about Chechnya. I ascribed the bitterness in her voice to political pressures on President Yeltsin which I thought were also affecting Naina. Then I realized: Mrs. Yeltsin was no longer just a home maker and "President's wife." She was now the First Lady whether she wanted the role or not.



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### THE WAGES OF POWER

Naina's agonizing transition from being the wife of Sverdlovsk regional party boss to her role as the Russian First Lady began in 1985 when Mikhail Gorbachev appointed Yeltsin to head the Moscow City Communist Party Committee. The move to Moscow after 35 years of living and working in Sverdlovsk traumatized Naina. "I suffocate in Moscow", she told me in July of 1992. The Yeltsins' apartment in Moscow which I then visited, had four room which they shared with their younger daughter Tania, her husband Lesha, their only grandson-another Boris-then 12 and a profusion of books.

Not only did Naina miss her home and friends but she was in constant fear for her husband's life. "I only sleep when he sleeps," Naina said. And since the president seldom gets more than four hours of sleep a night, Naina fares no better. "Here my husband's hair turned white", she said recalling Boris Yeltsin's battles with Mikhail Gorbachev, his severe depression upon being fired from his job and the day he fell into the river and almost froze. "It was not an accident" claims Naina. The press said he was drunk, but "I know he was not and I also know he was pushed off the bridge into the cold water."

The events of the August 1991 coup heightened Naina's fears. With Boris Yeltsin at the "White House", the white building near Moscow River, leading the resistance against the Communist hardliners who tried to oust Mikhail Gorbachev, Naina, her daughters and grandchildren huddled together in the Moscow flat with only three men to guard them.

According to Mrs. Yeltsin the worst moment came at about one a.m. Allegedly, the "White House" where Boris had taken his stand, had been captured by the pro communist coup forces. "My heart stopped," Naina said. "I told my daughters not to wake up the children. If they were to be shot, let them die in their sleep." Having spent most of her life in Sverdlovsk, Naina remembered the slaughter of the Romanovs in that city.

### 'A FAMILY OF TECHNOCRATS'

To recreate a home like atmosphere in Moscow, Naina moved her own furniture from Sverdlovsk. She said it was "old but homey." I recall her patting the arm of the comfortable chair in which she sat. "It needs re-upholstering, as does all of our furniture," she remarked surveying the sofa and several more chairs covered in the same red velvet fabric. The only new acquisition was a huge television set which dominated the living room.

Naina told me that Boris usually arrived at 10 p.m. or later, ate, watched television and then resumed work. She said that he only eats when he unwinds. (President Yeltsin, in fact, hardly ever touches his food at state dinners.) Naina did her own cooking in the large cheerful kitchen where she prepared for us a simple but tasty lunch.

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She dropped all reserve as she chatted about her family, or as she puts it "her family of "technocrats". The elder daughter Elena, born in 1957, followed her parents' example and became a construction engineer. She has two daughters Katia and Masha. Tania who lived with her parents has a degree in computer engineering. According to Naina, the family always gathered on Sundays for lunch. "We usually all eat in the kitchen," she said. "When I have time, I fix for them my 'house specialty', Russian meat dumplings or pelemeni."

Naina told me how much she enjoyed taking care of her grandchildren whose generation, she said "will forge ahead despite the chaos." She worried, however, about the Russian health care for children. "Our dental care is a disaster," she said. Her dream, she confided was a dental clinic for children. "But what can I do? I cannot trouble my husband with this. We need so many things for Russia." Before leaving Moscow, I passed Mrs. Yeltsin's plea to the US Embassy.

#### A CHANGE IN LIFESTYLE

Naina and I talked again in October of 1993, shortly after the storming of the White House in Moscow, by the troops loyal to her husband. "It was terrible," Naina said, "worse than anything she had lived through" in a lifetime of political tumult. The stand-off between President Boris Yeltsin and the Russian parliament, ended Naina's modest style of life.

Declaring Yeltsins' apartment unsafe, Russian security insisted that President and Mrs. Yeltsin move to the walled-in dacha built by the Gorbachevs. Naina who enjoys shopping and cooking for her family, complied under protest: "Who in the world needs that many bathrooms, TV sets and servants?" she asked. (Two years later, President Clinton would also bow to American security demands to block off Pennsylvania Avenue from car traffic. Both Naina and Hillary Clinton had no choice but to accept the safety measures, though neither could stop their impulsive husbands from mixing with the crowds.)

The concern about her husband did not overshadow, however, Naina's joy of meeting Hillary Clinton at the Tokyo G-7 summit in July of 1993. Naina was full of praise for the wife of America's new President: "Mrs. Clinton, is the First Lady of a new generation," said Naina. "She is a wife, a mother and a professional. This is the wave of the future." Naina thought herself to be more like Barbara Bush.

Yet like Hillary, Naina had married a provincial politician who became the head of a powerful state, one year before Bill Clinton. She, too, was a working mother, supervising 100 people at the Institute of Waterways in Sverdlovsk while raising a family. Despite their (fifteen years) difference in age and background, Naina Yeltsin and Hillary Rodham Clinton found they had much in common.



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**'WOMEN COMPOSING A LIFE':**

Commenting on the parallels in their lives as professionals, wives of "political persons" and mothers concerned about their children, Mrs Clinton said that she shares all of these concerns and experiences with Mrs. Yeltsin. "There was so much that we had in common and this experience of trying to compose a life of a many different parts of women's experiences today brought us together. We did have a community of interests and a similarity of experiences that was very recognizable between the two of us.

Like the Rodhams in Chicago, Naina nee Anastasia Gorina came from a tightly knit family that valued learning and hard work. But whereas Hillary's father would joke about "learning for earning's sake," Naina's father, a poor peasant in the southeastern Russian town of Orenburg, saw learning as a means for social advancement in the Communist society.

In her interview with Glamour, Hillary described her father's role as "encouragement tempered with realism". For Naina, Iosif Gorin was "the embodiment of tenderness and affection." She recalled the brutal collectivization of Russian agriculture, when millions of peasants were shot, uprooted or sent to labor camps. "My father was spared, but the family's farm animals were confiscated," said Naina. (The father Naina adored was killed in 1968 as he stood in the way of a drunken motorcyclist to protect her mother.)

Both Hillary and Naina are professional women who met their respective husbands while studying at college. Omitting the details of his courtship - how he stared across the Yale Law School library at Hillary while she pretended to be reading a book at the other end of the room, President Clinton told Naina: "I fell in love with her as I soon as I saw her. I also knew there would never be a dull moment." Glancing at Hillary, he added, "I was right." The President said then that just a fortnight ago he told Hillary of his dream. "My dream is that when we are in our seventies, we can sit together in a beautiful park watching young people with all the future ahead of them -- and not feel jealous."

Boris Yeltsin met Naina during their second year at the Ural Polytechnical Institute in Sverdlovsk, one of the Soviet Union's leading engineering schools. "I fell in love with her then, tenderhearted and good as she was, for the rest of my life" wrote Boris in his memoirs. Like Bill, Boris demurred about the wedding. "Boris had talked about marriage, but I never knew if he was joking or serious" said Naina. In 1956, having received their degrees in construction engineering, they went their separate ways.

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Title of Mary Catherine Batsen's book to which Mrs Clinton referred during the interview.



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Then one day Naina got a cable from Boris' buddy Sergei, urging her to "come at once to Kuibyshev" because "Boris was having heart problems". Naina who remembered the complications that followed Boris' bout with flu, hastened to the hotel where Yeltsin was then staying with the Sverdlovsk volleyball team. Who should saunter out, but Yeltsin himself, well and fit. "I then learned," laughed Naina, "that Boris and Sergei dreamed up the 'heart problem' to speed up the marriage. Boris and I walked and talked all day and all night. Remembering this day Boris wrote in his diary: "She accepted me the way I was, stubborn and prickly, and of course it was not easy for her."

#### THE BOND OF FRIENDSHIP

The similarities in their background notwithstanding, it was the passion for children and concern for their health that created "an immediate bond between us," said Mrs Yeltsin recalling her first meeting with Mrs Clinton in Tokyo. It was also the product of Hillary's painstaking preparation for this trip. ("Mrs. Clinton plans her trips with the same zeal and zeal she devotes to her legal briefs," said Hillary's presswoman Lisa Caputo.)

Having learned of Mrs Yeltsin's modest plea for some children's dental supplies, Mrs. Clinton asked Ambassador Armitage, then in charge of humanitarian assistance to Russia, to arrange for dental equipment to be sent to Moscow. Naina's request and her desire to improve Russian orthodontal care for children, struck a responsive cord in Hillary. Not only was America's new and popular First Lady interested in children's welfare, but she, too, was advocating reforms in the US health care system.

"I was immensely impressed by her strength and gentleness. It is a marvelous combination," said Mrs. Clinton upon meeting Mrs. Yeltsin in Tokyo. "I was also impressed by her commitment to children of Russia and her strong feelings that she wanted to help them in any way she could." Hillary knew that this was "just the beginning of a warm and meaningful friendship based on mutual respect and common goals." "Together we are able to help people that either individually or on our own we could not do."

In Tokyo Hillary shared her good news with Naina: A shipment of dental supplies, arranged through the US Department of Defense, was already on its way to Moscow. The code name was "Project Provide Hope". Recalling Naina's beaming face, Hillary said that was "gratifying" to work with a person whom she admired and whom she wanted to help solve problems that were important to her: "It was a mutually re-inforcing experience that builds on the partnership that our two countries and husbands have tried to establish in this new era of relations between America and Russia. It also builds on a personal connection that she and I immediately felt and have nurtured in our times together."

*Travel  
Good \**

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Naina expressed her deep appreciation to Hillary, but reserved her anxiety for me, when we next met. "This is very embarrassing for me but I must ask: Is the equipment new?" Mrs. Yeltsin explained that on several occasions under the guise of humanitarian assistance, Western countries had dumped on Russia old equipment and stale food. "It puts us in an awkward position. One must be thankful for any gift one receives, but disposing of unusable stuff is a chore."

I reported my conversation to Alice Pickering, the wife of the US Ambassador to Moscow. There was a brisk exchange of faxes and telephone calls. On November 4, 1993, Ambassador Pickering re-assured Mrs Yeltsin that the equipment was brand new and that his wife, Alice, had personally inspected the first shipment. By the end of October four hundred Sealand vans had safely arrived in Moscow with 38 million dollars worth of equipment from the hospitals closed by the Army's 7th Medical Command because of the reduction of US forces in Germany.

Ironically, these hospitals were built by the US military during the Cold War to be used in the event of a Soviet strike. The same medical specialists who came to set up the equipment and to train the Russians in its use found themselves barricaded in Hotel Mir during the October 1993 coup. From their hotel situated across the square from the White House, the medical team watched troops loyal to President Yeltsin storm the building where the mutineering parliamentarians sat entrenched.

#### THE SECOND INSTALLMENT OF FRIENDSHIP

On January 12, 1994, almost a year after being inaugurated, President Bill Clinton made his first state visit to Russia. (Hillary and Chelsea joined Bill on his last day in Moscow.) By this time, the upper floors of White House had been restored and the US equipment mounted in the children's dental clinic and nine other Moscow hospitals. Hillary has vivid recollections of this trip: "It was snowing very hard when we landed at the Vnukovo airport early that morning. The blizzard never let up even in the city. Imagine my excitement as the snow-covered coupolas of St. Basil's Church loomed ahead in the winter gloom."

There was no time for a nap, said Mrs. Clinton. In an hour she was meeting Mrs. Yeltsin at Spaso House, the US ambassador's residence in Moscow. "They greeted each other warmly, as old friends," said Melanne Verveer, deputy assistant to the president, and Mrs Clinton's deputy chief of staff who accompanied her. Seated across from each other on a sofa, both flanked by their own interpreters, "We had an immediate connection," said Mrs. Clinton. "I wanted to make sure that the right equipment had come to Russia, and Naina said it did and thanked me profusely."

They spoke to each other with perfect candor. When asked about the future of Russia, Mrs Yeltsin shrugged her shoulders and said: "God only

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X knows." According to Melanne, this was hardly a remark from someone trying to make an impression. "Naina and Hillary "saw each other as genuine people who liked and trusted each other and who having found themselves in similar situations were going to use these situations to make a difference for their country people," Melanne summed up.

#### THE DIFFERENCE FOR RUSSIAN WOMEN AND CHILDREN

Knowing how eager Mrs. Clinton was to see Russian health care facilities for women and children, Mrs. Yeltsin took her to Savior's Hospital for Peace and Charity in eastern Moscow. She picked it for several reasons. First, the local church was involved. After 70 years of Communist rule, Boris Yeltsin restored to the Russian Orthodox Church the right to teach religious classes and to engage in philanthropy. This was the very first edict he signed after the August 1991 coup. (All the Yeltsins are baptized, but Naina never went to church before coming to Moscow. " Yet when I am in church I feel good. God has helped me.")

The other, no less compelling reason was to see the progress of the partnership program between the Savior's and Magee-Womens Hospital of Pittsburgh, Pennsylvania. The program was implemented in 1992 under the aegis of The American International Health Alliance (AIHA) with a grant from the United States Agency for International Development (USAID). According to James Smith, AIHA's executive director, for every dollar contributed by the US government, the American partner donated approximately three dollars in the form of voluntary support and in-kind resources. Each partnership identifies its own needs and priorities which in the case of the Savior's--Magee partnership, included the establishment of a training center in obstetrics and women's health.

#### THIS IS THE TYPE OF PARTNERSHIP WE NEED

The official visit to the Savior's Hospital began at 10 a.m. Dr. Alexander Goldberg, Savior's chief physician and Irma Goertzen, president and CEO of Magee-Womens Hospital greeted the First Ladies and took them on the tour of the pediatric unit. In one of the wards Naina drew Hillary's attention to children's beds which came with with an "Operation Provide Hope" shipment from Germany. They then observed a Magee-trained teacher conduct a child birth class. Wherever they went, Naina and Hillary asked questions displaying close acquaintance with the issue at hand. "It was exciting and heart-warming to find both Mrs. Clinton and Mrs. Yeltsin so knowledgeable and supportive of our work in Moscow", said Magee's Irma Goertzen.

After the tour, Dr. Goldberg and Mrs. Goertzen updated the First Ladies on the four major goals to be accomplished by the partnership, including a family planning center, scheduled to open in July of 1994. The new clinic was to provide comprehensive family planning services for Russian women, with an emphasis on individualized care and patient education. "This represents the kind of partnership that the United States wants to have now and in the future with Russia" said Mrs.



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Clinton, commending the work of the AIHA hospital partnership and praising Jim Smith for "his energetic and creative direction of the program." She said had "witnessed first hand" similar partnerships in Belorussia and in the Ukraine.

Smith feels, however, that the success of the partnership programs owes much to the First Ladies' initiative. "They both have a good understanding of the issues and the leadership required to help address them," Smith said. Their supportive attitudes also boosted the confidence and enthusiasm of the partners. There are now 23 such partnerships in the former Soviet Union. The latest medical partnership agreement between Latvia and the US was signed on June 28, 1995 in Mrs. Clinton's presence at the White House.

"I am impressed by her personal concern and command of the topic" said Barbara Turner, from the NIS bureau of USAID, who had just heard Hillary speak. "She always sounds so superior and know-all", countered a staff member from the US partner hospital in the venture. "I can understand why the Americans are turned off," she added. Turner did not feel threatened by Hillary. "She is a lawyer. She does her homework and then presents her case."

In a photograph taken the day they had visited Savior's hospital, both ladies look radiant. Mrs. Clinton donned for the occasion a bright Russian scarf to underscore her kinship with Russia. "It was a difficult, challenging time," said Hillary. "I had a sense of being on the threshold of a really new world faced with hurdles and barriers that stood in the way of realizing a democratic society and economic prosperity which the (Russian) people deserve." Her lasting impression of the Russians, particularly the younger people she met, was that they were "generous, cheerful and eager to move forward."

'I COULD USE CRITICISM LIKE THAT'.

September 1994 came and it was Hillary's turn to welcome Yeltsin to her White House, as the presidential mansion in Washington is called. This was their second full-scale session and their fourth meeting. (The First Ladies also met in Naples.) President Clinton and Boris Yeltsin opened their talks with a public embrace and soothing declarations about the "new climate of warm peace, not cold war," while disagreeing about Bosnia and Iran. The summit gave Hillary a breather from a period when both she and Bill had taken repeated knocks about the Whitewater affair and the proposed health-care bill.

Mrs Clinton readily admits that the ebb in her popularity was partly of her own doing. "I could have done things differently," she said conceding the defeat on health care reforms, "but the fundamental goal was a worthy goal. There is absolutely nothing to apologize for." Nor is Hillary willing to give up her advisory role to the President, even

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though she feels most vulnerable when attacked as a professional by the press.

Mrs. Yeltsin told me of her own woes. "Everything I do or say as President's wife is made into a political intrigue and then held against my husband." She remembered only too well how ordinary Russians had turned against Raisa Gorbachev. Naina assumed a low profile - which comes naturally to such a modest person. Yet criticism prevailed. She complained to Hillary that the work for charitable institutions, like Savior's Hospital earned her the sarcastic title of 'lady philanthropist'. Hillary quipped: "I could use criticism like that!"

#### THE UNTOLD STORY

Both brightened up as the subject switched to health-care issues. At precisely 11:15 a.m. on Tuesday, September 27th, 1994, Hillary escorted Naina to the Diplomatic Room for a Round Table discussion with top officials from the US State Department, the US Agency for International Development and heads of non-governmental organizations involved in AIDS health care projects. The topics covered a wide range of issues related to the health of women and children: From cooperation between governmental institutions and private philanthropic organizations through AIDS.

The first report came from Mary Zubrow, Magee-Womens Hospital's VP, with an update on the partnership progress with Savior's Hospital. Hillary was thrilled to learn that the Women and Family Educational Center at Savior's did open in July as planned. Naina knew about the center but not about the new grant of \$540,000 Magee had received from World Learning to establish 20 more similar centers in Russia.

"Here are two women who use their education, experience and knowledge to better the health of their people", said Melanne who follows up on issues raised during Mrs. Clinton's trips. What matters, according to Melanne, is that the visit to Savior's Hospital was not "just an item on the the First Ladies' itinerary, but another installment in an on-going, mutually enriching project to improve womens' and children's health. "It's the continuity that counts, she stressed: " This is the untold story of Hillary and Naina."

Thanks to Hillary's and Naina's efforts, the health care issues included into the Gore-Chernomyrdin Commission's agenda, received greater attention. "By their embracing the issues, Hillary and Naina provided public concerns with governmental legitimacy," said Smith. "It also helps that every six months the First Ladies expect a progress report from the Commission," he noted. Between meetings, both work with their country's agencies and organizations to resolve problems raised at their previous encounter or to assure continuous progress on the ongoing programs.

HRC  
doesn't  
get on  
program  
yet

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## OF FOOD, FUN AND SOCIAL GRACES

Unlike many of their peers, Naina and Hillary take pleasure in state visits. Inquisitive by nature and always eager to learn something new, they willingly submit to the dictates of their protocol chiefs who choreograph presidential visits with the precision of a military drill. From eight in the morning until late at night, with only enough time to change their clothes, the First Ladies are expected to appear at their husbands' side perfectly groomed and smiling. The slightest mistep is picked up by the media and made into international headlines.

Away from the public eye, the two ladies immediately relax. They take advantage even of the brief rides between visits to the hospitals and official functions to chat and trade news. Recalling her visit in January of 1994, Hillary said that Chelsea "had a great time at the Kremlin reception and at the Moscow circus" where she went with Naina's grand children. Since both women are fiercely protective of their families, they restricted press coverage of the event. They also shared gardening secrets: Hillary confided that she "had some tomatoes put up in a tub on the roof of the White House." Naina said that, she and Boris had planted potatoes and vegetables at their dacha, like "behooves good peasants," she added with a merry laugh.

Hillary admires Naina's ability to laugh "easily and readily". "This is a person who enjoys life," said Mrs. Clinton who also receives her own share of compliments: "Mrs. Clinton sparkles," told ~~me~~ a Russian Cabinet member who sat next to her during a state banquet. <sup>to be</sup> The only other First Lady thought to be both beautiful and intelligent was Jackie Kennedy who had charmed the irascible General de Gaulle during President's Kennedy first state visit to France.

Since both First Ladies are weight conscious, they carefully watch their diets. But when I complimented Mrs. Yeltsin on losing weight, Naina laughed and shook her head: "I have simply re-distributed it better", she said. "When I have time I ride my bicycle." She, like Hillary cannot resist tasting local dishes when travelling abroad. They both feel that food is an extension of a country's culture: "It's a part of enjoying the culture and hospitality of another nation," she told me.

Hillary who loves sightseeing said she was "sorry for their husbands who spend much of their time in official meetings." Yet, the two presidents manage to have a good time even if Bill Clinton's saxophone performance and Boris Yeltsin's attempts to lead the band during a summit shocked the media. With both under attack by press and political opponents, President Clinton offered a toast: "It's not every day that guys like Bill and Boris get to be presidents!", recalled Hillary. It is not everyday, observed a member of Mrs Clinton's staff, who watched President Clinton and President Yeltsin shake the hands of performers after a state banquet, "that presidential couples go out of their way

Did  
Hill  
remember  
my  
this?

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thank those who entertained them or helped them or during the trip. She told me that Mrs Clinton wrote personal notes or sent photographs to every member of the Embassy staff who had assisted her during her trips abroad.

### THE THIRD SUMMIT

The sun shone brightly on May 9th, 1995, but Hillary wore black as if to match her solemn mood. For nearly six months, President Clinton's state visit to Russia was up in the air. The Clintons, however opted to come. They flew all night to be with Boris and Yelena Yeltsin for their "Feast Day of the Victory," as the Russians call the 50th Anniversary of World War II.

The entire first day was dedicated to V-E day commemorations. Hillary was one of the 40 first ladies to witness the celebrations and hear the speeches. "I found it moving and very beautiful. I only now fully understood what your people must have suffered in World War II. Over 20 million dead on the battle field alone!", said Hillary to Yelena, brushing off a tear. "I am glad we came."

Only on the second day, Hillary and Yelena could carve out time from their husbands' official summit schedule, to get down to business so dear to them. The highlight of the day which also included a lunch, a stop at MHAT (The Moscow Art Theater), a gallery visit and an interview at the women-run radio station Nadezhda was Hillary's and Yelena's early morning visit to Moscow Children's Hospital at 19 Bolshaya Pirogovskaya.

They toured the neo-natal intensive care unit with the hospital's director Dr. Alexander Baranov. Hillary pretended not to notice the stench of drying paint, a welcome recompense to the hospital for Mrs Clinton's visit. In turn, Dr. Baranov did not mention to Hillary that critically ill triplets they saw had just been flown in from war-torn Chechnya. Yelena who can never resist hugging a child, picked up a toddler who tugged at her skirt. Hillary beamed as she talked to children and distributed the presents she had brought along with her.

After the tour, the First Ladies listened intently as Dr. Baranov and his staff discussed the health issues facing the new-born. He said that 50 to 60 % of Russian infant mortality rate is due to inter-uterine infections of pregnant women. Hillary, briefed by the USAID on their 1.5 million dollar grant for the hospital's new neonatal facility, also learned that the real culprit was the multiple use of abortions which passes for family planning in post-Communist Russia. Respectful of Mrs Yeltsin's modesty, Hillary did not contradict Dr. Baranov. Instead she asked him what could be done for children with connective tissue diseases whom they had just visited..

Some of the same issues came up at the working lunch at Spaso House, arranged by Alice Pickering. The guests of honor were Mrs. Yeltsin and

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Mrs. Chernomyrdin, the wife of the Russian Prime Minister whose handling of the hostages seized by Chechens in Budyonov, won him praise in Russia and the US. There were also some 20 distinguished Russian women, among them three deputies from the State Duma Council.

Listening more than speaking, Hillary opened the discussion by posing the question of "individualism" vs "collectivity" of women in Russian and American society. The Russians felt that women in their country needed to assert themselves more as individuals. "Yeah, let's put the men in their place!" piped up a Russian feminist. Embarrassed, Mrs. Yeltsin cut her short. "Let's do it together with men," she said. Having heard once again Russian political slogans of the day, Naina flared up: "Why don't you support your constitution and your president?" The women cheered.

The harmony of the meeting restored, the majority agreed that their country's history was dominated first by the concept of ~~obshchiny~~ or peasant communes and after the Bolshevik Revolution by "Soviet collectivism." "We have something to learn from the Russian sense of community, and perhaps the Russians have something to learn from the American sense of individualism," Hillary said, according to a participant. Hillary judged that both countries should seek a balance between individual and community goals and always keep on learning from each other.

Before going to the Moscow university to hear President Clinton speak, and the evening festivities at the Kremlin, Mrs. Clinton briefly toured the refurbished Tretyakov Gallery of Art. "I enjoy visiting museums with her (Naina) and sharing views about art and culture" Mrs. Clinton told me. Mrs. Yeltsin, too, was pleased that Hillary could finally see her favorite painters. Exemplified by the restored ~~study~~ canvases of Mikhail Vrubel, these late 19th century masters sought inspiration in their pre-Petrine roots. Vrubel, a devotee of Byzantine frescoes, offered a haunting vision of "the Demon"- not the Devil of the Old Testament but the symbol of endless loneliness.\*

#### "WE MUST DO WHAT WE BELIEVE IN"

When Mrs. Clinton first told me of her friendship with Naina, she did not mention that this friendship flourished under the most trying personal circumstances and difficult political relations between Russia and the US. The friendship survived the conflict in Chechnya, the disagreement about embargo on Bosnia, the sale of nuclear materials to Iran, conflicting positions on Russia's role in NATO and even the

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\* During the last summit in Washington the two first ladies discussed the possibility of exhibiting these paintings in the US with the help from Russia's newly-minted millionaires.

*The last  
part  
of  
the  
story*

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incident with the hostages in Budyonnov, (or what would happen after the presidential elections in Russia and the US.)

Concerned with President Yeltsin's recent illness, I asked Mrs. Clinton how she felt about the dilemma facing Mrs. Yeltsin should her husband seek re-elections. Only a year ago, Naina said, that Boris had promised her he would not run. Now she answered; "Who knows?" even while realizing that he may not survive the stress of another term.

Mrs. Clinton reflected before she replying that she did not feel competent to comment on elections in another country. But she thought that on the "personal, human level" Mrs Yeltsin, like herself wanted the best for her husband and her country. "Determining how to deal with the dilemmas presented when you are trying to support a husband in his effort and work with him to help your country are very difficult. I only hope that whatever decision they make is one that they feel very positive about and will be able to enter in, wholeheartedly. "Because," she continued, "in any country, at any point of time, having the responsibilities of a presidency and running for re-elections are extremely challenging endeavors that demand 100% percent of a person physically, mentally, emotionally and spiritually.

I asked Mrs. Clinton if the same was true of her. She answered without hesitation: "I think that one should always do what one believes is right, and that's what I try to do, and that's what my husband tries to do. Sometimes it's not easily or quickly understood but that can't deter you from continuing on the course you have set." she said. According to Mrs. Clinton, regardless of what "the future holds for them in respect to presidency," she and Naina will remain friends and will have the opportunity to meet together and continue their work. "I found her an immensely attractive, appealing person and I am delighted to have gotten a chance to know and work with her on health care issues." Hillary also knew that if President Yeltsin decides to run again for Presidency, Naina like herself, will be their husbands' most trusted advisors.

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*file  
Russian*

## American Russian Youth Orchestra

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Leon Botstein, Artistic Director  
Valery Gergiev  
Leonard Slatkin  
Hugh Wolff

### MEMORANDUM

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Ardani Arts Management

TO: MELANNE VERVEER  
DEPUTY CHIEF OF PROTOCOL

PAM CICETTI  
EXECUTIVE ASSISTANT TO THE FIRST LADY

FROM: EDYTHE M. HOLBROOK *EMH*  
EXECUTIVE DIRECTOR ARYO

DATE: 27 DECEMBER 1995

Something very special happened to the American Russian Youth Orchestra today! For the first time in our history, we received Season's Greetings from the White House -- a glorious card signed by President and Mrs. Clinton.

I don't know who took a moment to think of us or how it happened, but it meant the world. I am sending our thanks to both of you, assuming you will pass these along to the Clintons. What a glorious note on which to usher in 1996.

We are in full gear for our next World Tour, which will kick off at Carnegie Hall, thence to Saint Petersburg's White Nights Festival, with Maestro Valery Gergiev of the Kirov conducting, and across Russia with our finale in Almaty, Kazakstan.

We will keep you posted.

Keep an eye out for Laura Grantier, our fabulous 1995 clarinetist from Natchez, Mississippi. She is playing in the Navy Band. You already have two ARYO musicians from previous tours in the President's Own!

Here's to a splendid New Year -- American and Russian!

*file Russia*



**CONCEPT PAPER FOR FIRST LADY HILLARY CLINTON  
U.S.-RUSSIA WOMEN'S HEALTH INITIATIVE ON BREAST CANCER**

**PURPOSE:**

This proposes a new initiative led by First Lady Hillary Clinton and her Russian counterpart that would stimulate U.S.-Russia research, cooperation, and defense conversion through an initiative focused on curing and preventing breast cancer. This would become an agenda topic to discuss during the up-coming U.S.-Russian Summit on May 9, 1995.

**CONCEPT:**

During the U.S.-Russian Summit Meeting, it is proposed that Mrs. Clinton discuss with Mrs. Yeltsin the concept of conducting a U.S.-Russia Initiative on breast cancer and technologies for early detection, treatment, and prevention. The theme should be applying the respective countries' technologies, both commercial and defense, to enhance the health of women, worldwide.

**BACKGROUND:**

Women's health care issues, including breast cancer, is a topic of interest to the Clinton Administration and First Lady Hillary Clinton. For example, in February of this year, Mrs. Clinton made a national appeal that women's health care issues be a priority for the Nation's research and development sectors. Additionally, she called on American companies to provide free mammography coverage to female employees and suggested that defense technologies could be applied commercially in the fight against breast cancer.

Meanwhile, in Russia, breast cancer is a far more prevalent killer disease than in the United States, with a mortality rate more than double the U.S. rate for women diagnosed with the disease. The number one factor thought to cause such high numbers of fatalities in Russia is the lack of early detection of tumors.

**DISCUSSION:**

The United States and Russia are each engaged in a period of defense downsizing and defense conversion. Both countries are encouraging commercial applications of defense technologies. Too often, this is without focus. Both the United States and Russia have world class research institutes, and the United States and nonprofit sector have taken steps to provide incentives for Russian scientists and engineers to remain in Russia during the on-going period of economic transition. Advanced technologies developed in the respective military and civilian research and development centers could have a tremendous impact on the future of health care for women in the U.S., Russia, and the world. The keys are information flow, cooperation, and joint programs between the respective countries. Programs are needed that are focused on tangible results with widespread public benefit.

With the up-coming U.S.-Russian Summit in May, Mrs. Clinton has a unique opportunity to propose a U.S.-Russia Women's Health Care Initiative with her Russian counterpart. The initiative would be focused on breast cancer detection, treatment, and prevention. The first step would be a U.S.-Russia conference to exchange information, ideas, concepts, technologies, and open a dialogue on how build a program to achieve early detection and cure. The conferences would be apolitical with no hidden agendas but focused solely on building a coordinated, international program that focuses cold-war technologies on real-world problems.

If the U.S. and Russia embark on a joint research and development program focused on breast cancer under the leadership of Mrs. Clinton, it will benefit all the women of the world and their families. Additional benefits of such a program will include encouraging U.S. commercial competitiveness, recognizing traditional Russian excellence in research and development, and highlighting conversion of military technologies to lifesaving commercial applications.





file Russia

**H**OBART EARLE strode confidently onto the stage of the Odessa Philharmonic Orchestra, then stopped, startled by the sight of nearly 100 musicians bundled in coats and scarves. It was April and still bone-cold in Ukraine, but there was no heat in the concert hall.

Scanning the auditorium, the lanky 30-year-old American took in the tarnished gilt trim and tattered velvet seats. Many of the musicians were clutching instruments any high-school band in the United States would have rejected.

It was not what he had expected, but Earle was eager to begin his week-long stint as a guest conductor. Raising a baton he said, "Begin *The Firebird Suite* from rehearsal number six." His instructions were translated into Russian.

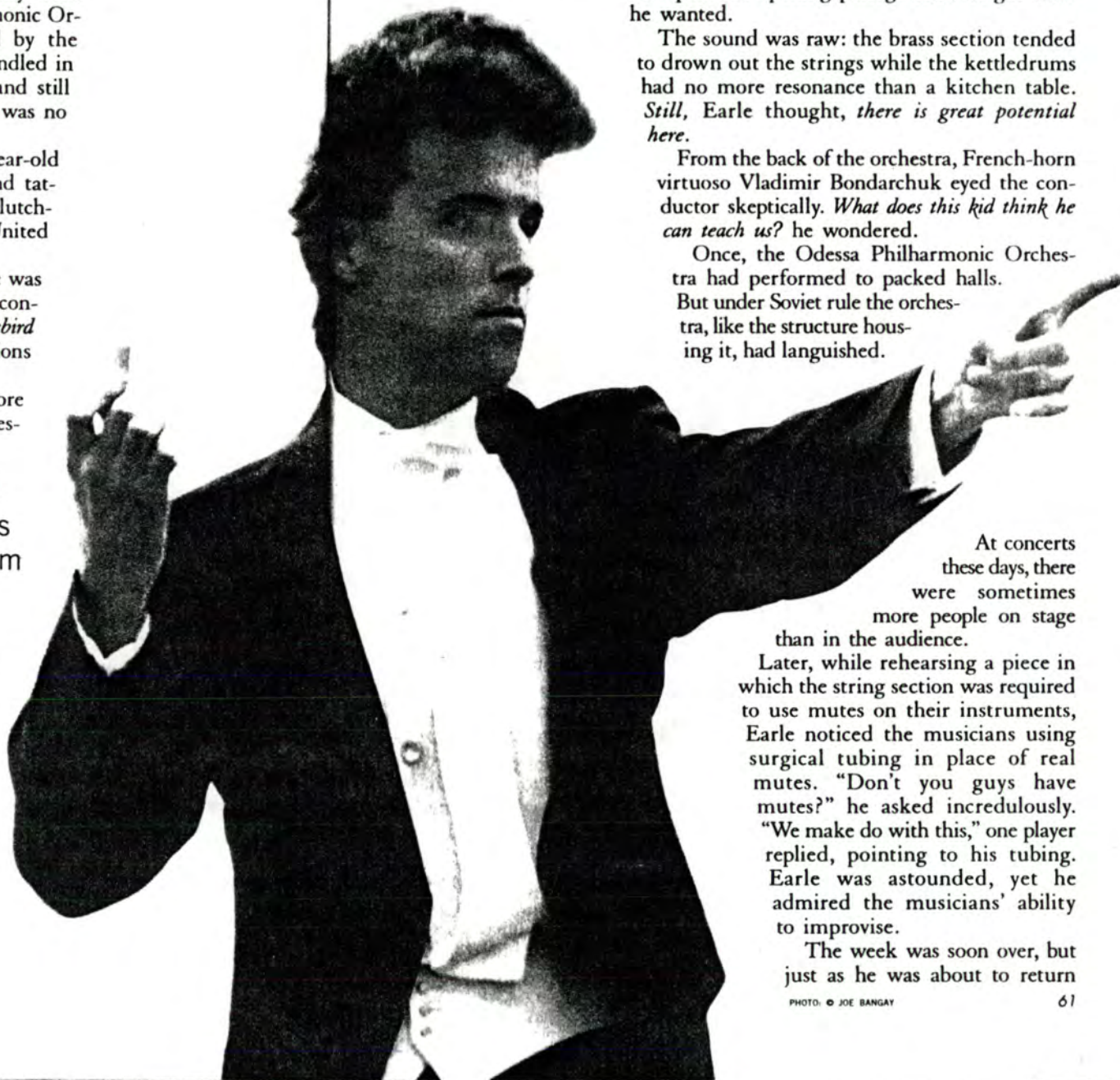
Earle wanted Stravinsky's music played more forcefully and energetically, so he had the orches-

He promised to turn a disheartened band of musicians into a world-class orchestra, but even they doubted him

# Maestro of Their Dreams

BY LUCINDA HAHN

60



tra repeat the opening passage until he got what he wanted.

The sound was raw: the brass section tended to drown out the strings while the kettledrums had no more resonance than a kitchen table. *Still*, Earle thought, *there is great potential here.*

From the back of the orchestra, French-horn virtuoso Vladimir Bondarchuk eyed the conductor skeptically. *What does this kid think he can teach us?* he wondered.

Once, the Odessa Philharmonic Orchestra had performed to packed halls. But under Soviet rule the orchestra, like the structure housing it, had languished.

At concerts these days, there were sometimes more people on stage than in the audience.

Later, while rehearsing a piece in which the string section was required to use mutes on their instruments, Earle noticed the musicians using surgical tubing in place of real mutes. "Don't you guys have mutes?" he asked incredulously. "We make do with this," one player replied, pointing to his tubing. Earle was astounded, yet he admired the musicians' ability to improvise.

The week was soon over, but just as he was about to return

PHOTO: © JOE BANGAY

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was handed a note from an audience member. "You are an American hero! You are light in our darkness," the message read.

With the Ukrainian tour under its belt, the orchestra was ready for the festival in Austria.

The night of their appearance in Bregenz, everyone was on edge, including Earle. But once onstage, the Odessa Philharmonic filled the hall with their newly acquired repertoire of American music. As Vladimir Bondarchuk began the horn solo in George Gershwin's *Concerto in F*, he was playing as never before. *Is this really me?* he thought at one point.

Two hours after they had begun, the musicians finished with "The Stars and Stripes Forever." The crowd cheered. *This is getting interesting again*, Tomaschuk reflected. *Maybe I'll stay in Odessa just a bit longer.*

But the afterglow of their Austrian success couldn't erase the mounting hardships of life in newly independent Ukraine. For first violinist Galina Zhukova and trombonist Viktor Rossada, supporting themselves and their four-year-old daughter on their \$25-a-month salary was becoming almost impossible. "How are we going to manage?" Galina asked Viktor one evening.

He reminded her of an offer from a conductor in Poland, where better-paying orchestra jobs were promised to them. But talking it over, they decided against it. "If it weren't for Hobart it might be an option," Galina said. They couldn't leave Odessa now.

*We love our work again*, Viktor thought.

AFTER A SUMMER in Vienna, Earle returned to Odessa to find his musicians playing dispiritedly. "What's wrong?" he asked. Several musicians shrugged their shoulders. "You think it's over?" Earle challenged. "One trip to the West and that's it? No way! Austria was just the beginning."

Soon a plan began to form in Earle's mind. *America*, he thought. *We'll tour America*. To protect the orchestra from possible disappointment, he kept his plans secret.

A few months later Earle found himself nervously studying a contract to rent Carnegie Hall November 30, 1993. *How are we going to raise \$200,000 for an American tour?* he wondered. The money for the Carnegie Hall deposit would have to come from his own pocket.

Taking orchestra executive director Viktor Mitnik into his confidence, Earle set out to raise the money for the trip. After a bank reneged on a \$200,000 pledge, Earle and Mitnik met with local political officials, including the mayor of Odessa. Earle appealed to their concern for the city's depressed economic circumstances. "What an opportunity to promote Odessa," he said. "Don't you think?"

"I have many other problems," the mayor droned, seemingly unimpressed, "but I will look into it." Earle and Mitnik left with little hope of getting official funding.

The months passed. Nothing. Finally, in early October Mitnik and

Earle learned that the mayor had helped persuade three local factories to donate more than \$200,000—enough to cover the entire trip.

But complications arose in wiring the funds to the United States, and when Earle flew to New Jersey for his father's 80th birthday in late October, the money had not yet arrived. It was only a few weeks before the Carnegie concert date. At the party he shared his concerns with his brother-in-law, John, an executive.

"Hobey, you don't have the money, you don't have the visas, and you don't have the hotels and transportation booked," John said. "Maybe you'd better cancel this."

Earle shook his head. "I have to

do it." The money finally came through. Earle returned to Odessa with the good news.

STANDING BEFORE THE ORCHESTRA at the first rehearsal upon his return from America, Earle was nervous.

"I am pleased to announce," Earle said quietly, "that on November 30 the orchestra will play in New York, at Carnegie Hall." The musicians were stunned, then filled the hall with tumultuous applause and excited chatter.

The orchestra's American tour would begin with a performance at Chicago's famous Orchestra Hall. But on the day of departure, as the musicians were preparing to board



PHOTO: (ORCHESTRA ON THE POTEMKIN STEPS IN ODESSA) © JOE BANGAY



the plane, Mitnik suddenly took Earle aside. "The pilot has decided the plane is too heavy," he said gravely. "We have to dump 20 passengers."

Together they collared an Air Ukraine representative. "This deal was negotiated at the highest level of your company," Earle argued, gesturing animatedly as when he conducted. "If we leave 20 musicians home, our first concert in America will have to be canceled, and that would be a major embarrassment for Ukraine."

Overwhelmed by Earle's determination, the official let the entire orchestra board. He insisted, though, that eight large instrument cases be left behind. *Okay*, Earle thought, *We'll just have to make the trip without them.*

When the old Ilyushin jet finally touched down at JFK International Airport, the musicians cheered. Earle stood at the exit and shook everyone's hand. "Welcome to America," he said, smiling broadly. When he extended his hand to one of the more reserved violinists, she jumped up and gave him a big hug.

AT THE BEGINNING of their rehearsal at Carnegie Hall on the day of the concert, Earle asked the orchestra to stand. "Let's have a moment of silence. Think of where you are; feel the atmosphere of this historic place."

That evening as they took the stage, Earle, resplendent in black tails and white tie, strode on amid loud applause.

After opening the concert with "America the Beautiful," Earle raised his baton to begin selections from Prokofiev's *Romeo and Juliet*. Vladimir Bondarchuk was sure his heart was going to pound through his jacket. *God, don't let me play a bad note.* Then with the other French horns he played a flawless introduction; their performance set the tone for the rest of the concert.

As the final notes faded away that evening, the audience stood, applauding insistently. Earle smiled at the orchestra and brought down his baton. Their encore was the *Taras Bulba* overture.

A few days later the musicians filed onto the Air Ukraine jet, chatting and cramming shopping bags filled with blue jeans and other souvenirs in overhead compartments. Earle observed the hectic scene with satisfaction. All 103 members of the orchestra boarded.

In his aisle seat, Vladimir Tomaschuk sat quietly. For years, his dream had been to move to America. Now he was glad—no, excited—to be returning home.

*Since its appearance at Carnegie Hall, the Odessa Philharmonic, led by Hobart Earle, has toured all over the world. Life in Odessa is hard and the Philharmonic Hall is still unheated. But when the orchestra is in town for a concert, the hall is always full.*



PEOPLE WHO love golf have a big advantage over people who fish. When golfers lie, at least they don't have to show anything to prove it.

—Ron Dentinger

"I wonder about our commitment to deficit reduction if we cannot take Ronald McDonald off the dole."

—Rep. Dick Armey (R., Texas)

# We Can't Afford Corporate Welfare

BY T. J. RODGERS

**H**ERE'S A good rule of thumb: when Congress intervenes to help corporations finance projects, taxpayers end up getting fleeced. One unfortunate example from my own industry illustrates how.

Several years ago intense competition from the Japanese caused computer-chip makers in the United States to cry foul. Congress responded to the pressure with your money.

In 1987, with Washington's approval, 14 companies, led by Intel and IBM, formed a consortium called Sematech. A research facility ultimately staffed with more than 700 employees was established, and its costs were heavily subsidized by taxpayers to the tune of some \$100 million a year.

What happened next is instructive.

T. J. RODGERS is the founder, president and chief executive officer of Cypress Semiconductor in San Jose, Calif.

Instead of just combating foreign competition, Sematech's members began to adopt policies that fended off competition from the nation's roughly 200 smaller domestic companies, including my own Cypress Semiconductor.

First, Sematech's \$1-million minimum dues meant that some of the smaller companies couldn't afford to join. And until this practice ended in 1990, Sematech gave handouts to semiconductor equipment companies on the condition that critical next-generation equipment under development be withheld from all but Sematech members for periods of up to a year.

Intel, for instance, got temporary use of a \$1.5-million wafer-etching machine from the consortium, along with another \$1.9 million for installation and testing. My own company





*Embassy of the United States of America*

*file*

March 9, 1995  
Moscow, Russia

Ms. Melanne Verveer  
Deputy Assistant to  
President and Deputy Chief  
Of Staff to the First Lady  
The White House  
1600 Pennsylvania Avenue, N.W.  
Washington, D.C. 20500

Dear Ms. Verveer:

Ambassador Pickering has asked me to respond on his behalf to your letter of January 4, 1995, received here at the Embassy on February 21, 1995, which requested the Ambassador's assistance in forwarding information on the Heritage Lottery Fund to Mrs. Yeltsin and Russian Minister of Culture Yevgeni Sidorov.

The materials on the Fund were transmitted to Mrs. Yeltsin and Minister of Culture Sidorov, along with a letter from the Ambassador expressing Mrs. Clinton's regards, on March 3. The Ambassador also passed on to both Mrs. Yeltsin and the Minister, Mr. Wolfensohn's offer to be of assistance in discussing the Fund and other areas of arts administration and funding.

Ambassador and Mrs. Pickering have asked me to send their thanks for your gracious new year's greetings and their regards to Mrs. Clinton.

Sincerely,

Richard M. Mills, Jr.  
Assistant to the Ambassador



# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                        | DATE       | RESTRICTION |
|--------------------------|----------------------------------------------------------------------|------------|-------------|
| 001. memo                | Linda Vogel to Health Committee Executive Network [partial] (1 page) | 11/25/1994 | P3/b(3)     |

### COLLECTION:

Clinton Presidential Records  
First Lady's Office  
Melanne Verveer  
OA/Box Number: 20051

### FOLDER TITLE:

Russia [Folder 6]

2013-0534-S

rc1676

### RESTRICTION CODES

#### Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

#### Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Memorandum

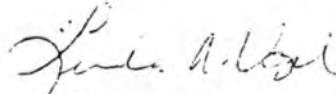
Date November 25, 1994

From Director, Office of International Health, OASH

Subject US-Russia Health Committee - Information Copies of HHS Letters from the Secretary and DASH on Health Committee Formation

To Health Committee Executive Network Resource Group (ENRG)

For your information, attached are copies of the correspondence contained in a State Department cable (OIH-196) conveying our response to the Russian proposals for activities and furthering preparations for the first meeting of the US-Russia Health Committee in Moscow, December 13-15, under the Gore-Chernomyrdin Commission.

  
Linda A. Vogel

Attachments:

Letter from Secretary Shalala to Minister of Health Nechayev (11/22/94)

Letter from Jo Ivey Boufford to Deputy Minister of Health Tzaregorodtsev

Addressees:

(b)(3) [001]

Phil Budashewitz, PHS/FDA  
Merryl Burpoe, OPIC  
Carol Carnahan, DOS/EUR/ISCA/ECA  
Jack Chow, PHS/NIH/FIC  
Joe H. Davis, PHS/CDC  
Tom Dine, AID/ENI  
Matt Edwards, DOC/ITA  
John Elkind, DOE  
Rhonda Ferguson-Augustus, DOS/ISCA/CAST  
Cindy Gire, OVP  
Joseph Grandmaison, TDA  
Jeff Gren, DOC  
Jim Harrell, PHS/DPHP  
Nancy Hazleton, PHS/OIH  
Peter Henry, PHS/OIH  
David Hohman, HHS/OS  
Elaine Holland, DOEd/OIIA  
Allen Holt, PHS/NIH  
Bud Jacobs, USIA  
Stephen Joseph, DOD



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Irene Kelner, Voice of America  
Ming-Chen Keller, U.S.Embassy Science Section, Moscow  
Julie Klement, USAID  
Tom Macklin, DOS/NIS/C  
Katie McDonald, AID  
Don Miller, NASA  
Dick Morningstar, OPIC  
Paul D. Panaccione, USIA  
Mary Pendergast, PHS/FDA  
Marilyn Piefer, DOS/OES  
Ernie Plock, DOC/ITA  
Nicole Rabner, OP  
Greg Rathmell, DOC/ITA  
Anthony Rock, DOS/OES  
Elliot Siegel, NLM  
Alan Silva, AID/ENI/HR  
Linda Staheli, OSTP  
Kathryn Sullivan, OVP  
Terry Tiffany, USAID Mission Moscow  
John B. Tomaro, AID  
Barbara Turner, USAID  
Linda Vogel, PHS/OIH  
Edward Washburn, DOE  
Gary Waxmonsky, EPA/OIA



THE SECRETARY OF HEALTH AND HUMAN SERVICES  
WASHINGTON, D.C. 20201

NOV 22 1994

Dr. Eduard Nechayev  
Minister of Health and Medical Industry  
of the Russian Federation  
Rakhmanovsky per.3  
Moscow, Russian Federation

Dear Dr. Nechayev:

I wish to express my thanks to you and your colleagues for all of the courtesies that you accorded to Dr. Boufford during her recent visit to Moscow. She has briefed me on the excellent progress that was made during those discussions. We appreciated hearing your views on priorities for cooperation.

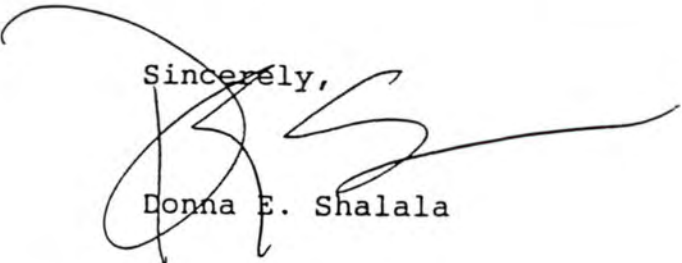
Dr. Boufford has sent a letter, a copy of which I have enclosed, to Dr. Tzaregorodtsev in their respective roles as points of contact. Her letter shares our views on your proposals and conveys some of our thoughts on other potential areas of cooperation. It also outlines our thinking on the charge for the committee, its methods of work and functioning of the respective secretariats for the committee.

In order to further preparations for our committee's discussions during the commission meeting in December, I am sending, subject to your Ministry's concurrence, two senior staff to Moscow, beginning November 28 for one week. They are Mrs. Linda Vogel, Director of our Office of International Health, and Dr. Peter Henry, who is responsible for Russian affairs in that office.

I want you to know that I am enthusiastic about our committee and about the opportunities which we have. I look forward to seeing you in Moscow, in the event I do not see you sooner at the Paris high-level meeting on AIDS.

With kind regards.

Sincerely,

  
Donna E. Shalala

Enclosure





DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary  
for Health  
Washington DC 20201

NOV 22 1994

Dr. Alexander Tzaregorodtsev  
Deputy Minister  
Ministry of Health and Medical Industry  
of the Russian Federation  
Rakhmanovsky per. 3  
Moscow, Russian Federation

Dear Dr. Tzaregorodtsev:

We very much appreciated the time and effort that you and the Ministry of Health put into receiving my delegation and me in Moscow.

Upon my return, I discussed your proposals with Secretary Shalala and other Health Committee members as well as with our interagency advisory group. I am pleased to report that we are in general agreement with four of the six priority areas you proposed. We have reservations concerning the fifth proposed area of pediatric cardiac surgery, which we can discuss further, but we need to address issues of mutual interest and benefit. For the sixth area, space medicine, we feel would be more appropriately handled under the Gore-Chernomyrdin Space Committee or the GC Science and Technology Committee.

Enclosed is a direct translation (Enclosure 1) of the priority list that you provided to us along with our comments (indicated in parentheses) on the potential scope of these areas. Some of these reflect greater detail drawn from our discussions with you in Moscow. We are also enclosing a brief description of several additional ideas for your consideration (Enclosure 2).

We are also finalizing membership of the Committee on our side. While we do not yet have specific names of the individual representatives, Departmental membership will be as outlined in Enclosure 3.

Additionally, we have done some further thinking on a possible "charge" to the committee and proposed methods of work. These are provided for your consideration in enclosures 4 and 5, respectively.

In order to further discuss and refine these materials and to assure agreement on the preparations for the first committee meeting, I would like to propose that two members of my staff, Linda Vogel, Director of the Office of International Health, and Peter Henry, return to Moscow November 27 to

Page 2

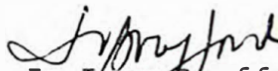
December 3. During this time they could work with appropriate members of the Ministry and Health Committee Secretariat to better prepare the ground for discussions of the Health Committee during the Commission meeting, including preparation of a draft report to be given by Minister Nechayev and Secretary Shalala to the full Commission.

Finally, in direct response to the Minister's request, we are collecting available materials on diabetes, and we will be prepared to receive a delegation from Russia on diabetes in January should this be convenient.

I look forward to hearing from you and to our continuing work together.

With my best wishes.

Sincerely yours,



Jo Ivey Boufford, M.D.  
Principal Deputy Assistant Secretary  
for Health

Enclosures



Enclosure 1

Ministry of Health Proposals  
Agreed to by the U.S.

1. Diabetes. Send a delegation to the U.S. By mid-December to study U.S. experience. Interest in joint production of diabetic-related pharmaceuticals and foods.

(The U.S. could receive the Russian delegation in January. We would like to see this priority area expanded along the lines noted by Minister Nechayev in our meeting with him. There is a broad range of opportunities, ranging from research, to prevention, to treatment including education of patients and health providers, to production of essential pharmaceuticals, supplies, and foods. Cooperative efforts should address both Type I and Type II diabetes in adults and children.)

2. Control of infectious diseases in childhood. Good manufacturing practices for production of vaccines and sera, first for diphtheria, and then for other childhood diseases.

(We would especially like to stress vaccine-preventable infectious diseases. Initially, the U.S. views this area as an important opportunity to work with Russia in their efforts to restore/modernize their vaccine/sera production to GMP levels, and it would build on cooperation carried out already between the U.S. Food and Drug Administration, assistance from USAID, and certain Russian institutions. It also offers the opportunity to promote immunization practice and to strengthen the clinical practice of pediatricians.)

3. Combating tuberculosis. Study of the epidemiology and current treatment of TB control.

(The U.S. believes that this area offers an important opportunity to cooperate on anti-TB work including identification of populations at risk, sharing of information on research and on approaches to treatment, and for the production of anti-TB pharmaceuticals.)

4. Maternal and child health. Health education materials in the area of promoting immunization and family planning in Russian practice.

(The U.S. believes that this area offers important opportunities for exchanges of health education material and sharing of experience and techniques on communications for health education, including but not necessarily limited to immunization and family planning. There is also opportunity for continuing medical education for physicians and other health care providers on those issues, such as preventing serious forms of infectious diseases in children and early diagnosis of genetically-linked disorders.)

Area to be Discussed Further:

5. Pediatric cardiac surgery. Transfer of surgical know-how, diagnostic procedures and post-op treatment.

(This area will need substantial private sector involvement in the U.S. There is a need to work out arrangements. Further discussion is needed before this area is added to the agenda.)



## Enclosure 2

### U.S Proposals for Cooperation

1. Strengthen the infrastructure for public health information system (disease surveillance) and public health education. This could begin around issues already identified--vaccine preventable infectious diseases, diabetes, and other areas that lead to better health (e.g. food handling/sanitation, smoking, alcoholism) and other areas that may be mutually agreed upon. It could build on existing AID-funded projects to enhance the infrastructure for disease surveillance and reporting.
2. Strengthen primary care pro-actively through practice management, continuing clinical education for doctors and nurses currently in primary care settings, development of a Russian specialty of family medicine. (We understand there is currently potential funding in this area from World Bank and would be interested in collaborating if it seems to be of value.) This is a priority area of development for the health sectors of both countries.
3. Joint exploration of the role of a Ministry of Health/Department of Health in the face of health care reform and the development of more decentralized health sector management. What are the oblast/state responsibilities; what is the role of the federal level (e.g., regulatory framework, quality standard setting, health manpower planning and certification, facility accreditation). As both countries are going through this transition, it could be of considerable mutual benefit to have a policy working group in this area.

In addition to the foregoing, we would like to explore the potential for future work in two areas:

1. Environmental Health. Cooperative work on risk assessment and study of adverse impact on human health of various forms of environmental pollution. This work would be closely coordinated with the GCC Committee on the Environment and the Energy Committee, specifically the activities being pursued under the Joint Coordinating Committee for Radiation Effects Research (JCCRER).

2. Mental Health. While we did not discuss this during our meetings, it is a particular interest of Mrs. Gore, and we would like to begin some discussions for potential future cooperation. Areas of special interest would, for example, be exchanges of information/research on mental disorder assessment as well as treatment approaches.

Enclosure 3.

U.S. Committee Membership

Donna E. Shalala, Ph.D., Co-chair  
Secretary of Health and Human Services

Carol Lancaster, Ph.D., Vice-chair  
Deputy Administrator  
Agency for International Development

Members as follows: (final designation of individuals pending)

Department of Defense

Department of State

Department of Education

Department of Commerce

Overseas Private Investment Corporation

U.S. Information Agency

Point of Contact:

Jo Ivey Boufford, M.D.  
Principal Deputy Assistant Secretary for Health

Secretariat:

Linda Vogel  
Director, Office of International Health

Peter Henry, Ph.D.,  
Director, Office for Europe and the NIS  
Office of International Health

Terrence Tiffany, M.D.,  
Chief of Environment and Health, USAID/Moscow



Enclosure 4

Charge to the Committee

1. To promote U.S.-Russia cooperation in the health sector including direct government to government public health cooperation on issues of national concern and strengthen the opportunities for collaborative work in areas of mutual interest.
2. To identify policy, regulatory and other barriers to smooth implementation of cooperative working and seek solutions through the broader Gore-Chernomyrdin process.
3. To promote full communication by all parties about current U.S.-Russia health sector activities, especially those supported by the Governments of the United States and the Russian Federation.
4. To provide visibility and policy support to currently planned or ongoing initiatives, especially those involving vulnerable populations.
5. To serve as a focal point to improve co-ordination of US-Russian health sector cooperation across government and non-governmental organizations within each country.
6. To promote the widest possible interchange and cooperation, in areas of agreed priority, among U.S. and Russian public health professionals and biomedical scientists, health sector leadership and government health officials at all levels.
7. To develop and maintain linkages and assure cooperation across the Gore-Chernomyrdin Committees on health-related issues.
8. To oversee and monitor the outcomes of these efforts as well as activities conducted under the current U.S.-Russian Health Agreement and to discuss the policy implications of these outcomes for broader application.

Enclosure 5.

Methods of Work

1. The co-chairs of the Committee will assure the maximum feasible consultation and participation of government committee members from each side.
2. The committee will agree on an agenda for an initial joint program of work and revise it as necessary.
3. As areas for the program of work are agreed upon, joint working groups and/or joint agency responsibility will be identified for developing a plan of action to include:
  - A statement of the issue to be addressed
  - Expected outcomes of the work
  - An implementation plan
  - A timetable for joint activities in each identified area
  - Projected resource needs and sources of support
4. The co-chairs will be responsible for assuring appropriate involvement from governmental and nongovernmental organizations in working groups developed by the committee.
5. A joint secretariat function will be established in order to support the health committee and its working groups and to expedite communications, including use of electronic mail. The Russian Secretariat will be located in the Ministry of Health and Medical Industry and the U.S. Secretariat will be co-located in the Office of International Health, Public Health Service, Department of Health and Human Services and the U.S. Mission AID, Moscow. The committee will agree upon scope of responsibility and authorities of the Secretariats.
6. The committee will request periodic reports, including identification of obstacles to implementation, on existing and other relevant health sector projects funded by the Governments of the United States and the Russian Federation with a view, inter alia, toward delineating ways/means of overcoming problems/obstacles.



## Memorandum

Date \* November 22, 1994

From Principal Deputy Assistant Secretary for Health

Subject US-Russia Health Committee - Follow-up on Second Executive Network Resource Group

To Health Committee Executive Network Resource Group (ENRG)

This is in follow-up to our meeting on Wednesday, November 16, to continue preparations for the first meeting of the US-Russia Health Committee in Moscow, December 13-15, under the Gore-Chernomyrdin Commission.

I very much appreciated your participation, especially on such short notice. With this memorandum, I am providing you with the following:

- o Final version of the summary minutes of our first meeting on October 27 - Tab A
- o Trip report for my visit to Moscow, October 30-November 5 - Tab B  
(Note: Limited Official Use (LOU) attachments will be mailed/delivered separately)
- o Based on discussions at our November 16 meeting and subsequent input from concerned agencies the following documents at Tab C:
  - Draft charge to the Health Committee
  - Draft methods of work for the Health Committee
  - Draft Purview of the Committee
  - Projects proposed by the Ministry of Health with U.S. comments on them
  - U.S. proposals
    - Members of the Health Committee
    - Russian
    - U.S.  
(Note: Secretary Shalala has sent letters to Education, State, Commerce, DOD, OPIC, and USIA requesting that they each appoint a member to the Health Committee.)

The documents under Tab C need to be discussed with an agreed to with the Russians prior to the G-C Commission meeting in mid-December. To help assure that this is accomplished,



Linda Vogel, Director of the PHS Office of International Health (OIH) and Dr. Peter Henry, OIH, will go to Moscow, November 28-December 2.

MEETING OF THE U.S. SIDE OF THE HEALTH COMMITTEE:

Secretary Shalala has scheduled a meeting with U.S. Members of the Health Committee for Thursday, December 8 at 10:00 a.m. The meeting will be at her office on the 6th floor of the Hubert Humphrey Building, 2nd and Independence Avenue, S.W. Because of limited seating, the Members should bring no more than one staff person to the meeting.

HEALTH COMMITTEE MEETING:

The Health Committee will hold its first joint session on Wednesday (December 14) a day before the Gore-Chernomyrdin Commission Meeting. The following is the current list of U.S. participants:

Going on the USG Plane:

Donna E. Shalala, Ph.D. - Co-chair  
Carol Lancaster, Ph.D. - Vice Chair  
Jo Ivey Boufford, M.D. - Point of Contact  
Michael Feldstein, USAID  
Linda Vogel, HHS

We also expect participation by other Health Committee Members who will be in Moscow for the GC Commission Meeting and appropriate Embassy and USAID Mission representatives posted in Moscow.

We will follow up with further details in the near future.

FORMATION OF WORKING GROUPS:

While there is still a need to sharpen the proposed areas for cooperation, it would, nonetheless, be useful for us to establish some priority-specific working groups. We would appreciate receiving advice from your agency regarding participation in working groups for each of the identified priority areas. Any comments/ideas for initial activities would be helpful. Please provide your responses to the attention of Dr. Peter Henry, Office of International Health, FAX (301) 443-6288.

Thank you for your assistance.

  
Jo Ivey Boufford, M.D.

Attachments:

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                             | DATE       | RESTRICTION |
|--------------------------|---------------------------------------------------------------------------|------------|-------------|
| 002. memo                | Jo Ivey Boufford to Health Committee Executive Network [partial] (1 page) | 11/22/1994 | P3/b(3)     |

### COLLECTION:

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Melanne Verveer  
OA/Box Number: 20051

### FOLDER TITLE:

Russia [Folder 6]

2013-0534-S

rc1676

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- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.

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RR. Document will be reviewed upon request.

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Addressees:

Jo Ivey Boufford, PHS/OASH

(b)(3)

0023

Phil Budashewitz, PHS/FDA

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John Elkind, DOEn

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Cindy Gire, OVP

Joseph Grandmaison, TDA

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David Hohman, HHS/OS

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Allen Holt, PHS/NIH

Bud Jacobs, USIA

Stephen Joseph, DOD

Irene Kelner, Voice of America

Ming-Chen Keller, U.S.Embassy Science Section, Moscow

Julie Klement, USAID

Tom Macklin, DOS/NIS/C

Katie McDonald, AID

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Paul D. Panaccione, USIA

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John B. Tomaro, AID

Barbara Turner, USAID

Linda Vogel, PHS/OIH

Edward Washburn, DOE

Gary Waxmonsky, EPA/OIA



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**Tab A**

Divider Title: \_\_\_\_\_

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US-RUSSIA GORE-CHERNOMYRDIN HEALTH COMMITTEE  
EXECUTIVE NETWORK RESOURCE GROUP (ENRG)

Summary of First Meeting  
Held: October 27, 1994

Overview:

The first meeting of the GC Health Committee Executive Network Resource Group (ENRG) was called by "point of contact" Jo Ivey Boufford, Principal Deputy Assistant Secretary for Health, and was held in Room 729 G at the HHS headquarters building on October 27, 1994. This was the first opportunity to gather representatives from a number of USG agencies involved in health-related work Russia. The purpose of the meeting was to:

- Review the draft goals for the Health Committee;
- Prepare for Dr. Boufford's trip to Moscow (October 30 - Nov. 5);
- Share information on what other USG agencies are doing in Russia, to better understand the on-going health-related programs and activities with Russia.; and
- Begin to identify what a Health Committee could most constructively accomplish and the resources that might be directed towards those efforts.

Attendees:

There was good representation from most of the agencies invited to the meeting. From the sign-up sheet passed during the meeting (including agencies not able to send representatives, i.e. DOD, USIA, and DOE) the attached list of participants was assembled. The name "Executive Network Resource Group" (ENRG) was coined to describe this health-related interagency working group. The desire at the outset is to be inclusive and let other agencies participate and stay up to date on the committee's activities, potentially forming work groups as the agenda is defined, regardless of which departments/agencies are actually formal committee members.

Introductions and Background:

Dr. Boufford began by noting the need for receiving background summaries of agency's health-related activities in Russia. The intent is to map both the U.S. and Russian perspectives of what is taking place in Russia in the health sector. This will be made available to all network members. This was followed by an introductory round of identification of individuals, the agencies they represented, and a brief indication of their primary health interests with Russia.



On September 23, 1994, Secretary Shalala responded to Vice President Gore's invitation to co-chair the new U.S.-Russia Joint Health Committee and to accompany him to Moscow for the upcoming Gore-Chernomyrdin Commission meeting on December 14-15, 1994. Assistant Administrator Carol Lancaster, USAID, has agreed to serve as a Vice Chair.

Dr. Boufford provided background on the formation of the Health Committee. She noted the genesis as a result of discussions in June between Vice President Gore and Prime Minister Chernomyrdin.

The charge from the Office of the Vice President was to identify a short term, high visibility/impact activity that will assist the Russian people on the ground and to begin to lay the groundwork for medium- and long-term barrier removal and infrastructure development in the health sector.

To prepare for the December meeting, Dr. Boufford explained the purpose of her trip to Moscow (October 30 - November 5). She will meet with representatives of the Ministry of Health, Russian Academy of Medicine, the State Sanitary and Epidemiologic Committee, and other Russian health leadership to elicit information on priority health issues and how the Health Committee can form a partnership with the Russians that: (a) will be viable and make a difference to the people on the ground; (b) not raise false expectations on what can be achieved; and (c) respond effectively to requests for greater government-to-government cooperation and coordination.

#### Summary of Meetings in Washington With Russian Health Authorities:

Dr. Boufford reported on meetings held with Victor Cherepov, Head, Public Health & Medical Engineering Department, Russian Government, (September 28) and with Alexander Tzaregorodtsev, Deputy Minister of Health, as part of the DOE-led meetings on radiation health effects (October 24-26). Dr. Cherepov indicated that a focus on a maternal and/or child health project would be a good initial project. He was concerned about overlap between the Business Development Committee and the newly formed Health Committee in order to promote pharmaceutical development in Russia.

Deputy Minister Tzaregorodtsev provided the following initial ideas from the perspective of the Ministry of Health and Medical Industry:

- Health finance at the Oblast level
- Development of primary care centers
- Development of specialized disease-specific centers such as diabetes
- Development of General Practitioners (Curriculum improvement and certification standards)
- Diphtheria control (vaccine production)
- Public health information, especially as it relates to vaccination programs.



The recommendation of the Washington based Ministry of Health staff was to focus on a "diabetes center" and Article 1 of the US-Russia Health Agreement:

"The Parties shall promote development of cooperation between the two countries in the following areas: disease control and prevention, public health protection, biomedical research, health services and health policy research, and health administration and finance.

The principal objectives of this cooperation are to provide opportunities to exchange ideas, information, skills and techniques, and to collaborate on problems of mutual interest."

#### Agency Reports:

Rhonda Ferguson-Augustus from State Department reported on her conversations with Ming-Chen Keller, the Health and Environment Science Attache at the U.S. Embassy Moscow. The latter indicated that the base of Russian-side Health Committee representation needed to be broadened and that the Ministry of Health had indicated the two top priorities are: 1) development of a diabetes center and 2) develop cooperation around Article 1 of the US Russia Health Agreement of January 14, 1994. The Embassy considers oral health and AIDS education to be priorities.

The Department of Commerce spoke of trade promotion, a pharmacy packaging joint venture and development of medical equipment, pharmaceuticals and health services.

With respect to defense conversion activity, it was noted that a biological weapons facility may be converted to produce generic pharmaceuticals.

Gary Waxmonsky from the Environmental Protection Agency spoke of the environmental component of the current public health crisis in Russia. He noted the need for cooperation between the Environmental Committee and the Health Committee, especially in order to allow a focus on human health effects and to obtain biologic samples from exposed populations. The Ministry of the Environment's communications with the Ministry of Health or the Russian State Committee for Sanitary and Epidemiologic Surveillance appear to have been limited. Dr. Waxmonsky also noted that Dr. Murray Feshbach of Georgetown University is currently developing a health/environmental map of Russia which may be of assistance to both committees.

Under Department of Energy auspices, the Joint Coordinating Committee for Radiation Effects Research (JCCRER) met earlier in the week and included Dr. Boufford as a representative for HHS on the JCCRER. This area represents another opportunity for environmental health effects studies. It was reported there that over 25% of the Russian population has been exposed to unhealthy doses of radiation.

The Food and Drug Administration reported on these problems with their pharmaceutical MOU and their efforts to improve vaccine production and standardization. CDC reported on efforts to improve health information systems and training of epidemiologists.

The Office of Private Investment Cooperation advised of their interest in supporting investments in the health field in Russia. They have received a substantial number of proposals which are pending decision.

The issue of tele-medicine and other applications through the Space Committee were also mentioned as areas for cross committee coordination.

The Overseas Private Investment Corporation indicated their interest in supporting efforts in the health sector and they had received many proposals.

#### Draft Health Committee's Goals:

As a first approximation, the group did not object to the following formulation of draft "goals" for a December meeting of the Health Committee.

- Establish direct communications between U.S. and Russian governmental health authorities to discuss health priorities, needs, and strategies for improvement.
- Reach agreement with the Russian side on the goals, scope, composition, and resources to be made available for Committee activities.
- Announce one specific activity that can be launched in the near-term.
- Begin to identify opportunities for medium and long term cooperation to renew/strengthen the health sector infrastructure.
- Explore possible approaches to improved coordination of government, private and voluntary sector US efforts in the Russian health sector.

#### Flip Chart Work:

The final 20 minutes of the meeting was spent in soliciting ideas from the group on potential short and long-term activities the Health Committee might undertake and in listing facilitators and/or successes and barriers and/or failures based on the group's past experience in cooperation with and technical assistance to Russia. These have been transcribed and are attached.



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**US-Russia G-C Health Committee  
Executive Network Resource Group (ENRG)**

**As of 11/18/94**

| <u>Name</u>    | <u>Title</u>                                                 | <u>Organization</u> | <u>Tel Number</u> | <u>Fax Number</u> |
|----------------|--------------------------------------------------------------|---------------------|-------------------|-------------------|
| Tom Dine       | Asst Administrator for Europe & ENI                          | AID/ENI             | 202-647-9119      | 202-647-9973      |
| Julie Klement  | Hlth and Popul Prog for Europe<br>and New Independent States | USAID               | 202-736-7753      | 202-736-7750      |
| Katie McDonald | Health Officer, Bur for Europe<br>and NIS                    | AID                 | 202-736-7754      | 202-736-7750      |
| Alan Silva     | Dir, Ofc of ENI/HR                                           | AID/ENI/HR          | 202-647-7614      | 202-736-7288      |
| John B. Tomaro | Sr. Health Advisor<br>Office of Health and Nutrition         | AID                 | 703-875-4979      | 703-875-4686      |
| Barbara Turner | Dep Asst Administration<br>ENI                               | USAID               | 202-647-6050      | 202-647-9973      |

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[003]

|                |                                           |         |              |              |
|----------------|-------------------------------------------|---------|--------------|--------------|
| Matt Edwards   | Int'l Trade Specialist Med<br>Equipment   | DOC/ITA | 202-482-0550 | 202-482-0975 |
| Jeff Gren      | Dir, Ofc of Micro Elec Med Equip & Instru | DOC     | 202-482-2796 | 202-482-0975 |
| Ernie Plock    | Int'l Trade Specialist                    | DOC/ITA | 202-482-4783 | 202-482-2669 |
| Greg Rathmell  | Int'l Trade Specialist Med<br>Equipment   | DOC/ITA | 202-482-2796 | 202-482-0975 |
| Stephen Joseph | Asst Sec of Defense for Hlth Affairs      | DOD     | 703-697-2111 | 703-614-3537 |

**As of 11/18/94 - continued**

| <u>Name</u>              | <u>Title</u>                                    | <u>Organization</u>            | <u>Tel Number</u> | <u>Fax Number</u> |
|--------------------------|-------------------------------------------------|--------------------------------|-------------------|-------------------|
| Edward Washburn          | Staff Scientist, DOE<br>(Secretariat JCCRER)    | DOE                            | 301-903-2335      | 301-480-1413      |
| Elaine Holland           | Special Assistant                               | DOEd/OIIA                      | 202-401-0419      | 202-401-8552      |
| John Elkind              | Asst to the Sec of Energy                       | DOEn                           | 202-586-9786      | 202-586-5150      |
| Carol Camahan            | Program Assistant                               | DOS/EUR/ISCA/ECA               | 202-647-5609      | 202-736-4710      |
| Rhonda Ferguson-Augustus | Env/Health Officer                              | DOS/ISCA/CAST                  | 202-647-6831      | 202-647-3506      |
| Tom Macklin              | Exec Asst to the Coord for Asst to the NIS      | DOS/NIS/C                      | 202-647-4635      | 202-647-2636      |
| Marilyn Piefer           | Science Program Officer                         | DOS/OES                        | 202-647-4891      | 202-647-2746      |
| Anthony Rock             | Dir, Tech Competitiveness<br>and Health         | DOS/OES                        | 202-647-1069      | 202-736-7336      |
| Gary Waxmonsky           | Exec Sec Environment Comm                       | EPA/OIA                        | 202-260-8363      | 202-260-4506      |
| David Hohman             | Dir, Office of Int'l Affairs                    | HHS/OS                         | 202-690-6174      | 202-690-7127      |
| Don Miller               | Acting Chief, Int'l Policy Prog Officer         | NASA                           | 202-358-1651      | 202-358-3029      |
| Elliot Siegel            | Assoc Dir for Hlth, Info Prog Develop           | NLM                            | 301-496-8834      | 301-496-4450      |
| Nicole Rabner            | Asst to the Dep Chief of Staff                  | Office of the<br>First Lady/OP | 202-456-6266      | 202-456-6244      |
| Merryl Burpoe            | Dep. Vice President - Investment<br>Development | OPIC                           | 202-336-8587      | 202-408-5145      |
| Dick Morningstar         | Sr. VP for Policy & Investment Develop          | OPIC                           | 202-336-8610      | 202-408-5145      |
| Linda Staheli            | Sr. Policy Analyst for Int'l Affairs            | OSTP                           | 202-456-6064      | 202-456-6028      |

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| <u>Name</u>        | <u>Title</u>                                            | <u>Organization</u> | <u>Tel Number</u> | <u>Fax Number</u> |
|--------------------|---------------------------------------------------------|---------------------|-------------------|-------------------|
| Cindy Gire         | Scheduler for Tipper Gore                               | OVP                 | 202-456-6645      | 202-456-6298      |
| Kathryn Sullivan   | Special Advisor to the Vice President for Int'l Affairs | OVP                 | 202-395-6014      | 202-395-6042      |
| Joe H. Davis       | Associate Director                                      | PHS/CDC             | 404-639-2101      | 404-639-2452      |
| Jim Harrell        | Dep Dir, Ofc of Dis Prev & Hlth Promo                   | PHS/DPHP            | 202-205-8611      | 202-205-9478      |
| Mary Pendergast    | Deputy Commissioner                                     | PHS/FDA             | 301-443-4094      | 301-443-5930      |
| Phil Budashewitz   | Assoc Dir for Special Programs                          | PHS/FDA             | 301-443-4480      | 301-443-0235      |
| Jack Chow          | Asst Dir for Int'l Affairs                              | PHS/NIH/FIC         | 301-496-5903      | 301-480-3414      |
| Allen Holt         | Program Office for Europe                               | PHS/NIH             | 301-496-4784      | 301-480-3414      |
| Jo Ivey Boufford   | Dep Asst Sec for Health                                 | PHS/OASH            | 202-690-7694      | 202-690-6960      |
| Nancy Hazleton     | International Health Officer                            | PHS/OIH/OASH        | 301-443-4010      | 301-443-4549      |
| Peter Henry        | Dir, Office for Europe & NIS                            | PHS/OIH/OASH        | 301-443-9426      | 301-443-0742      |
| Linda Vogel        | Dir, Office of Int'l Health                             | PHS/OIH/OASH        | 301-443-1774      | 301-443-6288      |
| Joseph Grandmalson | Dir of the Trade and Devel Agency                       | TDA                 | 703-875-4311      | 703-875-4009      |
| Bud Jacobs         | Dep Dir, Ofc of East European & NIS Affairs             | USIA                | 202-619-4563      | 202-401-6893      |
| Paul D. Panacclone | European Coord. at USIA TV                              | USIA                | 202-501-7044      | 202-208-7195      |
| Irene Kelner       | Int'l Radio Broadcaster                                 | Voice of America    | 202-401-5928      | 202-619-2925      |



US-RUSSIA G-C HEALTH COMMITTEE  
EXECUTIVE NETWORK RESOURCE GROUP (ENRG)

FLIP CHART WORK

SHORT TERM OBJECTIVES/PROJECTS

AIDS

- o Link AIDS/clean needles/blood quality
- o Improve tests for AIDS/Hepatitis above as base short term blood safety

COMMUNICATIONS

- o Repackage P.H. messages and get out in available channels media (USG) - Ms. Yeltsin
- o Women's Radio focus (Turner Broadcasting) for public health messages.
- o Reproductive Health Information (AID earmark - Tiffany next week) (Ms. Yeltsin w/Jane Fonda)

EVALUATION

- o Examine maternal child activities already ongoing in "Partnership" programs - outcomes/successes

HEALTH CARE FINANCING

- o Health Care Financing workplan by DEC meeting

PHARMACEUTICALS

- o Short term consolidation of all pharmaceutical initiatives as potential package with short term deliverables

TRAINING

- o Training for Health Care Financing
- o G.P./Family Practice (Brown)
- o Other priority exchanges building on hospital to hospital US-Russia and networking among hospitals within Russia

## LONG TERM OBJECTIVES/PROJECTS

### FINANCING

- o Health Care Financing

### PHARMACEUTICALS

- o Pharmaceutical supply quality distribution

### PREVENTION

- o Blood safety
- o Immunization/vaccines adults/kids
- o Alcoholism, substance abuse, smoking, chronic disease prevention

### PP.IMARY CARE

- o Orphanages link to hospital network
- o Health Care Delivery
- o Basic Reform P.H. system

### TRAINING

- o Health professions training

## BARRIERS/FAILURES

### COMMUNICATIONS

- o Control of information and unwillingness to exchange info (control = power)
- o Blindsiding the embassy as to goals/objectives
- o Long delays in funding or completing commitments which do not correlate well - sense of urgency for change on Russian part
- o Keep embassy in loop and let them facilitate communication to guarantee delivery/receipt of official correspondence/memoranda. They can only help if they know what's going on.
- o Letting state/desk know of travel plans in advance to insure country clearance and assist w/logistics of visit, etc. This would also help in coordination of other GCC activities
- o Reliable means to communicate
- o Lack of communication among agencies/ministries
- o Understanding the U.S. - side's reasons behind wanting a short-term high visibility project by December. What are they trying to accomplish
- o Lack of functioning e-mail link with Russian secretariat

### COORDINATION

- o Lack of coordination among Russian Government health policy leaders
- o Communication costs and level of effort required to coordinate and do something constructive
- o Finding enough good U.S. sponsored social service type programs in Russia to highlight when a principle w/high visibility (e.g. Tipper Gore) visits the country
- o Poor interagency coordination on Russian side

### FUNDING

- o Lack of resources for Government-to-Government - PHS exchanges
- o The FDA MOU. The Russian government institutions need economic support (e.g. - constant raising of user fees under MOU)
- o Lack of tax structure



- o Need improved sites to allow dev. of packaging or manufacturing operations that meet GMP or GLP studies

#### ORGANIZATIONAL/MANAGEMENT

- o No "cultural" commitment at MOHMI to live up to commitments (not true at other Russian institutions)
- o Low standards overall - not much sense of quality - in services, in products. People need exposure to alternative systems and styles of management - and incentives to improve
- o Turf issues on both U.S. and Russian side - interagency coordination is difficult
- o Unreformed Russian bureaucrats
- o Not allowing people to own the projects. Allow people to express what is important and valid; not impose our values
- o Physicians saddled with administration/financial responsibility in facilities
- o Turf battles among agencies/ministries
- o Not familiar with Western experience and methods -
  - management
  - production and quality
- o Dysfunctional Russian government structure:
  - Russian government vs. Ministries
- o Economy where those that stay in Government service have worst attitudes and skills
- o Institutional weakness of Russian lead agency (shortage of budgetary resources, staff, political clout)
- o Eagerness to move too quickly to make "decisions", based on incomplete/lack of information
- o Lack of reliable medical statistics
- o Payment of gratuities undermining confidence in health care system
- o Corruption
- o Ministerial accountability
  - "Double speak"
- o Interagency competition and in-fighting
- o Administrative difficulties on U.S. side make it difficult to host Russian delegations (e.g. travel regs).

- o Inability of individuals to assume personal responsibility for decisions
- o U.S. - AID needs to make support of U.S. Co's less bureaucratic

### REGULATORY

- o Strong protectionist streak - to protect existing and future Russian industries
- o Highly complex regulations that are unenforceable - e.g. environmental standards for industry, pharmaceutical regulation, etc.
- o Regulatory & Policy Environment
  - highly centralized, top down
  - opaque rules and taxes
  - absence of market orientation
  - supply driven
- o Regulatory regime
- o Regulatory problem in Russia - need easier mechanism for U.S. companies to get their products into and accepted in Russia
- o Tariffs and custom problems inhibit U.S. exports of pharmaceuticals and health products to Russia
- o General economic crisis inhibits use of non-regulatory approaches/incentives
- o Lack of regulatory framework and outdated standards
- o No activity to enforce existing regulations and standards; lack of consistency at the national and oblast levels
- o Focus on curative, facility based care - measure health as care provided, not health status achieved (question value of hospital part)

### TRAINING

- o Nurses insufficiently trained for more sophisticated treatment
- o Looming barriers - certification of physicians/technicians

### OTHER

- o What are the objectives?
- o Domestic and international

## FACILITATORS/SUCCESSSES

### COMMUNICATIONS

- o Networking with U.S professionals.
- o Provision of environment health and cancer research databases
- o Computers and CD-Disks
- o Work on scientist to scientist connections to hand-carry and deliver messages and small items (helps to avoid political power struggles and the attendant problems).
- o Identify mid-level staffers with English language skills and fax to communicate -- work out difficulties

### ORGANIZATIONAL/MANAGEMENT

- o Decentralization of health care decision making introduces some flexibility
- o General awareness of environmental problems in Russia
- o Growing awareness that management of facilities is often key to success
- o Oblast level and below - openness to change - because most is responsive to population (decentralized, demonstration activities)
- o Where U.S. medical firms (drugs, equipment, and services) can be persuaded to participate in health assistance activities, there is usually a better basis for long-term results on the public health as well as the commercial aspects of Russian healthcare, because we ought to realize that the USG isn't going to provide enough \$ to sustain our projects
- o Committee chair w/common interest/goals (same motivation not necessary to success)
- o Decentralized approaches, working at oblast or other local levels (even institutions, if carefully selected) results that can be quickly demonstrated and replicated.
- o Building trust
- o Opportunities for synergism with World Bank programs
- o Continuity of engagement



- o If working at central level, have a very specific, negotiable objective, don't work on broad policies, keep it simple - e.g., FDA MOU.
- o U.S. side provides equipment and supplies for research directly (not through funding Russian institutions for this purpose)

### RUSSIAN STRENGTHS

- o High level of education and the capacity and quickness of professional groups to learn quickly.
- o Productive branches of industry often provide superior delivery services
- o Generally dedicated medical labor force
- o High technical qualifications of Russian scientists
- o Modest entrepreneurial class - anxious to develop and own enterprises - see a health market
- o Health planners and program managers at local level moving to adopt open processes for making decisions and eager to have effective methods for allocating resources
- o Collaborative environment quickly established
- o Younger scientists and health professionals eager to have new methods, ideas, approaches
- o e.g. Space committee has gotten an extraordinary amount achieved because Goldin & Koptev (the 2 chairs) have common goals and high energy levels
- o Gradually expanding NGO activism in Russia (with strong participation by scientists)
- o Notable advances in ophthalmology, leg surgery
- o Strength in PVOs private sector also
- o Russian health care

### TRAINING

- o Bringing Russian professionals to the US to observe US operations (be it hospitals or private prod. facilities); they are extremely creative in modifying and apply. observations to the Russian experience.
- o (3-4 months) support for Russian scientists in U.S. so they return to their institutes with new skills and contacts

- o Structure training around introduction on new techniques
- o Training in Vaccine Quality Control at Manufacturing and Laboratory Level
- o Orientation tours of Russians in U.S.
- o Introduction of discreet, simply described technologies

#### **U.S. STRENGTHS**

- o Volunteer Programs FDA work in Russia
- o The American International Health Alliance (umbrella for hospital partnerships funded by USAID) and other smaller person - person US/Russia partnerships through NGOs, sister city relationships, or PVO leverage small or no public investment and create exchanges that improve Russian health facilities while creating good will drawn from the spirit of American volunteerism. Mrs. Clinton has visited sites in Moscow and D.C. with Yeltsin and met at the White House with representatives of some existing Am/Russian partnership programs.
- o USAID's Hospital Partnership Program
- o FDA Regulatory Control Conference
- o Linkage to save EPI
- o US health professionals have been very generous in extending time and resources to professional colleagues.
- o Cooperation circa 1986-91 with MOH

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TAB B

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Trip Report - Dr. Boufford's trip to Moscow  
October 30 - November 5, 1994  
OIH/OASH - November 21, 1994

**INTRODUCTION:**

Following is a summary of the visit by HHS Principal Deputy Assistant Secretary for Health, Jo Ivey Boufford, M.D., to Moscow October 30 through November 5 in an effort to organize with Russian health authorities the newly agreed upon Health Committee under the Gore-Chernomyrdin Commission. Appendix A lists the schedule of meetings; Appendix B lists U.S. participants accompanying Dr. Boufford and Appendix C provides copies of business cards of Russian counterparts and persons met, and copy of a Ministry of Health organization chart. Appendix D provides copies of the cable that went out prior to the visit; a reporting cable on the meeting with Minister of Health Nechayev and a reporting cable on the visit as a whole [NOTE: THE LAST TWO CABLES ARE CLASSIFIED LIMITED OFFICIAL USE].

**BACKGROUND AND CHARGE TO THE COMMITTEE:**

At the June 1994 Commission Meeting, Vice President Gore and Prime Minister Chernomyrdin agreed to establish a U.S.-Russia Health Committee as part of the Gore-Chernomyrdin Commission activities. Donna Shalala, Secretary DHHS, and Eduard Nechayev, Minister of Health and Medical Industry have been asked respectively to serve as co-chairs for the U.S. and Russian Governments. Dr. Jo Ivey Boufford was designated as the U.S. side "point of contact" and she met with Russian health authorities October 30 - November 4 in Moscow to develop a joint agenda and prepare for a meeting of principals set for December 14-15, in Moscow, during the next Gore-Chernomyrdin Commission meeting.

In preparatory meetings held by the U.S. side, there was general agreement that the Health Committee should promote US-Russian health-related activities including direct Government-to-Government public health cooperation. The Health Committee should provide visibility and policy support to currently planned or ongoing initiatives, particularly those upcoming such as: pharmaceutical investment grants to U.S. and Russian joint ventures, the complementary work by the FDA on registration of pharmaceuticals and vaccines, new USAID support to NGO's in maternal and child health, and the health information system work by CDC in cooperation with the Russian State Committee for Sanitary and Epidemiological Surveillance.

On the U.S. side, there was agreement that the role should be catalytic and the organizational structure of the health committee should:



- (a) Promote full communication by all parties about what is already being done;
- (b) Identify policy, regulatory and other problems and obstacles where the Gore/Chernomyrdin process could facilitate solution; and
- (c) Provide high visibility to health programs aimed at vulnerable populations, such as maternal and child health, that would reflect positively on U.S.-Russian government-to-government cooperation.

To avoid duplication of effort among existing GC committees and groups, it is important to address a key question: "what activities would the Health Committee be uniquely qualified to undertake?"

Tab A provides a list of U.S. and Russian participants and overall schedule of meetings held in Moscow during the week of October 30-November 4.

#### RUSSIAN HEALTH AUTHORITIES:

Circa 1992, the Ministry of Health of the Former Soviet Union was divided into three parts. The Ministry of Health and Medical Industry (MOH) still has lead responsibility for health but the scientific research responsibilities are vested in a separately financed Russian Academy of Medical Sciences (RAMS) and the public health functions are in the Russian State Committee for Sanitary and Epidemiologic Surveillance (SCSES). The legislation and decrees that created this three-way split were not very detailed and there appears to be some role overlap and communication difficulties, particularly between the MOH and SCSES.

#### The Ministry of Health

Much of the power and authority of the Ministry of Health and Medical Industry (MOH) was shifted elsewhere when the responsibility for paying for medical services was shifted from the Federal to the state (oblast) and local levels. The MOH appears to be focusing on its role in the health delivery system in specialty areas, pharmaceutical production, and regulation and they have some interest in health manpower development. However, there appears to be little development of its role as potential regulator and policy leader in the health sector though there appears to be substantial consensus that these are functions which the Ministry should be carrying out.



The law and decrees on the split of former MOH functions appear to be ambiguous and the health care reform (HCR) law establishing a Health Insurance system is also unclear, leaving HCR implementation highly variable throughout country. This leads to disagreements over who has responsibility to pay, what it's legal to privatize, etc.

The MOH's vision for a reformed health care system was not apparent to us. The DUMA (legislature) believes they should have some vision and be making the legislative proposals on reform to them but the MOH is not doing so.

There has been limited progress to date on implementation of the FDA-Russia MOU. Means of moving beyond the current protectionist viewpoint need to be found.

The administrative infrastructure in the MOH would benefit from strengthening. Its headquarters has fewer than 500 employees and limited communication equipment, e.g., a single fax machine.

#### Minister of Health, Nechayev

Eduard Nechayev is a surgeon by training and a three star general in the Russian Army. He is proud, sensitive to the need for appropriate respect for his office, and he appears to see himself as tough, able to endure pressure, negative remarks, and rumors about his possible imminent departure.

He says he doesn't want to control, but is sensitive about not being informed of matters which affect his Ministry. For example, a Russian delegation of regional officials was in Washington, at U.S. Government expense, at the same time his deputies were there, and the MOH was not informed. He also noted that large shipments of humanitarian aid come directly in from outside and go to the wrong places, sometimes undercutting the Russian market for their drugs, items such as aspirin and needles. Donated equipment often goes to the wrong place, where it can not be maintained or used properly. Nechayev believes coordination could be improved and that the MOH has a proper role to play. Minister Nechayev expressed concern that U.S. companies (especially drug) do not appear to be serious about investing in Russia, yet make demands and raise complaints.

#### Other Players:

RAMS - The Russian Academy of Medical Sciences is having a very difficult time supporting biomedical research on the scale it did several years ago. Many of the best scientists are moving to the west. The RAMS has a long list of projects they would like to undertake with outside support. A few



institutions, such as the Cardiology and Cancer Centers, earn outside income by contracting to resource-rich regions and industry (oil, gold, coal, etc.) to provide quality medical care. The RAMS major U.S. partner is the National Institutes of Health. The RAMS research activity was intramural only, now they are trying to create a grant system.

SCSES - known as "SanEpi" is the equivalent of CDC and some of FDA. It has public health functions at the Federal, State and local levels. Relations with CDC and FDA are excellent. For environmental health matters, however, the SCSES feels left out of collaborations supported by the U.S. side involving the Environment and Energy Committees, where the Ministry of Environmental Protection has a minimal focus on health and for radiation health effects, for which the Ministry of Health is the designated health lead.

DUMA - The Chair of the DUMA Health Committee expressed the view that the split among the MOH, SANAPI, and RAMS may have been a mistake and created confusion with no one having a clear role. Help in correcting and drafting of health reform laws appears to be desired.

Cherepov - is health staff to Chernomyrdin. He serves as a broker and convener. He is seen as very professional by the DUMA contact.

Denisov - head of Moscow 1st Medical University and former Minister of Health circa 1988, appears to be very influential and close to Minister Nechayev. He appears to be progressive and active in developing health services management movement and organization as well as a training program for family practitioners.

#### OVERALL ENVIRONMENT FOR GCC HEALTH COMMITTEE

There is a great deal of activity ongoing on the ground between the US and Russia including: hospital partnerships, humanitarian aide, exchange programs, some for-profit marketing activities in health services, and model program development. Some of this activity is not well coordinated, but some activities are excellent with the promise of more support to come, including from other countries. Clearly, U.S. work investment in this sector will require a medium to long-term economic development perspective.

The US AID health related activities direct funding to oblasts, NGOs, educational exchanges and training, maternal and child health/family planning, pharmaceuticals -- but tends to do so around the Federal-level power structure. Thus, most U.S. aid (either USG or NGOs, or humanitarian) is outside the MOH sphere of influence and this annoys the MOH.

The Russian people have some cash that they are apparently willing to use to pay fee-for-service for desirable, quality health services.

#### **POTENTIAL UNIQUE ROLE OF HEALTH COMMITTEE:**

The Health Committee could be a forum at the highest levels; and through extensive consultation within and outside the USG, could be used bilaterally to shape a coherent, unified policy approach to U.S. health sector activity/investment in Russia.

The Health Committee could be the primary place at this point for the USG to develop direct, positive consistent contact/partnership with the MOH on health sector issues at the highest levels and to test whether or not a new agenda can be effectively promoted.

Health Committee activity could be a vehicle for modelling the kinds of management, networking, and organizational change behaviors that the MOH needs to gain in order to play an optimal role -- e.g., cross-governmental collaboration, partnerships outside government, etc. It could also be vehicle for educating and exposing MOH leadership to alternative models for health sector activity through conscious "study tour, team development approach."

The Health Committee could serve as a point of coordination and communication in the U.S. between USG-supported and non-USG-supported health sector activity in Russia and work towards a common agenda and, at a minimum, convene workshops and symposia, help to transfer information about what works and what does not.

#### **RISKS:**

The Ministry, due to a variety of constraints, may not be able to manage a coordination process on the Russian side. They may not seek or be able to obtain willing cooperation from other participating agencies and thus efforts may not be sufficiently comprehensive and/or will fall apart.

Limited resources on the U.S. side to get started and sustain activity in a quality way may hinder program development, initiatives, and implementation.



**RUSSIAN PROPOSALS FOR HEALTH COMMITTEE  
PARTICIPATION AND ACTIVITIES:**

During the week in Moscow, each person or group with whom Dr. Boufford met had their own views as to what should be the priority topics or activities that should be addressed by a Health Committee. The listing below provides a summary indication of the discussions. Nonetheless, by the time of the close-out meeting, November 4, the Ministry of Health took the lead for proposing to the Russian Government the composition of the Russian side of the Health Committee and the six projects the MOH would like to see promoted. (See page 11.)

**TOPICS RAISED BY THE MINISTRY OF HEALTH:**

From the Minister of Health:

- \* Priorities for pharmaceutical development (see below).
- \* Diabetes -- Provide assistance to improve the system of treatment and support for children and adults with diabetes. The Minister wants to receive all literature-- medical, scientific, social-preventive methods, special foods, drinks, nutrition guidance; joint production of medications for DM pattern after WHO diabetes program; clinician training; and see model programs in the US.
- \* Infectious Disease Eradication Through Vaccines -- Assist Russia to restore/modernize production of vaccines and sera; need modern technology, research capacity. SanEpi also notes that the current quality and quantity of vaccine production is satisfactory; but they need to improve current production equipment and facilities, review vaccination schedules, promote immunization practice, and retrain pediatricians.
- \* Tuberculosis -- Coordinate anti-TB work; help Russia to produce most effective anti-TB pharmaceuticals.
- \* Private Practice -- The MOH seeks investment opportunities for the development of private practice in Russia.
- \* Exchange of Scientists -- Increase opportunities for scientific exchanges.

The Minister's Response to Questions and in Discussion:

- \* The MOH has previously submitted a legislative proposal to the Duma (in June) on Maternal and Child Health. This was new information for the U.S. delegation members.

- \* With respect to public health surveillance and public education, the MOH indicated that Russia needs to agree an approach. They should do more to support healthy life styles; anti-smoking, alcohol consumption. Minister Nechayev told a story about Eisenhower and Marshall Zukhoff acting as role models by jogging, etc.

[Note: SanEpi feels they lost ground in this area -- The Institute of Public Health Education was closed and independent "houses" of public health education in oblasts, big cities, are mostly voluntary now and have variable output and performance. Each unit of SanEpi that reports to Moscow has this responsibility though. SanEpi also notes there are national programs focussed on anti-AIDS, pro-vaccines, anti-smoking and alcohol.]

- \* The MOH wants to see greater coordination of humanitarian assistance, with more MOH involvement.
- \* On the US-Russia Health Agreement, the Minister noted that "he did not sign" the Agreement and indicated he would like a new MOU which he would sign. Nonetheless, Minister Nechayev did not object to the content of the Health Agreement.

[Note: Following the pattern of earlier US-USSR Health Agreements and because of the lack of clarity of roles between the MOH, SCSES, and RAMS (as well as HHS and AID) the Health Agreement was kept at the level of a Government-to-Government agreement and was signed January 14, 1994, by Secretary of State Warren Christopher on behalf of the USG and Foreign Minister Kozyrev for the Russian Federation.]

#### Priorities Expressed by Other Ministry Officials:

##### Deputy Minister Vaganov

- \* "Children of Russia Program" (approved by Yeltsin in July)-- Is a multi-faceted program involving over 20 government departments and could be the basis for a Health Committee children's agenda.
- \* Safe Maternity - new program expected to be approved to reduce maternal deaths; AID also has a team in Russia to



plan a Family Planning program; plans for series of FP centers via partnership with Pittsburgh/Dick Smith AIHA-- for profit.

- \* Anti-AIDS (vague)
- \* Vaccination - pediatricians and medical workers need to be convinced to do it. It is not an availability of vaccines or needle problem.
- \* Newborn care -- networks and pediatric cardiac surgery

Deputy Minister Alexander Tzaregorodtsev

- \* Seeks bilateral cooperation, not humanitarian assistance.
- \* Tuberculosis Treatment and Control
- \* Diabetes
- \* Hemodialysis
- \* Organ Transplant System -- need equipment to sustain cadavers while arranging transplants.
- \* Impact of industrial pollution on health status of children, adults, environmental risk factors, and risk assessment
- \* Training of General/Family Practice physicians (World Bank project)
- \* Blood safety, supply - Red Cross has shifted attention to social support
- \* Strengthen diagnostic/treatment capability of polyclinics
- \* Analysis of physician number/specialty location control, training -- the regional and local health sector is now asking for Federal guidance

Deputy Minister Vladimir Kocherovets:

- \* Joint drug production
- \* Better coordination/communication on US efforts in Russia



Priorities Expressed by Other Russian Health Authorities:

Duma Health Committee Parliamentarian, Bella Denisenko:

- \* Health sector legislative rewrite
- \* Reunite the Ministry of Health with SanEpi.

Elena Bourganskaia, Regional Director, Russian Federation,  
American International Health Alliance (AIHA):

- \* Lack of management culture in health sector (focus of AIHA program)
- \* Hospital twinning; starting on outpatients from hospital point of view'; emergency medical systems

Igor N. Derisov, Head of Faculty, Moscow First Medical  
Academy (former Minister of Health of the USSR):

- \* Is developing (re-)training program for hospital heads (all senior doctors) but who have no training in hospital management, finance, business, and transition from central control to free-market economy.
- \* Is developing a General Practice/Family Practice curriculum and training program for current doctors and nurses in the primary care sector.
- \* Wants collaboration and internships at AIHA partnership sites.

State Committee for Sanitary and Epidemiologic Surveillance  
(SanEpi):

Deputy Chairman, Gennady Onischenko

- \* Their list stressed environmental health and the failure to involve them by Environmental Ministry and the DOE-led JCCRER on radiation health effects. They are concerned about the MOH chairing the GCC Health Committee.

Russian Academy of Medical Sciences (RAMS):

- \* The RAMS provided a listing of 84 potential projects for continued collaboration in biomedical research fields. A number of the items cited involve PHS research labs and investigators active in prior years. [The list has been

passed to CDC and NIH for review and comment].

- \* Systematic scientific twinings, exchanges to promote/support Russian scientists staying in Russia, US scientists coming to Russia for periods to do joint research, teach, etc. slow the brain drain.

#### OTHER POTENTIAL AREAS WHERE THE MOH IS CLEARLY RESPONSIBLE

- \* Health manpower -- family medicine specialty development (no apparent competition from pediatric and internal medicine specialists at present since no financial incentives); overall health work force planning and retraining for nurses, technicians, medical support staff.
- \* Help them develop a regulatory role -- a framework for the health care system and quality assurance; institutional accreditation; professional licensure (and possibly help move them towards European Union standards)
- \* Place major emphasis on upgrading the level of clinical practice (AAMC manage medical school/teaching hospital pairings around this and/or academic society to society AAP with Pediatricians, etc.). Place emphasis on prevention, non-invasive surgery, generic drugs, new techniques, etc. exchanges, systematic continuing education.

#### TOPICS FOR THE HEALTH COMMITTEE TO DEFER AT THE PRESENT TIME:

- \* Health Care Reform -- Potentially too controversial and political; good bit of U.S. consulting is going on already -- AID, directly to the DUMA. This topic was not mentioned much by MOH. An appropriate focus would be on health legislation redrafting for which help is ongoing.
- \* Humanitarian Aid Projects -- Strong statements were made by some officials against the obvious candidates for this, with possible exception of vitamins for women (our supply is being used mainly for kids in schools), especially the multivitamins which they don't have--"no needles", "no vaccines." (However, Tzaregorodtsev said they needed Diphtheria vaccine due to nationwide campaign goals)



PROJECTS FORMALLY PROPOSED BY THE MINISTRY OF HEALTH (4 NOV 94):

1. Diabetes -- Send a delegation to the U.S. at the beginning of December to study U.S. experience. Interest in joint production of diabetic-related pharmaceuticals, foods, and other products.
2. Control of Infectious Diseases in Childhood -- GMP production of vaccines and sera, first for Diphtheria, and then for other childhood diseases.
3. Combating Tuberculosis -- Study of the epidemiology and current treatment for TB control.
4. Maternal and Child Health -- Adaptation of the U.S. health education materials in the area of promoting immunizations and family planning in Russian practice. Development of methods for treatment of serious forms of infectious diseases in children, pre-natal diagnosis of congenital and hereditary diseases.
5. Pediatric Cardiac Surgery -- Transfer of surgical know-how, diagnostic procedures, and post-op treatment.
6. Cooperation in Space Biomedicine -- Joint standard setting (hygiene in a closed environment) for materials and equipment used for manned spacecraft and space stations; Medical criteria for astronaut selection.

CANDIDATES FOR ANNOUNCEMENT IN MID-DECEMBER:

- \* MTTA Pharmaceutical Awards (AID-funded project)
- \* US-Russian collaboration on Family Planning (Match of U.S. AID-funded project and the "Safe Motherhood Program" and "Russia's Children" just approved by the Duma.

Both can be announced as initiatives at the initial meeting of the Health Committee. Also, the State/NIS Coordinator's Office has \$5 million worth of US surplus medical equipment, which they have offered to present for announcement in mid-December.



VIEWPOINT OF RUSSIAN MINISTRY OF HEALTH ON HEALTH COMMITTEE:

(as reported on Friday close out by Tzaregorodtsev)

- \* The Health Committee should direct the choice of projects. For the Russian side, they inferred that the MOH would control the items to be brought forward from the Russian side and negotiation and compromise is more reserved for US-Russian discussions - not interagency.
- \* Participation by other Russian health authorities in the Health Committee was minimized in the initial MOH list of Russian side membership. As a consequence of U.S. urgings, the MOH responded positively and the list presented on November 4 included non-MOH participants.
- \* The question of whether the work might involve comparative problem solving approaches and a focus on health policy and management approaches was touched upon but not resolved.
- \* The role of the Committee as a coordinator, versus "owner" and controller was discussed. The MOH leans towards the latter view.

RUSSIAN-SIDE COMMITTEE MEMBERS:

[As conveyed by MOH 4 Nov 94]

AGENCY

Chair: - Eduard NECHAYEV, Minister of Health and  
Medical Industry

MOH

Vice-Chairs: [\* = Points of Contact]

\* Alexander TZAREGORODTSEV, Deputy Minister of Health  
(health finance, preventive medicine)

MOH

\* Vladimir KOCHEROVETS, Deputy Minister of Health,  
(pharmaceuticals and medical industry)

MOH

Victor CHEREPOV, Director, Office of Health Care and  
Medical Industry, Department of Labor, Health,  
and Social Protection

RUSSIAN  
GOVERNMENT

Committee Members:

Gennady ONISCHENKO, Deputy Chairman, Russian State  
Committee for Sanitary and Epidemiologic  
Surveillance

SCSES

Yuri VELTISHEV, Director, Institute of Pediatrics and  
Child Surgery

RAMS/MOH

V. VLASENKO, First Deputy Director, Federal Department  
of Biomedical Research and Disaster Medicine

MOH/SPACE

V. KULAKOV, Director, Russian Research Center for  
Perinatology, Obstetrics, and Gynecology

RAMS/MOH

M. LAZUTOVA, Deputy Minister of Education

MOE

H. OSADCHEY, Deputy Ministry of Social Protection

MSP

N. PLUZHNIKOV, Chairman, Scientific-Technical Committee  
of the Principal Department of Military Medicine,  
Ministry of Defense

MOD

M. SAPOVSKI, Director, Department of Pharmaceuticals and  
Medical Equipment Procurement

MOH

Secretariat:

Michael SAVILIEV, Director, Department of External  
Relations, MOH

MOH

Victor LYKOV, Deputy Director, Department of External  
Relations, MOH

MOH

CLOSE OUT DISCUSSIONS WITH USAID/EMBASSY SCIENCE SECTION:

- \* Agreed that we had two projects to announce at December meeting:
  - Grants for U.S. manufacture of drugs in short supply. [Dr. Tiffany, USAID, wanted endorsement similar to one they obtained from the MOH on Health Financing project.
  - New initiatives in women's health and family planning to be coordinated with new Russian programs. [CDC participating in design team visit; expected complete in two weeks].
- \* Discussed relationship of the GC Health Committee to the bilateral health agreement, to funding authority and source for actual work and imposition of import duties and taxes on humanitarian aid. Agreed not to ask GC Health Committee to "oversee" Health Agreement activities and "sign" meeting summaries and general work-plans. The GC Commission meeting will approve areas of work, but the actual funding and implementation must be worked out among the agencies participating in work groups. We discussed the need to involve State/Embassy science office for non-assistance-related clearances.
- \* Dr. Henry is to summarize HHS, U.S. AID and other USG health-related activities as start of briefing book for Health Committee. Review via internet and get both an English and Russian language version.
- \* AID (Turner and Tiffany) were forthcoming on providing some funds, via a PASA or interagency transfer, perhaps as much as \$200-400,000 to support Health Committee activities.
- \* Bud Rock has used OES S&T Funds drawn from 1995 world-wide pot of \$5-10 million to provide CDC with \$25,000 to put on a conference in the spring of 1995 in Environmental and Occupational Health and would consider support for other GC Health Committee projects.
- \* Discussion was initiated on providing a Foreign Service National (FSN) to augment Science Office or AID staff to carry out Health Committee activities -- (Marina for BDC is model). Must be fluent bilingual, know something about health, and have energetic can-do attitude.



## CONCLUSIONS BASED ON DISCUSSIONS IN MOSCOW

### Proposed Revised Charge to the Committee:

- \* To promote joint US-Russia health activities including direct government to government public health cooperation
- \* To develop and maintain linkages and assure cooperation across the other Gore -Chernomyrdin committees on health-related issues (especially Radiation Health Effects, Environment, Business Development Committee, and Science and Technology).
- \* To promote full communication by all parties about current US-Russia health sector activities, especially those supported by the governments of the United States and the Russian Federation.
- \* To serve as a focal point to improve coordination of US-Russian health sector cooperation within each country across government and non-governmental organizations.
- \* To provide visibility and policy support to currently planned or ongoing initiatives, especially those involving vulnerable populations.
- \* To identify policy, regulatory and other barriers to smooth implementation of cooperative working and seek solutions through the broader Gore-Chernomyrdin process
- \* To identify areas for collaborative work; to oversee and monitor the outcomes of these efforts as well as activities developed under the current US-Russia Health Agreement; and to discuss the policy implications of these outcomes for broader application.
- \* To promote the widest possible interchange and cooperation among US-Russian personnel and public health professionals, biomedical scientists, health sector leadership and government health officials at all levels for mutual exchange, for learning and collaboration in areas of agreed priority.

### Proposed Methods of Work:

- \* Develop agreed upon criteria for joint program selection:
  - Critical health problems,
  - Vulnerable populations,
  - Health Committee uniquely able to contribute,
  - Programs of national scope, and
  - Programs that maximize development of sustainable infrastructure.
- \* Agree on areas for a joint program of work
- \* Define appropriate joint working groups and/or joint agency responsibility for work planning and implementation
- \* The co-chairs of the Committee will assure the maximum feasible consultation and participation of government committee members from each side in the agenda setting and cooperative work.
- \* The co-chairs will be responsible for assuring appropriate involvement from governmental and nongovernmental organizations in working groups developed by the Committee.
- \* The Committee will request reports of existing health sector projects funded by the USG and Russian Federation Government.

### **POTENTIAL ISSUES TO ADD TO LIST FOR COMMITTEE ACTIVITY:**

1. Redefinition of roles and responsibilities for the Ministry of Health/Department in a reformed health sector -- greater attention to policy leadership, regulatory framework to assure quality, equity (consistency?) for providers and payers, and the professions.
  - \* Follow-up on work outlined by Article 22 of Russian Health Insurance law: " The basic program of compulsory health insurance is worked out by the Ministry of Health of the Russian Federation and approved by the Council of Ministers of Russian Federation; approved by the governing bodies of various government [which] approve the territorial programs."
  - \* Setting of volume and quality minimum standards -- We could propose to assist in drafting legislation to regulate the relationships among the players, transition management of provider downsizing--market exit

strategies. (We need to obtain translation of draft legislation to the DUMA on "state system of health care" covering provider organizations, municipal hospitals, and private practice).

2. Strengthening primary care practice, possibly primary care centers, as well as developing General Practice specialty. (This was mentioned by Tzaregorodtsev in discussions in Washington).
3. Human health effects of environmental problems (with Committee on Environment and the Department of Energy's JCCRER.)
4. Public health information systems and planning for national campaigns -- we can start with ones they identified such as the initiatives on immunization and diabetes, but also move into chronic illness prevention (alcohol, smoking, and drugs). (Note: The MOH mentioned a federal program to fight crime passed in 1993 that included medical measures. Perhaps this could be built upon for alcohol and drugs. SanEpi indicated they have national programs against smoking and alcohol, AIDS and pro-immunization.

#### **ACTION ITEMS IN PREPARATION OF THE FIRST MEETING:**

- \* Provide logistics support for hotel, interpretation and ground transportation during Health Committee Meeting.
- \* Prepare a briefing book on all known USG supported activities in health sector, locations, grantees (US-Russia) and dollar amounts as well as future USG priorities. The Russian side would be requested to do the same. (Eventually try to develop a comprehensive "map" including programs funded by World Bank, WHO, UNICEF, EU, other major foreign assistance in health sector at government level).
- \* Need clear summary of health related activities from each of the other GCC committees. This would include the Health Agreement, the Basic Biomedical Research Agreement, the Science and Technology Agreement and the Space Committee.
- \* English translation of (at least) summaries of national programs for Children of Russia and Safe Motherhood.
- \* Agree on an initial list for program of work and timetable for identifying work groups, joint leadership of each, and when their reports/work plans will be due.
- \* Next meeting of Committee--dates, site



- \* Summary of the two AID-funded projects on Family Planning and Pharmaceutical Development awards to be announced in December.
- \* Determine availability of surplus military hospital equipment and develop criteria for allocation together.
- \* Follow-up on proposals made by RAMS and SanEpi
- \* Follow-up with Environment Committee and State/OES concerning integrated risk assessment methodology (Russian and US) and any training sequence to follow.

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**PHOTOCOPY  
PRESERVATION**





Itinerary for Dr. Boufford's Health Committee Delegation

October 30 (Sunday)

16:25 pm Arrive Moscow via Delta flight 60.  
Met at airport by "Greet and Meet" service.  
Checked into Penta Hotel

October 31 (Monday)

08:30 Pickup at Penta Hotel  
09:00-10:00 Meeting at Ministry of Health with Deputy  
Minister Vaganov (Mother & Child Health)  
10:30-12:00 Meeting with Bela Denisenko  
12:30-13:20 Lunch  
13:20 Leave for the Ministry of Health  
14:00-15:00 Meeting with Deputy Minister Tzaregorodsev  
(health Care and Financing)  
15:00-16:00 Meeting at the MOH with DM Kocherovets  
(Pharmaceuticals and medical industry)  
16:30 Return to Embassy

November 1 (Tuesday)

08:30 Pickup at Penta Hotel  
09:00-10:00 Meeting with Elena Bourganskaia, Regional  
Director, AIHA  
11:30-13:30 Meeting with Minister Nechayev (Dr. Boufford  
Ambassador Pickering, David Miller, Terry  
Tiffany, and Ming-Chen Keller  
14:00-16:00 Meeting with San-Epi Committee  
17:00-18:00 Second meeting - Dr. Boufford with Dr. Elena  
Bourganskaia  
19:00 Visit Dr. Tatochenko at his home  
(Dr. Boufford only)

November 2 (Wednesday)

09:00 Pickup at Penta Hotel  
10:00-12:00 Visit to Russian Research Center of  
Obstetrics, Gynecology, and Perinatology  
(Deputy Director Yurii Barashnev, Prof.  
Olga Frolova, Prof. Tatyana Chervakova)  
14:00-16:00 Meeting with Russian Academy of Medical  
Sciences (Valentin Pokrovsky, Yuri Isakov,  
Dmitry Orlov)  
16:30 Return to Embassy

November 3 (Thursday)

|             |                                                                                      |
|-------------|--------------------------------------------------------------------------------------|
| 09:00       | Pickup at the Penta Hotel                                                            |
| 09:30-11:00 | Visit Institute of Pediatrics, RAMS<br>[Peter Henry met with Alex Savinykh at Penta] |
| 12:00-14:00 | Environmental Health Committee Meeting                                               |
| 14:00-16:00 | Meeting with Dr. Chrepov at USAID                                                    |
| 16:30-17:30 | Meeting With Igor Denisov, Head of Faculty,<br>Moscow 1st Medical Academy            |

November 4 (Friday)

|             |                                                                                                                          |
|-------------|--------------------------------------------------------------------------------------------------------------------------|
| 08:20       | Pickup at Penta Hotel                                                                                                    |
| 09:00-10:30 | Visit Polyclinic #133                                                                                                    |
| 11:00-13:00 | Visit Children's Hospital #9, Meet with<br>Moscow City Health authorities<br>[Peter Henry met with M.N. Saveliev at MOH] |
| 13:00-13:45 | Lunch                                                                                                                    |
| 14:00-16:00 | Closing meeting at the MOH with Deputy<br>Minister Tzaregorodtsev                                                        |
| 16:30       | Return to Embassy for Close Out Session                                                                                  |

November 5 (Saturday)

|       |                                               |
|-------|-----------------------------------------------|
| 10:30 | Depart Penta Hotel for Airport                |
| 13:00 | Depart Moscow for New York on Delta Flight 31 |





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Peter H. Henry  
Director, Office for Europe & the NIS

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Vladimir I. Kocherovets  
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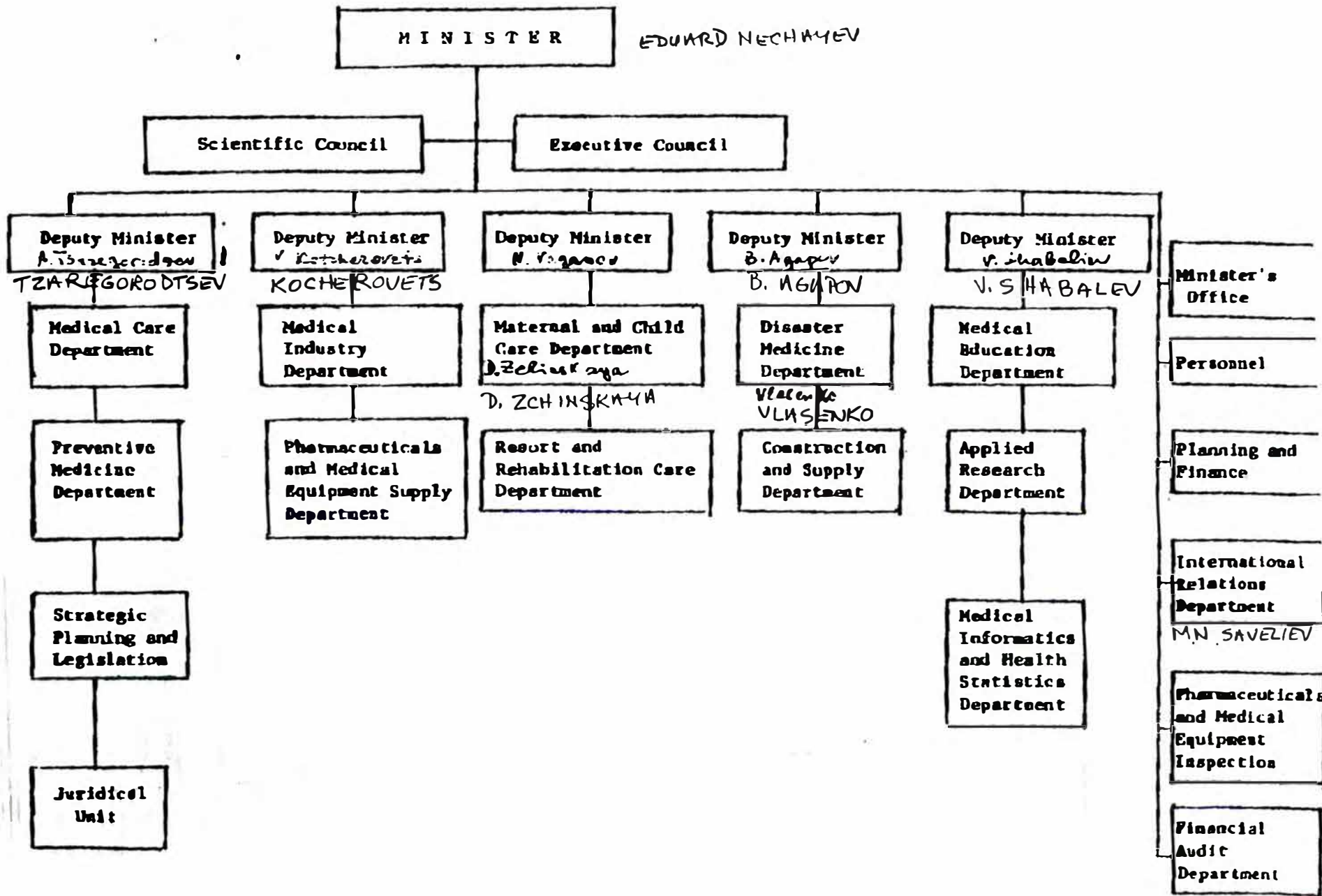
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# MINISTRY OF HEALTH & MEDICAL INDUSTRY



TAB D



UNCLASSIFIED  
Department of State

OUTGOING  
TELEGRAM

PAGE 01 OF 03 STATE 287413 221939Z  
ORIGIN HHS-01

SHC5465

STATE 287413 221939Z

SHC5465

INFO LOG-00 AID-00 AMAD-01 CIAE-00 SMEC-00 OASY-00 EUR-00  
TEDE-00 INR-00 LAB-01 ADS-00 NSAE-00 NSCE-00 OES-00  
SSO-00 SS-00 SNIS-00 NISC-01 G-00 /BTSK

IN WASHINGTON BETWEEN DR. BOUFFORD, VICTOR CHEREPOV, AND  
LEON FUERTH, NATIONAL SECURITY ADVISOR TO THE VICE  
PRESIDENT.

4. PROPOSED MEETINGS

IN FOLLOW-UP TO REF D, SCIENCE OFFICE IS REQUESTED TO  
SCHEDULE MEETINGS WITH THE FOLLOWING: (A) EMBASSY SCIENCE  
COUNSELLOR SAMBAIEW; (B) USAID MISSION (TERRY TIFFANY);  
(C) MINISTRY OF HEALTH; (D) CHEREPOV; (E) STATE COMMITTEE  
FOR SANITARY AND EPIDEMIOLOGIC SURVEILLANCE; (F) RUSSIAN  
ACADEMY OF MEDICAL SCIENCES; (G) BELA DENISENKO; AND ANY  
MATERNAL AND CHILD HEALTH (MCH) AUTHORITIES SUCH AS THE  
MINISTRY OF SOCIAL PROTECTION. EMBASSY SCIENCE OFFICE AND  
AID MISSION PARTICIPATION IN THESE MEETINGS IS ALSO  
DESIRED. ALTHOUGH DR. BOUFFORD HAS SOME EXPERIENCE IN  
CENTRAL EUROPE, THIS WOULD BE HER FIRST VISIT TO MOSCOW.  
GIVEN A LIKELY INITIAL FOCUS BY THE HEALTH COMMITTEE ON  
MATERNAL AND CHILD HEALTH, IT WOULD BE HELPFUL TO INCLUDE  
A FEW SITE VISITS SUCH AS TO A POLYCLINIC, HOSPITAL, AND  
POSSIBLY A RESEARCH INSTITUTE.

5. DISCUSSION

POINTS TO BE RAISED BY SCIENCE OFFICE IF ASKED FOR  
ADDITIONAL BACKGROUND:

-- THE U.S. SIDE IS VERY INTERESTED IN FOLLOWING UP  
ON THE AGREEMENT REACHED AT THE JUNE GORE-CHERNOMYRDIN  
MEETING TO ESTABLISH A HEALTH COMMITTEE.

-- WE DO NOT WANT TO RAISE FALSE EXPECTATIONS  
BECAUSE FUNDING FOR ANY NEW INITIATIVES IS QUITE  
CONSTRAINED. NONETHELESS, WE DO WANT TO PROMOTE JOINT US-  
RUSSIAN HEALTH-RELATED ACTIVITIES, INCLUDING DIRECT  
GOVERNMENT-TO-GOVERNMENT PUBLIC HEALTH COOPERATION, AND TO  
LEARN ABOUT RUSSIAN PRIORITIES.

-- TO AVOID DUPLICATION OF EFFORT AMONG EXISTING  
COMMITTEES AND GROUPS, IT IS IMPORTANT TO ADDRESS A KEY  
QUESTION: "WHAT WOULD THE HEALTH COMMITTEE BE UNIQUELY  
QUALIFIED TO UNDERTAKE?"

-- THE COMMITTEE SHOULD PROVIDE VISIBILITY AND  
POLICY SUPPORT TO CURRENTLY PLANNED OR ONGOING  
INITIATIVES, PARTICULARLY THOSE UPCOMING SUCH AS:  
PHARMACEUTICAL INVESTMENT GRANTS TO U.S. AND RUSSIAN JOINT  
VENTURES; THE COMPLEMENTARY FDA WORK ON REGISTRATION OF  
PHARMACEUTICALS AND VACCINES; NEW NGO GRANTS IN MCH; AND  
THE HEALTH INFORMATION WORK BY CDC AND THE MINISTRY OF  
HEALTH.

6. FOR SCIENCE OFFICE INFORMATION

ON SEPTEMBER 28, DR. BOUFFORD, OASH; LEON FUERTH OVP;

AND STAFF, MET WITH CHERNOMYRDIN'S HEALTH ADVISOR, VICTOR  
M. CHEREPOV, M.D., DEPUTY CHIEF, DEPARTMENT OF LABOR,  
HEALTH AND SOCIAL PROTECTION, COUNCIL OF MINISTERS,  
GOVERNMENT OF THE RUSSIAN FEDERATION. IN MEETINGS AT HHS  
AND OVP, PRELIMINARY AND INFORMAL DISCUSSIONS WERE HELD ON  
THE SCOPE AND GOALS OF THE HEALTH COMMITTEE. THERE WAS  
CONSENSUS AMONG THE GROUP THAT THE COMMITTEE'S ROLE SHOULD  
BE CATALYTIC AND ITS ORGANIZATIONAL STRUCTURE SHOULD:

(A) PROMOTE FULL COMMUNICATION BY ALL PARTIES ABOUT  
WHAT IS ALREADY BEING DONE;

(B) IDENTIFY POLICY, REGULATORY AND OTHER PROBLEMS

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UNCLAS STATE 287413  
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E.O. 12356: N/A  
TAGS: TBIO, OVIP, OTRA, KGCC, RS, US  
SUBJECT: VISIT OF PRINCIPAL DAS FOR HEALTH, BOUFFORD, TO  
MOSCOW - OCT 30-NOV 5 - HEALTH COMMITTEE  
REFS: (A) STATE 249504; (B) MOSCOW 28082; (C) MOH FAX  
TO HHS/OIH 10/4/94; AND (D) KELLER/HENRY TELCONS  
OF 10/7/94 AND 10/12/94

1. THIS IS AN ACTION REQUEST: SEE PARAS 4 AND 8-12.
2. SUMMARY:

IN FOLLOW-UP TO REF D (TELCON), SCICOUNS IS REQUESTED  
TO PROVIDE ASSISTANCE FOR TRIP TO MOSCOW, OCTOBER 30-NOV  
5, BY HHS PRINCIPAL DEPUTY ASSISTANT SECRETARY FOR HEALTH,  
DR. JO IVEY BOUFFORD. DR. BOUFFORD WILL BE ACCOMPANIED BY  
DR. PETER HENRY, DIRECTOR, OFFICE FOR EUROPE AND THE MTS,  
OIH/OASH/HHS AND ANTHONY ROCK, OES/STH/TCH. THE PURPOSE  
OF THE VISIT IS TO DISCUSS THE SCOPE, FUNCTION, AND  
ORGANIZATION OF THE GORE-CHERNOMYRDIN COMMISSION HEALTH  
COMMITTEE IN PREPARATION FOR A SECRETARIAL VISIT TO MOSCOW  
FOR THE COMMISSION MEETING IN MID-DECEMBER. A LETTER FROM  
SECRETARY SHALALA TO MINISTER OF HEALTH MECHAYEV AND FROM  
DR. BOUFFORD TO VICTOR CHEREPOV ARE PROVIDED BELOW (SEE  
PARA 11 AND 12).

3. BACKGROUND SUMMARY

FOR EMBASSY INFORMATION -- AT THE JUNE 1994  
COMMISSION MEETING, VICE PRESIDENT GORE AND PRIME MINISTER  
CHERNOMYRDIN AGREED TO ESTABLISH A HEALTH COMMITTEE AS  
PART OF THE GORE-CHERNOMYRDIN COMMISSION. ON THE U.S.  
SIDE, DONNA SHALALA, SECRETARY DHHS, WILL SERVE AS THE  
U.S. CHAIR. A SENIOR-LEVEL REPRESENTATIVE FROM USAID WILL  
SERVE AS THE VICE-CHAIR. DR. JO IVEY BOUFFORD WILL SERVE  
AS THE U.S. POINT OF CONTACT. INFORMAL DISCUSSIONS HAVE  
BEEN HELD WITH VICTOR CHEREPOV, A SENIOR HEALTH ADVISOR TO

THE RUSSIAN FEDERATION GOVERNMENT AND TO CHERNOMYRDIN,  
DURING THE WEEK OF CLINTON-YELTSIN SUMMIT. TO BEGIN  
PREPARATIONS FOR A MEETING OF THE US AND RUSSIAN CO-CHAIRS  
OF THE HEALTH COMMITTEE IN DECEMBER, INFORMATION ON  
RUSSIAN HEALTH PRIORITIES, NEEDS, AND RESOURCES MUST BE  
OBTAINED. DR. BOUFFORD IS PREPARED TO VISIT MOSCOW, AS  
SOON AS POSSIBLE, TO CONTINUE STRATEGY DISCUSSIONS BEGUN

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**Freedom of Information Act - [5 U.S.C. 552(b)]**

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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WHERE THE GORE-CHEKHOVYDIN PROCESS COULD FACILITATE  
SOLUTIONS; AND

SHCS465

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HIGH LEVELS OF MATERNAL MORTALITY ASSOCIATED WITH ABORTION  
(SEE NOTE).

SHCS465

(C) PROVIDE HIGH VISIBILITY TO HEALTH PROGRAMS AIMED  
AT VULNERABLE POPULATIONS, SUCH AS MATERNAL AND CHILD  
HEALTH, THAT WOULD REFLECT POSITIVELY ON U.S.-RUSSIAN  
JOINT ACTIVITIES, INCLUDING GOVERNMENT-TO-GOVERNMENT  
COOPERATION.

THE MAIN COMMITTEE SHOULD BE SMALL WITH A NUMBER OF  
SUBGROUPS FORMED TO DEAL WITH SPECIFIC ISSUES. RUSSIAN  
PRIORITIES, AS CONVEYED BY DR. CHEREPOV, INCLUDE:

- PROTECTION OF MOTHERS AND CHILDREN
- DEVELOPMENT OF NEW PHARMACEUTICALS
- CARDIAC SURGERY -- ESPECIALLY PEDIATRICS
- RADIATION HEALTH EFFECTS - AREAS SUCH AS ALTAI,  
AND CHELYABINSK

- IMPROVEMENT OF MEDICAL PRACTICE STANDARDS AND  
TRAINING
- ENVIRONMENTAL HEALTH PROTECTION

CHEREPOV ADVISED THAT THE BEST APPROACH WOULD BE TO  
START WITH 2-3 PROJECTS. WITH RESPECT TO A CHOICE BETWEEN  
A SITE DEVELOPMENT, OR A FEDERAL-LEVEL COUNTRY-WIDE  
ENDEAVOR, CHEREPOV INDICATED THAT IT SHOULD BE A NATIONAL-  
LEVEL ACTIVITY AND INVOLVE THE MINISTER OF HEALTH IN THE  
DECISION-MAKING.

IT WAS AGREED THAT BOTH SIDES SHOULD MEET PROMPTLY TO  
SET PRIORITIES AND DEVELOP POSSIBLE JOINT INITIATIVE.  
SPECIFICALLY, WE NEED GOOD ADVICE FROM THE RUSSIAN SIDE ON  
WHAT THEY NEED; ONLY THEN CAN A DETERMINATION BE MADE OF  
WHAT CAN BE DONE.

7. ADDITIONAL BACKGROUND FROM USAID

-- THE DOLS 75 MILLION U.S.-RUSSIAN MEDICAL  
ASSISTANCE PROGRAM BEGAN IN FISCAL YEAR 1994 AS A RESULT  
OF THE TOKYO G-7 MEETINGS. ELEMENTS OF THE CURRENT  
PROGRAM INCLUDE:

1) STRENGTHENING HEALTH INFORMATION SYSTEMS AND  
THE CAPABILITY OF THE GOVERNMENT AND LOCAL GROUPS TO  
RESPOND TO EMERGENCY HEALTH PROBLEMS; INCLUDES THE U.S.  
CENTERS FOR DISEASE CONTROL AND THE RUSSIAN MINISTRY OF  
HEALTH SURVEILLANCE WORK; A DIPHTHERIA IMMUNIZATION  
PROGRAM WITH THE MINISTRY OF HEALTH; AND GRANTS TO RUSSIAN  
NGOS.

2) PRODUCTION AND DISTRIBUTION OF CRITICAL  
PHARMACEUTICALS AND MEDICAL EQUIPMENT, AND IMPROVING  
REGULATIONS AND QUALITY CONTROL OF IMPORTANT AND LOCAL  
PRODUCTION; INCLUDES U.S. FDA WORK, AND NEW GRANTS TO  
U.S. AND RUSSIAN PARTNERS FOR PHARMACEUTICAL INVESTMENTS.

3) HEALTH CARE FINANCING AND SERVICE DELIVERY  
REFORM, INTRODUCING MARKET-ORIENTED REFORMS TO ADDRESS  
EFFICIENCY, QUALITY AND ACCESS TO HEALTH SERVICES IN  
SELECTED LOCATIONS.

4) THE MEDICAL PARTNERSHIPS, CURRENTLY IN PLACE  
AND PLANNED FOR CONTINUATION, WHICH FOCUS ON STRENGTHENING  
AND UPDATING CLINICAL AS WELL AS MANAGEMENT PRACTICES AND  
COMMUNITY OUTREACH.

5) WOMEN'S HEALTH INITIATIVE TO SUPPORT TRAINING  
AND TECHNICAL ASSISTANCE TO IMPROVE REPRODUCTIVE HEALTH  
AND FAMILY PLANNING AND OTHER ACTIVITIES AIMED AT REDUCING

NOTE: THIS INITIATIVE ON WOMEN'S HEALTH WAS  
INITIATED FOLLOWING THE VICE PRESIDENT'S PARTICIPATION IN  
THE CAIRO CONFERENCE AND HIS SPEECH JUST PRIOR TO CAIRO  
SPECIFICALLY CITING THE NEEDS IN RUSSIA.

8. LOGISTICS: PHS/OASH WILL COVER THE COSTS OF THIS  
VISIT, INCLUDING CAR AND DRIVER, INTERPRETER, AND AIRPORT  
MEET AND GREET. EMBASSY ASSISTANCE IS REQUESTED IN MAKING

THE ARRANGEMENTS. DHHS/OASH/OIH FUNDING CITE FOR  
INTERPRETATION, CAR AND DRIVER, AND THE LIKE:  
APPROPRIATION 7551101, CAN 5-A734135, ALLOTMENT NO.: NA,  
OBLIGATION NO: BOUFFORD P836854; HENRY P83844,  
ORGANIZATION CODE: 75-03-0030, OBJECT: 21.93, COST NOT  
EXCEED DOLS 5,000.

9. COUNTRY CLEARANCE IS REQUESTED FOR THE FOLLOWING:

ANTHONY F. ROCK  
DEPUTY DIRECTOR, OFFICE OF SCIENCE, TECHNOLOGY,  
AND HEALTH, BUREAU OF OCEANS, AND INTERNATIONAL  
ENVIRONMENTAL AND SCIENTIFIC AFFAIRS  
U.S. DEPARTMENT OF STATE

(b)(6)

(b)(6)

JO IVEY BOUFFORD, M.D.  
PRINCIPAL DEPUTY ASSISTANT SECRETARY FOR HEALTH  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

(b)(6)

(b)(6)

PETER H. HENRY, PH.D.  
DIRECTOR, OFFICE FOR EUROPE AND THE MTS

OFFICE OF INTERNATIONAL HEALTH, OASH, DHHS

(b)(6)

(b)(6)

RESERVATIONS FOR MR. ROCK, DRS. BOUFFORD AND HENRY  
HAVE BEEN MADE ON DELTA AIRLINES, FLIGHT 60, ARRIVING  
MOSCOW SUNDAY, OCTOBER 30, AT 4:25 PM. DEPARTURE FROM  
MOSCOW IS ON LUFTHANSA FLIGHT 3211 ON SATURDAY, NOV 5, AT  
7:05 PM. DRS. BOUFFORD, HENRY AND ROCK WILL ARRIVE AND  
DEPART TOGETHER.

SCIENCE OFFICE IS REQUESTED TO MAKE HOTEL  
RESERVATIONS AT THE SLAVJANSKAYA RADISSON FOR THE NIGHTS  
OF OCTOBER 30 - NOV 4.

10. SCIENCE OFFICE IS ASKED TO REQUEST FROM THE MINISTRY  
OF HEALTH A LETTER OF INVITATION FROM THE MINISTRY OF  
HEALTH AND VISA CLEARANCE FOR THE THREE MEMBERS OF THE  
DELEGATION.

11. SCIENCE OFFICE IS REQUESTED TO PASS THE FOLLOWING  
LETTER FROM SECRETARY SHALALA TO MINISTER OF HEALTH  
MECHAYEV CONCERNING POSTPONEMENT OF HIS TRIP TO THE U.S.

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AND HHS REQUEST TO MEET WITH DR. BOUFFORD. A COPY WILL  
ALSO BE FAXED TO THE MINISTRY.

SHCS465

STATE 287413 221939Z  
RUSSIAN ACADEMY OF MEDICAL SCIENCES, AND POSSIBLY THE  
MINISTRY OF SOCIAL WELFARE.

SHCS465

BEGIN TEXT:

EDUARD A. NECHAYEV 18 OCTOBER 1994  
MINISTER OF HEALTH AND MEDICAL INDUSTRY  
OF THE RUSSIAN FEDERATION  
RAKHMANOVSKY PER. 3  
MOSCOW, RUSSIAN FEDERATION

DEAR MINISTER NECHAYEV:

I WAS SORRY TO LEARN THAT YOU HAVE HAD TO POSTPONE YOUR  
TRIP TO THE U.S. UNTIL NEXT YEAR. I HAD LOOKED FORWARD TO  
THE OPPORTUNITY TO DISCUSS WITH YOU ACTIVITIES TO BE  
PURSUED UNDER THE NEWLY-FORMED US-RUSSIA HEALTH COMMITTEE.

IN FOLLOW-UP TO THE JUNE MEETING BETWEEN VICE PRESIDENT  
GORE AND PRIME MINISTER VICTOR CHERNOMYRDIN, IT HAS BEEN  
AGREED TO ADD HEALTH AS A SEVENTH COMMITTEE UNDER THE  
GORE-CHERNOMYRDIN COMMISSION. VICE PRESIDENT GORE HAS  
ASKED ME TO CHAIR THIS COMMITTEE FOR THE U.S. SIDE. I  
HAVE ASKED DR. JO IVEY BOUFFORD, PRINCIPAL DEPUTY  
ASSISTANT SECRETARY FOR HEALTH, TO SERVE AS THE U.S. SIDE  
POINT OF CONTACT FOR THE UNITED STATES.

DR. BOUFFORD WOULD BE AVAILABLE TO VISIT MOSCOW AND MEET  
WITH YOU AND YOUR STAFF TO BEGIN DISCUSSIONS ON THE SCOPE  
AND NATURE OF THE COMMITTEE. THE DATES WE HAVE IN MIND  
ARE OCTOBER 30 THROUGH NOVEMBER 5. WE HAVE ASKED THE U.S.  
EMBASSY SCIENCE OFFICE TO COORDINATE WITH YOUR STAFF ON  
THIS VISIT.

I AM LOOKING FORWARD TO MEETING YOU AGAIN AND TO THE WORK  
OF THIS COMMITTEE.

/S/  
SINCERELY YOURS  
DONNA SHALALA  
SECRETARY, HHS

END TEXT

12. SCIENCE OFFICE IS ALSO REQUESTED TO PASS THE  
FOLLOWING LETTER FROM DR. BOUFFORD TO VICTOR CHEREPOV WITH  
WHOM DISCUSSIONS WERE HELD IN WASHINGTON, SEPTEMBER 28,  
CONCERNING THE FORMATION OF THE HEALTH COMMITTEE.

BEGIN TEXT:

VIKTOR M. CHEREPOV, M.D. OCTOBER 18, 1994  
HEAD OF PUBLIC HEALTH AND  
MEDICAL ENGINEERING DEPARTMENT  
GOVERNMENT OF THE RUSSIAN FEDERATION

DEAR DR. CHEREPOV:

I WAS VERY PLEASED TO HAVE HAD THE OPPORTUNITY TO MEET  
WITH YOU DURING YOUR VISIT TO WASHINGTON TO DISCUSS THE  
FORMATION OF A HEALTH COMMITTEE UNDER THE GORE-  
CHERNOMYRDIN COMMISSION. IN FOLLOW-UP, SECRETARY SHALALA  
IS SENDING A LETTER TO MINISTER NECHAYEV INDICATING THAT I  
WOULD BE PREPARED TO VISIT MOSCOW, OCTOBER 30-NOVEMBER 5,  
IF THIS WOULD BE CONVENIENT FOR THE MINISTRY OF HEALTH AND  
THE OTHER PARTIES CONCERNED. WE BELIEVE IT WOULD BE VERY  
HELPFUL TO BOTH SIDES IF WE COULD CONTINUE DISCUSSIONS AND  
"BRAINSTORMING" AND INCLUDE GOSCOMSANEPIIDNAZOR, THE

WE HAVE ASKED THE U.S. EMBASSY SCIENCE OFFICE TO ASSIST US  
IN COORDINATING THIS VISIT. PLEASE LET ME KNOW IF I COULD  
MEET WITH YOU DURING THIS TIME PERIOD.

I VERY MUCH LOOK FORWARD TO CONTINUING OUR WORK.

SINCERELY YOURS,

/S/

JO IVEY BOUFFORD, M.D.  
PRINCIPAL DEPUTY ASSISTANT SECRETARY FOR HEALTH  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

END TEXT

13. BIODATA

BOUFFORD BIOSKETCH:

JO IVEY BOUFFORD, M.D., DID HER PEDIATRIC RESIDENCY  
TRAINING AT MONTEFIORE HOSPITAL AND MEDICAL CENTER, THE  
BRONX, NEW YORK. SHE IS BOARD CERTIFIED IN PEDIATRICS.  
AS THE PRINCIPAL DEPUTY ASSISTANT SECRETARY FOR HEALTH,  
DR. BOUFFORD PROVIDES LEADERSHIP AND SUPPORT ACROSS THE  
FULL SPECTRUM OF U.S. PUBLIC HEALTH SERVICE OF THE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES, POLICY AND  
OPERATIONAL ISSUES AND, IN EFFECT, SERVES AS THE CHIEF  
OPERATING OFFICER FOR THE PHS. PRIOR TO HER APPOINTMENT,  
DR. BOUFFORD SERVED AS DIRECTOR OF THE KING'S FUND

COLLEGE, LONDON ENGLAND. DR. BOUFFORD SERVED AS PRESIDENT  
OF THE NEW YORK CITY HEALTH AND HOSPITAL CORPORATION (NHC)  
FROM 1985-89. NHC IS THE LARGEST MUNICIPAL HOSPITAL  
SYSTEM IN THE U.S. WITH 11 ACUTE CARE HOSPITALS, 5 LONG-  
TERM CARE FACILITIES, AND OVER 50 COMMUNITY CLINICS.

HENRY BIOSKETCH:

PETER H. HENRY, PH.D. HAS AN INTERDISCIPLINARY  
DOCTORAL DEGREE FROM STANFORD UNIVERSITY IN BIOBEHAVIORAL  
SYSTEMS ANALYSIS. SINCE 1981, HE HAS BEEN THE EXECUTIVE  
SECRETARY FOR THE US-USSR AND NOW US-RUSSIA BILATERAL  
HEALTH AGREEMENT. HIS EXPERIENCE INCLUDES WORK IN PROGRAM  
EVALUATION, S AND T PROGRAM MANAGEMENT, AND PSYCHO-  
PHYSIOLOGICAL RESEARCH. CHRISTOPHER

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ACTION 053-23

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**ACTION 0E3-22**

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P 041728Z NOV 94  
FM AMEMBASSY MOSCOW  
TO SECSTATE WASHDC PRIORITY 4685  
INFO DEPT OF HHS WASHDC PRIORITY  
AMCONSUL ST PETERSBURG

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STATE FOR OES/STH; ENR/ISCA/EAST (FERGUSON-AUGUSTUS)

PASS FDA FOR RUDASHEWITZ

E.O. 12356: N/A  
TAGS: KGGC, TBIO, PGCV, RS  
SUBJECT: HEALTH MINISTER NEGOTIATION'S MEETING WITH  
AMBASSADOR

REF: (A) MOSCOW 31276; (B) STATE 281:35

1. SUMMARY: IN AN INTRODUCTORY NOVEMBER 1 MEETING, GOR HEALTH MINISTER EDUARD MECHAYEV TOLD AMBASSADOR THAT HE WOULD LIKE TO FOCUS WORK IN THE NEW GCC HEALTH COMMITTEE ON DIABETES AND ON VACCINATIONS FOR INFECTIOUS DISEASES. HE SAID HE WANTED A NEW AGREEMENT TO DEFINE THE RELATIONSHIP BETWEEN MINHEALTH AND HRS, AND HE CONSIDERED THE BILATERAL HEALTH AGREEMENT AS SOMETHING BETWEEN THE STATE DEPARTMENT AND MFA. MECHAYEV ALSO TOOK THE OPPORTUNITY TO COMPLAIN ABOUT BEING BLIGHTED IN THE PHARMACEUTICAL CONFERENCE, INVOLVING FDA, PLANNED FOR ST. PETERSBURG. FINALLY, MECHAYEV SAID HE WAS DISCUSSING THE AIDS TESTING BILL WITH THE STATE DUMA AND THOUGHT HE MIGHT BE ABLE TO DEFRAY ITS PASSAGE. END SUMMARY.

2. AMBASSADOR MADE A NOVEMBER 1 INTRODUCTORY CALL ON EDUARD MECHAYEV, GOR HEALTH MINISTER, TO INTRODUCE HIS DAS BOUFFORD, IN MOSCOW WITH USG REPS ON THE GORE-CBERKHOYDIN COMMISSION (GCC) HEALTH COMMITTEE (GCNC), AND SEEK MECHAYEV'S VIEWS ON PRIORITIES FOR THE WORK OF THE GCNC. MECHAYEV WAS ACCOMPANIED BY DEPUTY MINISTERS ALEXSANDR TSAREGOROOTSEV, NIKOLAY VAGANOV AND VLADIMIR KOCHEROVETS; INTERNATIONAL RELATIONS HEAD NIKHAIL SAVELYEV; AND GOR HEALTH EXPERT VIKTOR CHEREPOV. MECHAYEV IDENTIFIED TSAREGOROOTSEV AND KOCHEROVETS AS POINTS OF CONTACT FOR THE GCNC. WITH CHEREPOV AS RUSSIAN VICE CHAIRMAN AND SAVELYEV AS EXECUTIVE SECRETARY.

2. ACCOMPANYING AMBASSADOR AND DAS BOUFFORD WERE

AID/MOSCOW DIRECTOR AND HEALTH DIVISION HEAD AND ESTOFFS. AMBASSADOR HAD TO DEPART AFTER THE FIRST HOUR, BUT RECHAYEV CONTINUED TO MEET WITH BOUFFORD FOR A SECOND HOUR. FOLLOWING ARE HIGHLIGHTS OF THE AMBASSADOR'S MEETING.

CONSIDERING WORK FOR THE GCMC

4. FOLLOWING THE AMBASSADOR'S INTRODUCTION OF HER, BOUFFORD CHARACTERIZED HER MISSION AS TRYING TO DEVELOP ORGANIZATIONAL FRAMEWORK FOR THE COMMITTEE AND IDENTIFY IDEAS FOR INITIAL WORK IN ADVANCE OF THE DECEMBER 600 SESSION. SHE RAISED THE VICE PRESIDENT'S INTEREST IN MATERNAL AND CHILD HEALTH (MCH) AS A POSSIBLE ACTIVITY. MECHAYEV RESPONDED THAT TWO OF HIS DEPUTY MINISTERS WERE PEDIATRICIANS, AND THOUGHT WE COULD WORK TOGETHER IN THIS AREA.

5. NECHAYEV RESPONDED TO AMBASSADOR'S REQUEST FOR HIS PRIORITIES FOR THE CMC BY IDENTIFYING A DIABETES PROGRAM AS VERY IMPORTANT. HE SAID IT WOULD HAVE IMPLICATIONS FOR BOTH ADULTS AND CHILDREN. IT COULD INCLUDE JOINT RESEARCH, PUBLICATION OF DIABETES-RELATED MATERIAL AND FOCUS ON MODEL TREATMENT AND PREVENTION CENTERS. HE ADDED THAT MINHEALTH COULD PROVIDE SOME RESOURCES HERE.

6. HE DESCRIBED THE DIABETES PROGRAM AS "SOCIAL MEDICINE," SAYING THAT THERE WERE 15 MILLION

DIABETICS. HE ADDED THAT MORE INFORMATION WAS NEEDED ON, FOR EXAMPLE, DIFFERENT FORMS OF THE DISEASE. MECHAYEV THOUGHT WE SHOULD ORGANIZE OUR WORK TOGETHER, SHOWING THE RUSSIANS OUR SYSTEM. HE TALKED ABOUT HAVING JOINT PRODUCTION OF DIABETIC DRUGS AND FOOD.

7. NECHAYEV'S SECOND PROPOSAL CONCERNED ELIMINATION OF INFECTIOUS DISEASES THROUGH VACCINES. HE SAID VACCINATIONS ON POLIO, FOR EXAMPLE, HAD DECLINED OVER TIME, AND DIPHTHERIA HAD EMERGED AS A MAJOR PROBLEM AS PEOPLE LOST THEIR IMMUNITY. HE RECOGNIZED THE DIFFICULTY RUSSIA HAD IN COMBATING THOSE DISEASES WITHOUT MODERN TECHNOLOGY. HE LOOKED AT THE GENC AS A VEHICLE THAT COULD HELP BOOST PRODUCTION OF VACCINES AND SERUMS. NECHAYEV ALSO CITED TUBERCULOSIS AS A PROBLEM IN WHICH THE GENC COULD PLAY A SPECIAL ROLE. AGAIN

CITING JOINT PHARMACEUTICAL PRODUCTION, MECHAYEV  
SAID THAT BY COORDINATING OUR WORK, WE COULD GUARANTEE  
SUCCESS.

8. OTHER IDEAS NEGATIVELY MENTIONED WITHOUT ELABORATION INCLUDED THE EMERGENCE OF PRIVATE PRACTICES IN RUSSIA, AND THE DESIRABILITY OF HAVING SCIENTIFIC EXCHANGES OF

DOCTORS AND RESEARCHERS. HE PROMISED THAT HIS STAFF WOULD HAVE A LIST OF PROPOSALS READY FOR BOUFFORD'S DELEGATION BEFORE THE END OF THEIR VISIT.

DESIRING A DIRECT AGREEMENT WITH HNS

9. NECHAYEV EMPHASIZED IN HIS REMARKS THAT HE WANTED TO SIGN A SEPARATE AGREEMENT BETWEEN MINREALTH AND MRS. AND WAS READY TO PREPARE A DRAFT. HE THOUGHT SUCH AN AGREEMENT COULD BE WRAPPED UP QUICKLY. NECHAYEV ADDED AFTER AMBASSADOR'S DEPARTURE THAT THE BILATERAL HEALTH AGREEMENT HAD BEEN SIGNED BY MFA AND THE STATE DEPARTMENT, NOT BETWEEN MRS AND MINREALTH. THOUGH HE AGREED IT COULD SERVE AS A FRAMEWORK FOR THE COMMITTEE'S WORK.

## AIDS LEGISLATION

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PICKERING

10. IN LIGHT OF RECENT REPORTS OF THE DUMA'S PASSAGE OF LEGISLATION THAT WOULD MANDATE TESTING OF ALL FOREIGNERS FOR AIDS (REF A), AMBASSADOR ASKED MECHAYEV FOR HIS VIEWS ON THE BILL AND ITS ENFORCEMENT IF ENACTED. MECHAYEV SAID HE SUPPORTED OUR CONCERN, WHICH TSAREGORODTSEV CHARACTERIZED AS ONE OF HUMAN RIGHTS, AND ADDED THAT OUR VIEWS COINCIDED WITH HIS. MECHAYEV SAID THE DUMA WAS AN INDEPENDENT BODY WHEN MAKING ITS DECISIONS -- EVEN THOUGHTLESS ONES. HE SAID HE HAD PASSED THE DUMA AN AIDE MEMOIRE, ASKING THAT THEY CONSIDER A TEMPORARY SUSPENSION OF THIS BILL. HE SAID SUCH TACTICS HAD SOMETIMES WORKED WITH THE DUMA.

11. MECHAYEV OBSERVED THAT THERE WERE A NUMBER OF WISE PEOPLE IN THE DUMA. HE RECALLED THAT THEY FORMERLY HAD BARRIERS IN THEIR RELATIONS WITH MINHEALTH, WHICH HE THOUGHT HAD POLITICAL OVERTONES.

-----  
 FDA AND DRUG INFORMATION ASSOCIATION (DIA) SYMPOSIUM  
 -----

12. MECHAYEV SLIPPED FROM HIS DISCUSSION OF THE DUMA INTO A COMPLAINT TO AMBASSADOR OF BEING SLIGHTED BY FDA ON THE PLANNING OF THE NOVEMBER 12-17 DIA SYMPOSIUM IN ST. PETERSBURG. DESPITE REF B'S INDICATION THAT THE SEMINAR HAD BEEN PLANNED IN COLLABORATION WITH MINHEALTH STAFF AND OTHER AGENCIES/ORGANIZATIONS, MECHAYEV WAS ANNOYED THAT (1) MINHEALTH HAD NOT BEEN ASKED FOR CONCURRENCE IN CONDUCTING THE SYMPOSIUM AND (2) DIA (THE SPONSOR) WAS ASKING HIM FOR A "REPORT" AT THE EVENT. HE CLAIMED THAT MINHEALTH HAD NOT KNOWN IN ADVANCE THAT THE MEETING WAS TAKING PLACE, AND ADDED THAT EVEN THE CHIEF OF THE ST. PETERSBURG HEALTH AUTHORITY HAD NOT KNOWN.

13. UNDER THESE CIRCUMSTANCES, MECHAYEV EMPHATICALLY DECLARED TO THE AMBASSADOR THAT NOBODY FROM MINHEALTH, INCLUDING THE REGIONAL OFFICE IN ST. PETERSBURG, WOULD ATTEND THE SYMPOSIUM. HE THEN TURNED TO CHEREPOV, SITTING ON HIS IMMEDIATE RIGHT, AND ASKED HIM LOUDLY WHETHER HE WOULD ATTEND. CHEREPOV, SLIGHTLY STUNNED BY THE QUESTION, HESITATED AND THEN SAID, "IF YOU

AREN'T, THEN, OF COURSE I WON'T."

14. AMBASSADOR RESPONDED TO THIS EXCHANGE BY SAYING THAT HE UNDERSTOOD THAT THE CONFERENCE WAS BEING HELD OUTSIDE GOVERNMENT CHANNELS, BUT THAT CLEARLY THERE HAD BEEN SLIPPAGE IN COMMUNICATIONS. HE COULD NOT JUDGE WHO WAS AT FAULT, BUT NOTED THAT WITH ON-GOING WORK SUCH PROBLEMS SHOULD NOT OCCUR. THE AMBASSADOR SAID HE THOUGHT THE GCIC FRAMEWORK COULD HELP AVOID SUCH MISCOMMUNICATIONS IN THE FUTURE.

15. AS A GENERAL OBSERVATION, THE AMBASSADOR SAID THAT THERE ARE THOUSANDS OF MEDICAL CONFERENCES IN THE USA, AND WE ISSUE MANY VISAS TO RUSSIANS FOR SUCH EVENTS. HE HOPED THAT WE WOULD CONTINUE TO WIDEN OUR CONSULTATIONS AND HAVE GREATER EXCHANGES ON ALL TYPES OF MEDICAL INFORMATION. IN CLOSING HIS PORTION OF THE MEETING, THE AMBASSADOR RECOGNIZED MECHAYEV'S INTEREST IN FUTURE COOPERATION, AND REGRETTED THAT THE HE HAD BEEN ANY MISUNDERSTANDING ON THE SYMPOSIUM.

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INFO LOG-00 AID-00 BIB-01 CIAE-00 SMEC-00 OAS-00 DODE-00  
DOEE-00 ED-01 EUR-00 FBIE-00 HHS-01 H-01 TEDE-00  
INR-00 LAB-01 L-00 MCO-00 ADS-00 MOFM-04 MOF-03  
M-00 NRRC-00 NSAE-00 OMB-01 PA-01 PM-00 PRS-01  
P-01 SB-00 SCT-03 SNP-00 SP-00 SSO-00 SS-00  
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MACKLIN)  
WHITE HOUSE FOR OSTP (WALES/BORIGHT/SCHWEITZER)  
DEPT PASS TO HHS FOR PHS (BOUFFORD/HENRY/HOMAN)

E.O. 12356: N/A  
TAGS: KGCC, TBIO, SOCI, PGOV, RS  
SUBJECT: GORE-CHERNOMYRDIN: MOSCOW PLANNING  
MEETINGS FOR GCC HEALTH COMMITTEE

REF: (A) STATE 287413; (B) MOSCOW 31909

1. SUMMARY: U.S. DELEGATION (BOUFFORD, HENRY AND ROCK) WERE IN MOSCOW OCTOBER 30-NOVEMBER 5 TO EXCHANGE VIEWS ON RUSSIAN HEALTH PRIORITIES, NEEDS, AND RESOURCES, AND TO FORMULATE AN AGENDA WITH THE GOR FOR THE UPCOMING GORE-CHERNOMYRDIN HEALTH COMMITTEE MEETING. THE U.S. AND RUSSIAN DELEGATIONS AGREED TO FOCUS ON PHARMACEUTICAL PRODUCTION GRANTS FOR JOINT VENTURES AND THE NEW WOMEN'S HEALTH INITIATIVE AS DECEMBER AGENDA ITEMS, BUT A FULL AGENDA STILL NEEDS TO BE FLESHED OUT. WE ALSO NEED TO DECIDE IF THE U.S. IS WILLING TO WORK PRIMARILY WITH THE MOH OR SHOULD PUSH INTENSIVELY IN THE NEXT FEW WEEKS FOR TRUE INTER-AGENCY REPRESENTATION ON THE GOR SIDE. END SUMMARY.

MEETINGS WITH THE MINISTRY OF HEALTH (MOH)

2. THE U.S. DELEGATION MET WITH THE DESIGNATED RUSSIAN CHAIR (MINISTER OF HEALTH), DR. VIKTOR CHEREPOV (IN CHARGE OF HEALTH ISSUES AT THE PM'S OFFICE), BELA DENISENKO (CHAIRWOMAN, DUMA HEALTH COMMITTEE), AND ALSO REPRESENTATIVES OF THE RUSSIAN ACADEMY OF MEDICAL SCIENCES (RAMS), THE STATE COMMITTEE FOR SANITARY AND EPIDEMIOLOGICAL SURVEILLANCE (SAN-EPI COMMITTEE), AND OTHER INSTITUTES AND HOSPITAL AUTHORITIES. THERE WERE

FIVE SEPARATE SESSIONS WITH THE MOH. THE DELEGATION DISCUSSED A NUMBER OF ISSUES SEPARATELY WITH THREE DEPUTY MINISTERS: NIKOLAI VAGANOV (MOTHER AND CHILD HEALTH), VLADIMIR KOCHEROVETS (PHARMACEUTICALS AND MEDICAL INDUSTRY), AND ALEXANDER TSAREGORODTSEV (HEALTH CARE AND FINANCING). THROUGHOUT THESE MEETINGS,

TWO CLEAR THEMES EMERGED: 1) THE MOH DID NOT INTEND TO INVOLVE ANY OTHER HEALTH AGENCIES IN THE COMMITTEE. IN FACT, THE MOH NAMED ITS OWN DEPUTY MINISTERS AS DEPUTY CO-CHAIRS; AND 2) THE MOH IS PUSHING FOR A DIABETES FOCUS AS A PRIMARY AGENDA ISSUE.

3. DR. BOUFFORD EMPHASIZED THE IMPORTANCE OF INVOLVING OTHER AGENCIES WITH THE COMMITTEE. SHE STRESSED THAT IN ADDITION TO HHS, USAID IS CO-CHAIRING THE COMMITTEE, AS IS DOD. SHE MENTIONED COMMERCE AND OTHER BRANCHES OF THE USG AS POSSIBLE CO-CHAIRS AND EXPRESSED HER WISH THAT THE MOH WOULD CONSIDER OTHER AGENCIES OF THE GOR, ESPECIALLY RAMS AND THE SEN-EPI COMMITTEE.

4. DR. BOUFFORD INDICATED HOW IMPORTANT IT IS FOR THIS COMMITTEE TO BROADEN IT'S MEMBERSHIP. THE U.S. DELEGATION SOUGHT TO HAVE A CLOSING MEETING ATTENDED BY ALL GOR HEALTH AGENCIES, BUT THE MOH WOULD NOT AGREE AND SUCH DID NOT OCCUR. CHEREPOV OF THE PM'S OFFICE DID NOT PLAY AN ACTIVE ROLE HERE AND GENERALLY DEFERRED TO HEALTH MINISTER NECHAYEV.

5. DURING THE MEETINGS, THE MOH EXPRESSED A DESIRE TO CONTROL ALL HEALTH EXCHANGE PROGRAMS. DR. BOUFFORD INFORMED THEM THAT SUCH EXCHANGES ARE VERY DECENTRALIZED IN THE U.S. AND THE USG AND HHS USUALLY DO NOT CONTROL THEM.

DELEGATION MEETING WITH NECHAYEV

6. REF B MEETING WITH AMBASSADOR, HEALTH MINISTER NECHAYEV ANNOUNCED THE CO-CHAIRS OF THE COMMITTEE. NECHAYEV TOLD THE USDEL THAT SEVERAL ACADEMICIANS FROM RAMS AND THE DEPUTY CHAIRMAN OF THE SAN-EPI COMMITTEE WOULD BE MEMBERS OF THE HEALTH COMMITTEE. NECHAYEV AGAIN IDENTIFIED A DIABETES PROGRAM AS RUSSIA'S TOP PRIORITY. (THIS ISSUE HAD ALREADY BEEN BROUGHT UP IN THE MEETINGS WITH THE DEPUTY MINISTERS). THE SECOND ISSUE NECHAYEV DISCUSSED WAS HIS CONCERN FOR A VACCINATION PROGRAM, SPECIFICALLY QUALITY CONTROL AND PRODUCTION TECHNOLOGY (JOINT VENTURES, ETC)

FOR VACCINES AND SERUMS, HE ESPECIALLY MENTIONED DIPHTHERIA AND TUBERCULOSIS AS AREAS OF CONCERN.

7. AT THE LAST MEETING WITH MOH ON NOVEMBER 4, A LIST OF RUSSIAN PARTICIPANTS ON THE HEALTH

COMMITTEE, AS WELL AS A LIST OF THE PROJECT PROPOSALS WERE PRESENTED TO THE U.S. DELEGATION. THESE FOLLOW BELOW.

RUSSIAN PARTICIPANTS

7. RUSSIAN MEMBERS OF THE COMMITTEE WILL BE:

CO-CHAIR:

EDUARD A. NECHAYEV, MINISTER OF HEALTH

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*Department of State*

INCOMING  
TELEGRAM

PAGE 02 OF 02 MOSCOW 32445 00 OF 03 101630Z  
DEPUTY CO-CHAIR:

SHC3553

MOSCOW 32445 00 OF 03 101630Z

SHC3553

VLADIMIR I. KOCHEROVETS, DEPUTY MINISTER OF  
HEALTH (POINT OF CONTACT)  
ALEXANDER D. TSAREGORODTSEV, DEPUTY MINISTER  
OF HEALTH (POINT OF CONTACT)  
VIKTOR N. CHEREPOV, HEAD OF HEALTH CARE AND  
MEDICAL INDUSTRY, RUSSIAN GOVERNMENT

MEMBERS OF THE COMMITTEE:

Y.Y. VEL'TISHEV, DIRECTOR, INSTITUTE FOR  
PEDIATRICS AND CHILDREN SURGERY, MOH  
V. F. VLASENKO, FIRST DEPUTY HEAD, FEDERAL  
DEPARTMENT FOR MEDICAL, BIOLOGICAL AND  
EXTREME PROBLEMS, MOH  
V.I. KULOPOV, DIRECTOR, RUSSIAN SCIENTIFIC-

RESEARCH CENTER FOR PERINATALITY, OBSTETRICS  
AND GYNECOLOGY, MOH

M.N. LAZUTOVA, DEPUTY MINISTER OF EDUCATION  
V.M. LYKOV, DEPUTY DIRECTOR, DEPARTMENT OF  
INTERNATIONAL COOPERATION, MOH  
G.G. ONISHENKO, DEPUTY CHAIRMAN, RF STATE  
COMMITTEE FOR SANITARY AND EPIDEMIOLOGICAL  
SURVEILLANCE

A.I. OSADCHY, DEPUTY MINISTER OF SOCIAL  
PROTECTION

N.N. PLUZHNIKOV, CHAIRMAN, SCIENTIFIC-  
TECHNICAL COMMITTEE OF MAIN MILITARY-  
MEDICAL DEPARTMENT, MOD

M.N. SAVELYEV, DIRECTOR, DEPARTMENT OF  
INTERNATIONAL COOPERATION, MOH  
M.M. SAPOVSKIY, DIRECTOR, DEPARTMENT FOR  
PROVISION WITH MEDICINE AND MEDICAL  
EQUIPMENT, MOH

8. COMMENT. THE COMMITTEE ON THE RUSSIAN SIDE  
IS DOMINATED BY MOH MEMBERS (10 OUT OF 14) AND  
LED BY A CONSERVATIVE MINISTRY NOT RECOGNIZED FOR  
ITS COMMITMENT FOR HEALTH CARE REFORM IN RUSSIA.  
END COMMENT.

PROJECT PROPOSALS

9. INFORMAL TRANSLATION FOLLOWS:

A) IMPROVEMENT OF THE SYSTEM OF RENDERING  
MEDICAL AND SOCIAL ASSISTANCE TO PEOPLE SUFFERING  
FROM DIABETES.

B) PREVENTING CHILDREN'S INFECTIOUS DISEASES:  
RENDERING ASSISTANCE FOR THE START UP OF  
PRODUCTION OF MODERN VACCINES AND SERUMS.

C) TUBERCULOSIS PREVENTION: REGIONAL  
PECULIARITIES OF T.B. DEVELOPMENT. ORGANIZATION  
OF THE JOINT PRODUCTION OF MODERN ANTI-  
TUBERCULOSIS PREPARATIONS.

D) MOTHERHOOD AND CHILDHOOD PROTECTION.  
ADAPTATION OF U.S. SANITARY AND EDUCATIONAL  
MATERIALS ON IMMUNIZATION AND FAMILY PLANNING FOR  
USE BY THE RUSSIAN MEDICAL SYSTEM.

E) CARDIAC SURGERY FOR THE NEWBORN:  
IMPLEMENTATION OF MODERN METHODS OF EXAMINATION,  
TREATMENT, AND POST-OPERATIVE CARE.

F) JOINT DEVELOPMENT OF MEDICAL REQUIREMENTS  
FOR THE SELECTION OF ASTRONAUTS AND COMMON  
ENVIRONMENTAL STANDARDS FOR SPACECRAFT AND  
ENCLOSED SPACES.

10. DR. BOUFFORD ASKED IF THE MOH HAD DISCUSSED  
THE PROJECT PROPOSALS WITH THE RAMS OR THE SAN-

EPI COMMITTEE. SHE EMPHASIZED THE IMPORTANCE OF  
INTERAGENCY DISCUSSIONS TO PRODUCE THE FINAL  
PROPOSALS, DEPUTY MINISTER TSAREGORODTSEV WHO  
WILL BE THE DEPUTY CO-CHAIR FOR RUSSIA, INSISTED  
THESE ARE THE PROPOSAL FROM THE RUSSIAN SIDE AND  
THE MOH WILL INVOLVE OTHERS WHEN PROJECTS CALL  
FOR THEIR INVOLVEMENT.

11. BOTH THE U.S. AND THE MOH AGREED TO PRESENT  
TWO PROJECTS IN THE UPCOMING DECEMBER MEETING:  
PHARMACEUTICAL PRODUCTION GRANTS TO U.S. AND  
RUSSIAN JOINT VENTURES AND NEW WOMEN'S HEALTH  
INITIATIVE.

MEETINGS WITH OTHER HEALTH AGENCIES

12. IN SEPARATE MEETINGS, BOTH THE RAMS AND THE  
SEN-EPI COMMITTEE PRESENTED THEIR OWN PROPOSALS.  
THESE FOCUSED ON STEPS TO IMPROVE EXISTING  
VACCINES, TO PROVIDE IMMUNIZATIONS, TO  
EDUCATE  
THE PUBLIC AND PHYSICIANS ON PUBLIC HEALTH  
ISSUES, AND EDUCATIONAL/TRAINING EXCHANGES.

13. THE EMBASSY AND USAID/MOSCOW ARE CONCERNED  
THAT THE ENTIRE FOCUS FROM THE RUSSIAN SIDE IS ON  
PROJECTS AND TECHNICAL ASSISTANCE, RATHER THAN  
PROGRAMS OF GENUINE TWO-WAY BILATERAL INTEREST.  
THIS COULD HAVE THE UNWANTED EFFECT OF DIVERTING

SCARCE USG RESOURCES INTO UNRELATED NON-PRIORITY  
ACTIVITIES.

FOLLOW-UP

14. A FULL AGENDA AND DATES FOR THE DECEMBER  
HEALTH COMMITTEE MEETING WERE NOT FINALIZED  
DURING THESE MEETINGS. IN A SUBSEQUENT TELEPHONE  
CONVERSATION WITH DEPUTY HEALTH MINISTER  
KOCHEROVETS ON ANOTHER TOPIC, HE SAID MOH WAS  
READY FOR FURTHER MEETINGS TO PUT A FINAL AGENDA  
TOGETHER. EMBASSY BELIEVES SUCH ADDITIONAL  
DIRECT TALKS MAY WELL BE NEEDED AND SUGGESTS THAT  
KEY U.S. REPS RETURN TO MOSCOW BY DECEMBER 1 AT  
THE LATEST TO COMPLETE FULL AGENDA PREPARATIONS  
FOR THE MID-DECEMBER GCC. WE ALSO NEED TO DECIDE  
IF WE ARE WILLING TO WORK WITH THE MOH OR WOULD  
PUSH INTENSIVELY IN THE NEXT FEW WEEKS FOR TRUE  
INTER-AGENCY REPRESENTATION ON THE GOR SIDE.

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**Tab C**

Divider Title: \_\_\_\_\_

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## Charge to the Health Committee

DRAFT -11/22/94

1. To promote U.S.-Russia cooperation in the health sector including direct government to government public health cooperation on issues of national concern and strengthen the opportunities for collaborative work in areas of mutual interest.
2. To identify policy, regulatory and other barriers to smooth implementation of cooperative working and seek solutions through the broader Gore-Chernomyrdin process.
3. To promote full communication by all parties about current U.S.-Russia health sector activities, especially those supported by the Governments of the United States and the Russian Federation.
4. To provide visibility and policy support to currently planned or ongoing initiatives, especially those involving vulnerable populations.
5. To serve as a focal point to improve co-ordination of US-Russian Health sector cooperation across government and non-governmental organizations within each country.
6. To promote the widest possible interchange and cooperation, in areas of agreed priority, among U.S. and Russian public health professionals and biomedical scientists, health sector leadership and government health officials at all levels.
7. To develop and maintain linkages and assure cooperation across the Gore-Chernomyrdin Committees on health-related issues.
8. To oversee and monitor the outcomes of these efforts as well as activities conducted under the current U.S.-Russian Health Agreement and to discuss the policy implications of these outcomes for broader application.



Methods of Work  
DRAFT - 11/22/94

1. The co-chairs of the Committee will assure the maximum feasible consultation and participation of government committee members from each side.
2. The committee will agree on an agenda for an initial joint program of work and revise it as necessary.
3. As areas for the program of work are agreed upon, joint working groups and/or joint agency responsibility will be identified for developing a plan of action to include:
  - A statement of the issue to be addressed
  - Expected outcomes of the work
  - An implementation plan
  - A timetable for joint activities in each identified area
  - Projected resource needs and sources of support
4. The co-chairs will be responsible for assuring appropriate involvement from governmental and nongovernmental organizations in working groups developed by the committee.
5. A joint secretariat function will be established in order to support the health committee and its working groups and to expedite communications, including use of electronic mail. The Russian Secretariat will be located in the Ministry of Health and Medical industry and the U.S. Secretariat will be Co-located in the Office of International Health, Public Health Service, Department of Health and Human Services and the U.S. Mission AID, Moscow. The committee will agree upon scope of responsibility and authorities of the Secretariats.
6. The committee will request periodic reports, including identification of obstacles to implementation, on existing and other relevant health sector projects funded by the Governments of the United States and the Russian Federation with a view, inter alia, toward delineating ways/means of overcoming problems/obstacles.

Purview of the Committee:  
DRAFT - 11/22/94

The Health Committee is viewed as a mechanism for ensuring better cooperation and coordination and for the removal of barriers.

It does not have permanent members, staff, or facilities. Instead it relies on the cooperation and good offices of the participating agencies to identify activities of mutual benefit and to support collaboration.

For activities that relate to priority areas of mutual interest, the Health Committee members will seek to make linkages and referrals of proposals to appropriate agencies. However, the Health Committee, per se, is not a source of funding for projects or a peer review mechanism.

**Ministry of Health Proposals**  
**Agreed to by the U.S.**

1. **Diabetes.** Send a delegation to the U.S. By mid-December to study U.S. Experience. Interest in joint production of diabetic-related pharmaceuticals and foods.

(The U.S. could receive the Russian delegation in January. We would like to see this priority area expanded along the lines noted by Minister Nechayev in our meeting with him. There is a broad range of opportunities, ranging from research, to prevention, to treatment including education of patients and health providers, to production of essential pharmaceuticals, supplies, and foods. Cooperative efforts should address both Type I and Type II diabetes in adults and children.)

2. **Control of Infectious Diseases in Childhood.** Good manufacturing practices for production of vaccines and sera, first for diphtheria, and then for other childhood diseases.

(We would especially like to stress vaccine-preventable infectious diseases. Initially, the U.S. views this area as an important opportunity to work with Russia in their efforts to restore/modernize their vaccine/sera production to GMP levels, and it would build on cooperation carried out already between the U.S. Food and Drug Administration, assistance from USAID, and certain Russian institutions. It also offers the opportunity to promote immunization practice and to strengthen the clinical practice of pediatricians.)

3. **Combating Tuberculosis.** Study of the epidemiology and current treatment of TB control.

(The U.S. believes that this area offers an important opportunity to cooperate on anti-TB work including identification of populations at risk, sharing of information on research and on approaches to treatment, and for the production of anti-TB pharmaceuticals.)



4. **Maternal and Child Health.** Health education materials in the area of promoting immunization and family planning in Russian practice.

(The U.S. Believes that this area offers important opportunities for exchanges of health education material and sharing of experience and techniques on communications for health education, including but not necessarily limited to immunization and family planning. There is also opportunity for continuing medical education for physicians and other health care providers on those issues, such as preventing serious forms of infectious diseases in children and early diagnosis of genetically-linked disorders.)

Area to be Discussed Further:

5. **Pediatric Cardiac Surgery.** Transfer of surgical know-how, diagnostic procedures and post-op treatment.

(This area will need substantial private sector involvement in the U.S. There is a need to work out arrangements. Further discussion is needed before this area is added to the agenda.)

U.S. Proposals for Cooperation  
DRAFT - 11/22/94

1. Strengthen the Infrastructure for Public Health Information System (disease surveillance) and Public Health Education. This could begin around issues already identified--vaccine preventable infectious diseases, diabetes, and other areas that lead to better health (e.g. food handling/sanitation, smoking, alcoholism) and other areas that may be mutually agreed upon. It could build on existing aid-funded projects to enhance the infrastructure for disease surveillance and reporting.
2. Strengthen Primary Care pro-actively through practice management, continuing clinical education for doctors and nurses currently in primary care settings, development of a russian specialty of family medicine. (We understand there is currently potential funding in this area from World Bank and would be interested in collaborating if it seems to be of value.) This is a priority area of development for the health sectors of both countries.
3. Joint exploration of the role of a ministry of health/department of health in the face of health care reform and the development of more decentralized health sector management. What are the oblast/state responsibilities; what is the role of the federal level (e.g., regulatory framework, quality standard setting, health manpower planning and certification, facility accreditation). As both countries are going through this transition, it could be of considerable mutual benefit to have a policy working group in this area.

In addition to the foregoing, we would like to explore the potential for future work in two areas:

1. **Environmental Health.** Cooperative work on risk assessment and study of adverse impact on human health of various forms of environmental pollution. This work would be closely coordinated with the GCC Committee on the Environment and the Energy Committee, specifically the activities being pursued under the Joint Coordinating Committee for Radiation Effects Research (JCCRER).
2. **Mental Health.** While we did not discuss this during our meetings, it is a particular interest of Mrs. Gore, and we would like to begin some discussions for potential future cooperation. Areas of special interest would, for example, be exchanges of information/research on mental disorder assessment as well as treatment approaches.



Russian Members of the Health Committee  
[As conveyed by MOH 4 Nov 94]

AGENCY

Chair: - Eduard NECHAYEV, Minister of Health and Medical Industry MOH

Vice-Chairs: [\* = Points of Contact]

\* Alexander TZAREGORODTSEV, Deputy Minister of Health (health finance, preventive medicine) MOH

\* Vladimir KOCHEROVETS, Deputy Minister of Health, (pharmaceuticals and medical industry) MOH

Victor CHEREPOV, Director, Office of Health Care and Medical Industry, Department of Labor, Health, and Social Protection RUSSIAN GOVERNMENT

Committee Members:

Gennady ONISCHENKO, Deputy Chairman, Russian State Committee for Sanitary and Epidemiologic Surveillance SCSES

Yuri VELTISHEV, Director, Institute of Pediatrics and Child Surgery RAMS

V. VLASENKO, First Deputy Director, Federal Dept. of Biomedical Research and Disaster Medicine MOH/SPACE

V. KULAKOV, Director, Russian Research Center for Perinatology, Obstetrics, and Gynecology RAMS/MOH

M. LAZUTOVA, Deputy Minister of Education MOE

H. OSADCHEY, Deputy Ministry of Social Protection MSP

N. PLUZHNIKOV, Chairman, Scientific-Technical Committee of the Principal Department of Military Medicine, Ministry of Defense MOD

M. SAPOVSKI, Director, Department of Pharmaceuticals and Medical Equipment Procurement MOH

Secretariat:

Michael SAVILIEV, Director, Department of External Relations, MOH MOH

Victor LYKOV, Deputy Director, Department of External Relations, MOH MOH



## U.S. Committee Membership

Donna E. Shalala, Ph.D., Co-chair  
Secretary of Health and Human Services

Carol Lancaster, Ph.D., Vice-chair  
Deputy Administrator  
Agency for International Development

Members as follows: (final designation of individuals pending)

Department of Defense

Department of State

Department of Education

Department of Commerce

Overseas Private Investment Corporation

U.S. Information Agency

### Point of Contact:

Jo Ivey Boufford, M.D.  
Principal Deputy Assistant Secretary for Health

### Secretariat:

Linda Vogel  
Director, Office of International Health

Peter Henry, Ph.D.,  
Director, Office for Europe and the NIS  
Office of International Health

Terrence Tiffany  
Chief of Environment and Health, USAID/Moscow



## INTRODUCTION AND HISTORY OF GLOBAL OPERATIONS AND DEVELOPMENT

The inception of Global Operations and Development (GO&D) began when founders John and Juliana Ditty traveled to Romania (1991) to adopt their daughter, Kristina and to Russia (1992) to adopt their son, Josiah.

They were so impacted by the desperation of children in orphanages, the need for food and basic necessities, that upon returning to Southern California they were compelled to help. Determined to make a difference, GO&D was birthed. At first, focus was on improving the quality of health care to Russia. Over thirty containers of medical equipment and supplies have been brought to various Russian hospitals. Through partnership with the local Baikal Amur Mainline (BAM) Railroad Hospital and Mount Olive Hospital (Okinawa, Japan), a medical clinic has been constructed and is soon to be open. Presently, partnerships have extended to non-governmental organizations (NGO) which share the vision of providing developmental assistance to countries in need. Humanitarian aid as well as medical training has expanded to Kobe (Japan), Cambodia, Romania, Moldavia, South Africa, Uganda, Rwanda, Ukraine and Kyrgyzstan.

The concept of being a team player, mobilization of international volunteers, embracing flexibility and creativity has caused the growth of GO&D to escalate rapidly. Operational approaches and methods include the establishment of attainable goals and objectives, development of a systematic plan of operation, monitoring, accountability and evaluation. Out

of this the chief goal is replication. These newly equipped individuals can now go and be a model to other areas where there is need.

An extensive network is in place with Regional Directors in Uganda, South Africa, Russia and Sweden. International Headquarters are located in Fullerton, California with operations taking place out of a 9,300 square foot warehouse in Corona, California. Our European base of operations, strategically located in the port city of Malmo, Sweden on the Baltic Sea, includes trucks, offices and warehouse facilities for refurbishing medical equipment.

The objectives of GO&D are diverse with focus on providing quality health care, agricultural innovations, educational training, construction projects, refugee assistance and care for orphans.

### PARTICIPATION

ORGANIZATIONS OR INDIVIDUALS MAY SPONSOR  
20' OR 40' CONTAINERS OF HUMANITARIAN AID.

### DONATIONS

YOU MAY PARTICIPATE WITH  
DONATIONS OF THE FOLLOWING ITEMS

#### CASH CONTRIBUTIONS

Any amount is gratefully received

#### MEDICAL SUPPLIES

medicines, medical equipment and vitamins.

#### FOOD

rice, beans, powdered milk, canned goods,  
non-perishable foods, and staples



### GLOBAL OPERATIONS & DEVELOPMENT

2500 BEACON STREET FULLERTON, CA 92635

(714) 524-9909 VOICE • (714) 524-7035 FAX



*Bridging the Gap...*



# Global Operations and Development

*...extending our hands  
to the world.*



# GLOBAL OPERATIONS AND DEVELOPMENT

...is a not-for-profit charity devoted to meeting basic human needs in developing countries. Registered as a Private Volunteer Organization (PVO) with the United States Agency for International Development (USAID) enables our endeavors to expand, and will enhance collaboration with other agencies.

Believing in volunteers and teamwork,  
these are

## OUR OBJECTIVES

GLOBAL OPERATIONS &  
DEVELOPMENT HAS THE  
MISSION OF ENGAGING IN  
INTERNATIONAL HUMANITARIAN  
EFFORTS WITH FOCUS ON  
HEALTH CARE ISSUES, RELIEF,  
REFUGEE ASSISTANCE AND  
PROJECTS WHICH SERVE NEEDY  
CHILDREN AND THE POOR.

*"Give a person a fish, and he will eat for a day; teach a person to fish and he will eat for a lifetime." — Ancient Proverb*

**1** To provide food, medical assistance and clothing where there is a need.



Warehouse site

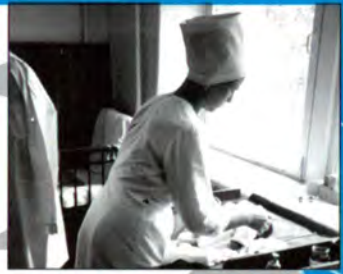


Shipping clothes

**2** To promote the ideals of democracy, health & individual worth of all people.



Medical Clinic



Russian Hospital

**3** To provide practical instruction for basic health needs.



Uganda



Siberian Hospital

**4** To sponsor volunteers in orphanages, hospitals & schools.



South Africa



**7** To assist in child survival or the location of home for orphans when there is a need.



Siberia



Rwanda

**6** To provide training programs for the development of small business to generate a free-market economy.



Biomedical technical training



**5** To assist in rebuilding or construction projects, agricultural technology or food production



Kobe, Japan



Siberia





## Global Operations and Development

Juliana Ditty, Program Director

2480 Beacon St.  
Fullerton, California, 92835, USA  
(714) 524-9909 Phn  
(714) 524-7035 Fax

May 19, 1997

O. E. O. B.  
Melanne Verveer  
Room 100  
Office of First Lady  
Washington DC 20500

Dear Ms. Verveer:

The purpose of this letter is to ask for an appointment with First Lady Hillary Clinton to discuss the refugee situation in Chechnya, Russia. With me would be Deputy Chairman of the Committee on Non-Governmental Organizations and Religious Confession, Valery Borschev. He is from the Federal Assembly - Parliament of the Russian Federation - The State Duma. The days available would be June 3 after 2:30 or June 4 after 1PM.

Global Operations and Development is a Private Volunteer Organization (PVO) registered with the United States Agency for International Development (USAID). We are working with the State Department and Russian Parliament in the delivery of 20 forty foot containers of medical supplies and equipment to Daghestan, which neighbors Chechnya. The project is titled Operation Chechnya Relief. John Ditty, President and CEO, was in Daghestan in January in which he did an evaluation of the hospitals and worked out the logistics for delivery.

Mr. Ditty and myself are the co-founders of Global Operations and Development. The organization was established as a result of the adoptions of two of our four children. In 1991 we adopted Kristina from Romania and Josiah from Russia in 1992. We were so impacted by the needs in the hospitals and orphanages that when we returned to Orange County, California we were compelled to do something.

We would like to talk with Mrs. Clinton about the idea of establishing mobile medical clinics to assist the refugees in the Chechnya region or developing a pediatric hospital.

I hope to hear from you as soon as possible. Thank you for your consideration.

Juliana Ditty

Global Operations and Development engages in international humanitarian efforts with focus on health care issues, relief, refugee assistance and projects that serve needy children and the poor.  
A Public Benefit, Not for Profit Corporation Tax-exempt under IRC 501 (c) (3).

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mty

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THE FEDERAL ASSEMBLY —  
PARLIAMENT OF THE RUSSIAN FEDERATION  
THE STATE DUMA

Committee on Non-Governmental Organizations  
and Religious Confessions

**Valery V. BORSCHEV**

*Deputy Chairman*

2, Georgievsky per.,  
Moscow, 103265, Russia

Tel. 292-32-81  
Tel/Fax: 292-54-58



ФЕДЕРАЛЬНОЕ СОБРАНИЕ —  
ПАРЛАМЕНТ РОССИЙСКОЙ ФЕДЕРАЦИИ  
ГОСУДАРСТВЕННАЯ ДУМА

Комитет по делам  
общественных объединений  
и религиозных организаций

**БОРЩЕВ**

**Валерий Васильевич**

*Заместитель Председателя Комитета*

103265, Москва,  
Георгиевский пер., д. 2

Тел. 292-32-81  
Тел./факс 292-54-58  
АТС-2 (276-20)



October 1996

# Fullerton couple exporting care to Chechnyan refugees



**CHECKING OVER SUPPLIES:** John Ditty, far left, speaks with Dr. Ismail Osmanov of Russia, left, Russian Congressman Gamid R. Askerkhanov, and Ditty's assistant Boz Beloseroff, right.

**PEOPLE:** The Dittys' humanitarian group is preparing to ship 240 tons of medical aid to the war-torn region.

By **TOM BERG**  
The Orange County Register

**FULLERTON** — Electrician John Ditty can't speak Russian, but he knows "da" means yes. He heard it plenty Tuesday.

"Da," said Gamid Askerkhanov, a Russian Parliament member, on seeing the warehouse of medical supplies Ditty is preparing to ship to the Chechnyan war refugees.

Askerkhanov said more than 200,000 refugees have settled in the Dagestan republic since neighboring Chechnya started fighting for independence in 1994. Despite a peace accord signed in August, the refugees dare not return home.



"Dagestan was never part of the war," he said through an interpreter. "But it took these refugees. It is a difficult situation."

Ditty and his wife, Juliana, agreed to ship 240 tons of medical aid — from gauze and gloves to incubators and ultrasound machines — through their humanitarian aid group called Global Operations and Development.

Help the Children World Foundation of Agoura Hills will assist

the \$2.4 million airlift to supply mobile clinics for the Russian refugees.

"Winter is coming," said Ditty. "The whole idea is to keep them from dying."

The Dittys launched a mom-and-pop charity four years ago after adopting a son in St. Petersburg, Russia. In their first year they spent much of their own money to ship one container of medical supplies back to St. Petersburg.

Now they ship more than \$10 million annually of donated medical aid around the world, drawing from hospitals, military bases and other Southern California charities.

"We've grown from 40 shipments last year to about 80 this year to almost 110 in the coming year," Ditty said. "Some of the projects are getting bigger than we can handle. There's not a whole lot more we can do."

To help sponsor a shipment call Global Operations at (714) 524-9909.



# Multimillion-dollar charity begins at home

**PEOPLE:** O.C. couple go from adopting a son and daughter overseas to adopting whole regions, providing tons of food and medicine.

By TOM BERG  
The Orange County Register  
From Fullerton

The idea for this mom-and-pop charity was born 10,000 miles away and four years ago in a Russian orphanage called Babyhouse 11.

A stench boiled through the halls. And 5,000 babies — some cross-eyed, armless, covered in rashes — filled the rooms.

When John and Juliana Ditty returned to Fullerton with baby Josiah — malnourished, his body a pincushion from asthma shots — they started making phone calls to help those left behind.

"We couldn't come back here and do nothing, living the same Orange County life of moving up the ladder," said soft-spoken Juliana, 43.

Monday, they will fly 1,000 pounds of donated medicine to Bosnia, Croatia and Serbia, aiming to open channels for five 40-foot containers to follow.

For two weeks, John and four volunteers will tour a land whose ground contains more than 6 million land mines and 250,000 war dead. They'll visit refugee camps, hospitals and orphanages to find ways of bringing medical supplies into and orphans out of the war zone.

"We're just common people but we knew we could make a difference," said John, 47, an electrical contractor, whose dinner last week consisted of chips and salsa after a long day hauling used equipment from San Diego.

Neither he nor Juliana accepts salary from Global Operations and Development — the charity they run out of a cramped office in their modern Fullerton home.

Life has been good to the Dittys. They've paid off the mortgage on their home — one of six John has built — and he has the freedom to devote more hours to the charity than to his job.

Until recently, Juliana homeschooled their four children: Bashana, 7; Jonathan, 6; Kristina, 4; and Josiah, 4. Paper angels and children's art decorate the dining-room walls.

Their two oldest children were adopted in this country, but John's age made it increasingly difficult to adopt more. So in 1991, after watching a TV documentary on Romanian orphanages, they adopted Kristina from Romania.

The next year, they adopted Josiah in St. Petersburg, Russia, as they celebrated their 10th wedding anniversary.

While there, they agreed to oversee the delivery of two 40-foot containers of food delivered by their church, Vineyard Christian Fellowship of Anaheim.

That trip changed their lives. In four years, they've built Global Operations into one of Southern California's most unusual charities: finding and repairing old hospital equipment to be sent to impoverished clinics and hospitals.

They draw donations from hospitals, military bases, U.S. foreign-aid programs and a host of other charities that share surplus donations.

Foreign-aid programs cover most shipments, but colleges, churches and individuals also sponsor deliveries (\$2,200 for a 20-foot container; \$2,700 for a 40-foot container).

"We've probably spent about



REACHING OUT: Juliana and John Ditty of Fullerton — with son Josiah, born in Russia — will ship medical supplies to Bosnia.

Photos by DAVE YODER/The Orange County Register



The Orange County Register

\$20,000 of our own money putting out containers when we thought people couldn't come up with the funds," said John. "And I pay for all my own trips. ... The electrical is how I make a living to support my family. Global is where I spend my money."

The Dittys found their niche by accident. They asked for surplus government beans and got used hospital equipment.

In 1992, Juliana asked the U.S. Department of Agriculture for food to send to a hospital in Russia. The USDA liked her plan but said: No beans until you become a registered charity.

In the six months it took Juliana to do so, the USDA stopped providing beans for Russia — but a local business came through.

Kaiser Permanente Orange

County Medical Center answered one of hundreds of requests that Juliana placed for donations: It offered eight pallets of old medical equipment, and Global Operations was under way.

As John backed his truck to the hospital loading dock, he thought, "I don't know anything about medical equipment but it all looks good to me."

Within a year, the couple had shipped a 20-foot container of medical supplies to St. Petersburg. Within the next two years, they'd shipped \$8 million of medical supplies to areas ranging from Uganda to Siberia to Kobe, Japan. Suddenly, people such as the bishop of the Coptic Church in South Africa were showing up at the Dittys' borrowed warehouse in Corona asking for supplies.

## He heals machines that heal

**PEOPLE:** Russian engineer repairs millions worth of equipment for O.C. charity.

By TOM BERG  
The Orange County Register

CORONA — Vasil Balozeroff, a 24-year-old visitor to this country from Russia, may have to perform surgery — on a neonatal heart monitor.

For a month, it has been sitting on his workbench at the warehouse of Global Operations and Development, in Corona. A real project: 15 years old with no instructions, no spare parts and no neonatal hearts to monitor.

Balozeroff decides that if he removes a broken paper roll that captures information, the monitor itself will still work. And that will be better than no monitor at all.

Balozeroff has repaired autoclaves, heart monitors and blood-transfusion machines.

"In my hospital (in Russia), I got used to fixing everything by myself, without any companies, without any nothing," he said, displaying a pin of the Russian flag on his plaid wool shirt. "I'd invent ways."

He still does. A biomedical engineer from St. Petersburg, he is in charge of inspecting, repairing and refurbishing every piece of medical equipment that comes through the warehouse door of Global Operations.

Last year, the Fullerton charity shipped more than \$5 million worth of donated medical equipment around the globe to impoverished clinics and hospitals.

Global operator John Ditty of Fullerton invited Balozeroff here after the young man repaired a surgical aspirator delivered to a St. Petersburg hospital.

"Here was this huge machine without a whole bunch of hand pieces, without bottles and tubes and valves," Balozeroff said.

After fixing the machine that sucks as it cuts tissue during operations, he had to persuade doctors to try it. Now it's used regularly at St. George Hospital.

In his seven months here, Balozeroff — with a taste for Tchaikovsky and pizza — has repaired autoclaves, heart monitors and blood-transfusion machines.

He is not paid. He is a full-time volunteer, getting experience, meals and a place to live in exchange for his expertise.

Compared with life in St. Petersburg, he lives like a king, he says. "Gosh, you guys have so many opportunities here and so few obstacles, it's just amazing."

And he is not the Maytag repairman. The relics piled in this borrowed warehouse require his full attention and inventive thinking. Which is the way he likes it.

Still, he glances around the warehouse stacked with \$6 million worth of old medical equipment and its sparse bookcase of a few dozen manuals. He asks for any advice, spare parts or manuals that manufacturers can muster.

"I would appreciate," he says, "any help from specialists."



MEDICAL MECHANIC: Vasil Balozeroff tends to hospital equipment for Fullerton-based charity Global Operations and Development.

### HOW TO HELP

Here are a few immediate needs:

► Dentists in Sarajevo need tools and supplies, especially the white material used in fillings.

► The refugee director in Zenica needs a metric scale for weighing food (up to 20-25 kilograms).

► A Sarajevo clinic doctor needs a personal computer to chart patients' statistics.

To help sponsor a container of supplies (one 40-foot container costs \$2,700 to ship overseas), call Global Operations at (714) 524-9909.

They couldn't say no.

Without a real office or even their own warehouse, the group has accumulated \$6 million worth of supplies in storage: from crutches to surgical tables to heart monitors to high-tech, ultrasonic aspirators.

They pay one staffer to run the warehouse, and rely on a stable of about 10 volunteers who pitch in every week. One volunteer, a biomedical engineer, repairs the machines before delivery.

Last year, they shipped 38 containers with \$5.1 million worth of goods around the globe. That's

small, said John, compared with groups such as World Opportunities International, in Los Angeles, and Operation Blessing, in Riverside, which are tied with national charities.

Charlie Lotshaw, the West Coast supervisor of Operation Blessing, said he often includes donated clothes, vegetable seeds and other items in shipments made by Global Operations.

"We know they do a good job," he said.

He said the Dittys may be leading the way for charitable groups heading into the former Yugoslavia.

"There have been people trying to work in the country, but you can't do a lot between bullets and tanks," Lotshaw said. "I think now you're going to start to see a lot of Christian organizations going in to help. More so than ever before."

The Dittys hope to pinpoint five hospitals or clinics in the war zone to provide a stream of medical supplies.

"It's something that's just been in our hearts to do," said John. "It's consuming but it's very fulfilling."

## PEOPLE MAKING A DIFFERENCE

**Name:** Cory Anibal, 30, of San Clemente  
**Family:** Single  
**Occupation:** Manager of Victory House, a drug and alcohol discipleship home in Capistrano Beach, associated with House To House Christian Fellowship  
**Reason for going:** To minister. He may stay a year.  
**Quote:** "There's a saying that goes: To him who much has been given, much is required. I feel like I've been given a lot; I want to give."



**Name:** Dr. James Blount, 58, of Loma Linda  
**Family:** Married, five children  
**Occupation:** Retired family practitioner  
**Reason for going:** He called Global Operations two weeks ago to ask for an autoclave for a mission program near Guadalajara, Mexico. When told there was an opening for a doctor, he immediately signed on.  
**Quote:** "I call it humanitarian missionary work. I'm Christian, but it's hard to touch a person spiritually unless you have really touched them physically and are able to bring them something."



**Name:** Lori Bultsma, 31, of Orange  
**Family:** Married  
**Occupation:** Registered nurse at Mission Hospital Regional Medical Center  
**Reason for going:** Five years ago she spent five months in Kenya with the group Youth With A Mission. She then gave up her career in insurance to become a nurse and perform mission medical work.  
**Quote:** "When I was in Kenya I got malaria and spent two days in the hospital. I met a nurse there who was very compassionate. I was so far away from home and I was alone, and she sat with me and talked with me. That triggered my desire to be a nurse."

**Name:** Lynn Cawley, 48, of Yorba Linda  
**Family:** Married  
**Occupation:** Marriage and family therapist in Irvine; also a registered nurse  
**Reason for going:** A former disaster nurse, she visited Rwanda with Global Operations in 1995 and wants to help again.  
**Quote:** "I'm one of those kids from the '60s. I used to do all the demonstrations and stuff. I'm at a place in my life where I'm able to work out in the community and work out in the world. I just feel it's important that I do that."





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# GLOBAL OPERATIONS AND DEVELOPMENT

**Vol. 12** 2480 Beacon, Fullerton, California 92635 USA (714) 524-9909 Phn / (714) 524-7035 Fax **Winter '97**  
E-Mail: 103605.1266@compuserve.com

Dear Friends:

**H**ave you ever taken a journey to your past to reflect on stages of growth and evaluate changes? At Global Operations and Development (GO&D) I sometimes remind myself of the wooden cart on wheels that a friend, Lowell Kressin, constructed. I consider how growth often starts from small beginnings.



**O**nce a week we would gather donations and then roll the cart to a small empty office. Often, three of our four children would sit on the top of clothes, canned goods and bags of beans looking forward to the bumpy "joy" ride. We would do our best to sort through the vast assortment of clothes and non-perishable food in hopes that someday it would fill a 20 foot ocean bound container to Russia. Donations of medical supplies from **Kaiser Permanente** (Anaheim, CA) soon filled the room to overflowing.

**H**ow appreciative we are of **Lewis Properties, Inc.**, which contributed at no charge a 2,000 sq. ft. storage unit, then an additional 2,000 sq. ft. unit and then, in addition, a new 9,000 square foot warehouse. We will forever be grateful for their generous hearts which enabled GO&D to build a secure foundation. When the warehouse sold we moved to the present location which costs \$2000 per month. It is good to grow and be responsible!

**E**ach month we have requests to send relief to new countries. Orders are in for the African countries of Zambia and Zimbabwe. Below is a photo of the small wooden cart next to a 40 foot container en route to Mozambique. It is good to remind ourselves of small beginnings and not ever give up on the vision placed before us.



**T**hrough the work of countless volunteers, surplus goods are gathered and sorted, cleaned, refurbished and made ready for shipment. Much appreciation goes out to volunteers such as Mary who spent a day sorting medicines for a local Indian reservation and another day cleaning medical equipment such as a neonatal care center which keeps infants warm. Already it has been requested for Cuba.





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# GLOBAL OPERATIONS AND DEVELOPMENT

Vol. 10 2500 Beacon, Fullerton, California 92635 USA (714) 524-9909 Phn / (714) 524-7035 Fax  
E-Mail: 103605.1266@compuserve.com

Spring/Summer '96

Dear Friends:

*Wow! It's been awhile since a newsletter has gone out. We've been busy!!!*

## SERBIA, BOSNIA AND CROATIA

The entire medical team was greatly impacted by the trip they took to this war torn area in February 1996. It was a difficult trip as the schedule had to be reevaluated daily. The ethnic division was heart wrenching as each person had a story to tell of hurts, fear, mistrust and emotional desperation. In many cases the team had to believe the impossible could happen as was the case going into Serbia. They were told that they would not be able to bring medical supplies and equipment to this region. Determined to complete the mission the team boarded a train enroute to Novi Sad, Serbia.



John Ditty and Lynn Cawley with a wheelchair that had been requested for a lady in Serbia

Half way into the journey they were ordered at gunpoint to exit the train as the aid was confiscated. Uncertainty loomed as each day unfolded; yet eventually the aid was returned and distributed to the right hospitals and refugee settlement camps.



Refugees at a camp in Zenica, Bosnia

In Zenica, meetings were held with dentists who have sent a list of over 50 dental items that are needed. It is difficult to witness a country where all has been stripped and so much beauty maliciously destroyed.



Smiles of appreciation from Bosnian dentists as they receive equipment from GO&D. Joyce Pogacic, from River of Life, is in the middle

THE FEDERAL ASSEMBLY —  
PARLIAMENT OF THE RUSSIAN FEDERATION  
THE STATE DUMA

Committee on Non-Governmental Organizations  
and Religious Confessions

**Valery V. BORSCHEV**

*Deputy Chairman*

2, Georgievsky per.,  
Moscow, 103265, Russia

Tel. 292-32 81  
Tel/Fax: 292-54-58



ФЕДЕРАЛЬНОЕ СОБРАНИЕ —  
ПАРЛАМЕНТ РОССИЙСКОЙ ФЕДЕРАЦИИ  
ГОСУДАРСТВЕННАЯ ДУМА

Комитет по делам  
общественных объединений  
и религиозных организаций

**БОРЩЕВ**

**Валерий Васильевич**

*Заместитель Председателя Комитета*

103265, Москва,  
Георгиевский пер., д. 2

Тел. 292-32-81  
Тел/факс 292-54-58  
АТС-2 (276-20)





# **Help the Children**

WORLD FOUNDATION  
A UNITED STATES  
NON-PROFIT CORPORATION

Lev Leznik  
FOUNDER & PRESIDENT

5312 Derry Avenue, Suite "V", Agoura Hills, CA 91301, USA  
Tel. (818) 706-9848 • Fax (818) 706-8882

# Clinton Presidential Records

## Foreign Language Marker

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### Foreign Language Marker

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**Collection:** Clinton Presidential Records

**Subgroup:** First Lady's Office

**Series:** Melanne Verveer

**Subseries:**

**Document Title** [Russian Language Document]

**Language:** Russian

**Folder Title** Russia [Folder 6]

**OA/ID:** 20051

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# Help the Children

A UNITED STATES OF AMERICA NON-PROFIT CORPORATION  
W O R L D F O U N D A T I O N

## Founders

**Lev & Faina Leznik**

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### Vice President

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Alex Kim

William Pollard

Terry Minton

Al Caffrey

DATE: June 2 , 1997  
TO: To whom it might concern  
FROM: Lev Leznik, President  
**Help The Children World Foundation**

Dear Sir/Madam:

Please accept this letter of heartfelt thanks for your interest in our Foundation. It's people like you who give children the hope to look forward to a bright and healthy future.

The **Help The Children World Foundation** was founded in 1991 following a visit to the Ukraine by one of the founders, Faina Leznik, and her personal observation of the tragedies, difficulties, and sufferings of the children who are victims of the Chernobyl nuclear disaster.

The **Help The Children World Foundation** is a nonprofit public benefit corporation, organized for charitable purposes and designed to:

**PROMOTE THE WELFARE OF THE CHILDREN IN  
NEED, INCLUDING CHILDREN WITH PHYSICAL  
DISABILITIES AND/OR LIFE THREATENING  
DISEASES**

**Help The Children World Foundation** has no large corporate sponsors. It is supported solely by the charitable donations of private citizens and other organizations. In addition, thus far all administrative costs have been donated by our staff. Our plan is to be able to continue donating our time and finances, thus enabling virtually all the moneys donated by others or rose by other means, to be devoted to helping the children.

World Headquarters: 5312 Derry Ave, Ste. V Agoura Hills, California 91301 USA  
Telephone: (818) 706-9848 · Fax: (818) 706-9882 · Email: leznik@pacbell.net

As a nonprofit public benefit corporation we have no direct affiliation with any certain group or organization and have no preference or prejudices to who receives the aid as long as it is distributed to the sick, poor and needy of the country to which it was sent.

After specific projects are formed,<sup>1</sup> costs are calculated. Only then are funds raised. We endeavor always for our sponsors to know exactly how and where their support is being applied, and that it is being applied only to help the children.

Consequently, our earlier activities have focused on Chernobyl. **"The Children of Chernobyl"** — is a program designated to help the children who are the victims of the Chernobyl Nuclear Disaster.

Following is same of our earlier activates:

1. We were able to bring terminally ill children, victims of the Chernobyl Nuclear Disaster, and their doctors from the Ukraine to Los Angeles, California. Here they were able to get critical medical help from Dr. Robert Gayle, Professor of UCLA Medical Center. Dr. Gayle is the first US doctor to fly to the Ukraine directly after the Chernobyl disaster to treat the disaster's victims.
2. Our foundation in Kiev was able to send 11 groups of approximately 500 children to the Italy and France to receive much needed medical treatment and rehabilitation therapy.
3. Nearly 40 tons of medicines, baby formula, clothing, and other humanitarian aid was distributed by our staff to several orphanages and pediatric hospitals, including Borznynskay School-Orphanage, Kiev Infant Orphanage, Gorenka School for Chernobyl Children, Kagarlek Delivery and Pediatric Hospital, Orphanage School #3 of the City Kiev, Zgurovskay School-Orphanage, Volodarskay School-Orphanage for orphaned children who were evacuated from Chernobyl in 1986, Vorzelskay Infant Orphanage, Clinical Institute-Problems of Pediatrics, Center for Delivery and Gynecology of the city Kiev, and many, many others.

---

<sup>1</sup> The costs are as follows: medicine, food, supplies, and any other aid excluding any administrative costs.



Additionally, we also shipped and personally delivered to the Ukraine large cargoes containing new and used clothing, vitamins, medicines, baby food, and toys. These children that we are so desperately trying to help are going through a very critical time right now. I know this, because I went to Ukraine many, many times. Some of these children are born to mothers who are now terminally ill as a result of radiation exposure following the 1986 Chernobyl nuclear disaster. I personally witnessed the heart-rending conditions under which they live.

Because of the disastrous economy and political conditions in Ukraine, resulting from the secession from Russia, these children do not get any help from their government. They are receiving very limited medical help in the hospital that only has 30 beds, and there are more than 30,000 of them who were effected by the disaster. Their diet can be compared to wartime army food. They are getting only three of the 27 medications they need. The diagnostic equipment consists of one 1956-model ultrasound machine. And above all hospital is located less than 60 miles from Chernobyl.. Thus, the children are being continuously poisoned by their environment, food, and water. As you can understand, their spirits are low and they are without much hope, which is why our help is needed and greatly appreciated.

### **BUT CHERNOBYL VICTIMS ARE NOT OUR SOLE CONCERN**

In order to fulfill our contributors' and sponsors' wishes to help other children, we have created the "**Children of the USA.**" Program. We began by working with organizations and other charity groups to find children, families with children, or programs where our direct help will be most effective. We strive to make a positive difference in the lives, health, happiness, and welfare of children. In 1994, we have distributed over 20,000 pounds of food to flood victims in Mid-West.

Our local projects and organizations that we are currently helping are:

1. Dolores Mission for battered women with children
2. Children Hospital Los Angeles
3. Union Rescue Mission

This children special needs related to;

- abuse, abandonment, and neglect-- emotional disturbance
- mental retardation and autism      -- learning and language disabilities
- aids      -- homelessness



Page 4

Help

Help The Children has partnered with several other organizations in hopes that united we can be more effective in what we are trying to accomplish. Through the Dolores Mission of Los Angeles we are helping to equip the Center for Battered Women with Children, with much needed furniture, clothing, toys, etc. With Union Rescue Mission we distribute toys and clothing to homeless with children.

With our bureaus in Los Angeles, San Francisco, and our affiliates, associates, and colleagues in Russia, Ukraine, Croatia, Bosnia, Yugoslavia, Bulgaria and Dagestan we are continuing to help the children all over the world. In 1996 we delivered 3.500.000.00 USD (10 containers) of Humanitarian aid to Russia - medical equipment and supply. 10 more containers are going this year. Together with "**Healing Hands Int.**" We send 11,000 lb. of food to Zagreb, Croatia. Wide range of projects allows our contributors and sponsors a choice of where to apply their support.

On this 11th year sense of the Chernobyl Nuclear Disaster and horrendous aftermath of the war in Yugoslavia and Chechnya, there are a lot of children who are desperate for our HELP! That is why, in this time of new hope and rebirth in the world, Your help is needed and greatly appreciated. We are now accepting donations and especially Medical equipment and supplies for "**Dagestan medical aid airlift / Operation Chechnya Relief (OCR)**" to save more than 200,000 Russian refugees from Chechnya.

Donations are also accepted for victims of the Tuberculosis and Cholera epidemic outbreak in Dagestan. Nutrients and especially Baby food are immediately needed for Children's Hospitals and orphanages in Russia, Ukraine, Croatia, Bosnia, Yugoslavia, Bulgaria and Dagestan. Children close and toys for Homeless Children at Los Angeles "United Rescue Mission".

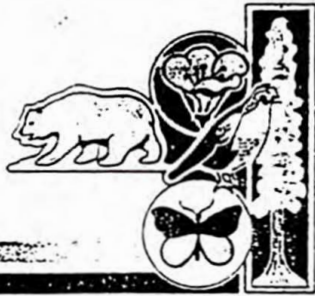
Naturally, you want to know more about our organization. To help you make your decision, we've included information about our Foundation, plus a few letters from the children who we've been so desperately trying to help (including medical histories which have been translated into English).

If you feel you would like to contribute in any way or would like more information please contact me personally at any time at my offices in Agoura, California USA at (818) 706-9848.

God Bless You!  
Sincerely,

Lev Leznik





# State of California

OFFICE OF THE SECRETARY OF STATE

CORPORATION DIVISION

1804487

I, *MARCH FONG EU*, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the corporate record on file in this office, of which it purports to be a copy, and that same is full, true and correct.

IN WITNESS WHEREOF, I execute  
this certificate and affix the Great  
Seal of the State of California this

DEC 03 1991



*March Fong Eu*

Secretary of State



1804487  
ENDORSED  
FILED  
In the office of the Secretary of State  
of the State of California  
DEC 03 1991  
MARCH FORNG EU, Secretary of State

ARTICLES OF INCORPORATION

of

HELP THE CHILDREN WORLD FOUNDATION

I

The name of this corporation is HELP THE CHILDREN WORLD FOUNDATION.

II

A. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes.

B. The specific purpose of this corporation is to promote the welfare of children in need including children with physical disabilities and/or life threatening diseases.

III

The name and address in the State of California of this corporation's initial agent for service of process is:

Lev Leznik  
26500 West Agoura Road  
Suite 344  
Calabasas, California 91302

IV

A. This corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

B. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publication or distribution of statements on behalf of any candidate for public office).

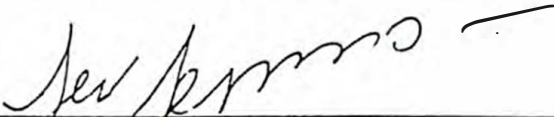
V

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any



director, officer or member thereof or to the benefit of any private person. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operates exclusively for charitable purposes and which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code.

Dated: November 26, 1991.

  
\_\_\_\_\_  
LEV LEZNIK

I declare that I am one of the persons who executed the foregoing Articles of Incorporation, which execution is my act and deed.

  
\_\_\_\_\_  
LEV LEZNIK

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                             | DATE | RESTRICTION |
|--------------------------|-------------------------------------------|------|-------------|
| 006. report              | re: Report of Medical Condition (2 pages) | n.d. | b(6)        |

### COLLECTION:

Clinton Presidential Records  
First Lady's Office  
Melanne Verveer  
OA/Box Number: 20051

### FOLDER TITLE:

Russia [Folder 6]

2013-0534-S

rc1676

### RESTRICTION CODES

#### Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

#### Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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### COLLECTION:

Clinton Presidential Records  
First Lady's Office  
Melanne Verveer  
OA/Box Number: 20051

### FOLDER TITLE:

Russia [Folder 6]

2013-0534-S

rc1676

### RESTRICTION CODES

#### Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
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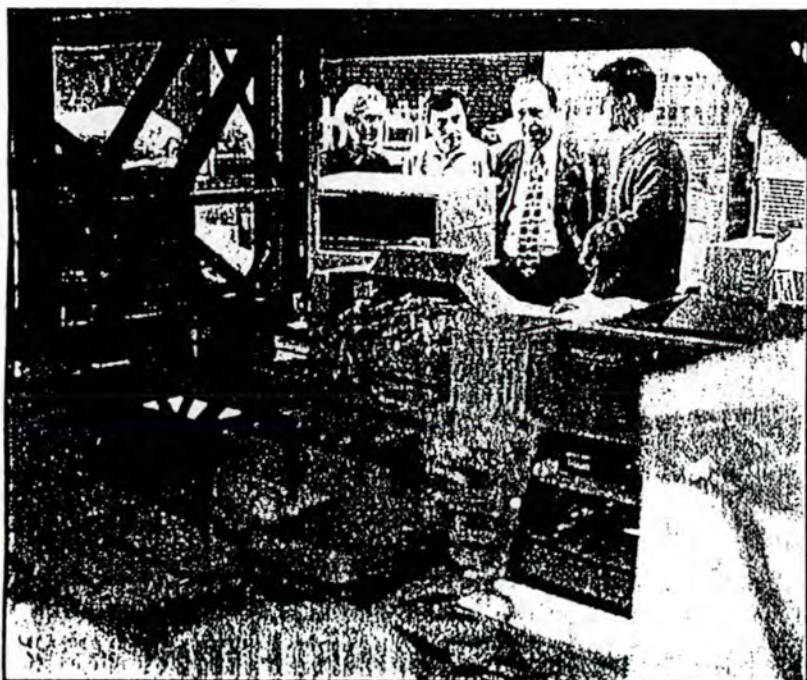
- **CRIME:** POLICE CONTINUE MANHUNT FOR KILLERS OF GUARD. **PAGE 5**
- **CITIES:** A CONSTRUCTION ACCIDENT CUTS PHONE SERVICE IN ORANGE. **PAGE 5**

# Metro

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THE ORANGE COUNTY REGISTER, WEDNESDAY, OCT. 30, 1996

## Fullerton couple exporting care to Chechnyan refugees



DAVE YODER/The Orange County Register

**PEOPLE:** The Dittys' humanitarian group is preparing to ship 240 tons of medical aid to the war-torn region.

By **TOM BERG**  
The Orange County Register

**FULLERTON** — Electrician John Ditty can't speak Russian, but he knows "da" means yes. He heard it plenty Tuesday.

"Da," said Gamid Askerkhanov, a Russian Parliament member, on seeing the warehouse of medical supplies Ditty is preparing to ship to the Chechnyan war refugees.

Askerkhanov said more than 200,000 refugees have settled in the Dagestan republic since neighboring Chechnya started fighting for independence in 1994. Despite a peace accord signed in August, the refugees dare not return home.



The Orange County Register

"Dagestan was never part of the war," he said through an interpreter. "But it took these refugees. It is a difficult situation."

Ditty and his wife, Juliana, agreed to ship 240 tons of medical aid — from gauze and gloves to incubators and ultrasound machines — through their humanitarian aid group called Global Operations and Development.

Help the Children World Foundation of Agoura Hills will assist

the \$2.4 million airlift to supply mobile clinics for the Russian refugees.

"Winter is coming," said Ditty. "The whole idea is to keep them from dying."

The Dittys launched a mom-and-pop charity four years ago after adopting a son in St. Petersburg, Russia. In their first year, they spent much of their own money to ship one container of medical supplies back to St. Petersburg.

Now they ship more than \$10 million annually of donated medical aid around the world, drawing from hospitals, military bases and other Southern California charities.

"We've grown from 40 shipments last year to about 80 this year to almost 110 in the coming year," Ditty said. "Some of the projects are getting bigger than we can handle. There's not a whole lot more we can do."

To help sponsor a shipment, call Help the Children World Foundation of Agoura Hills

(818) 706-9848

**CHECKING OVER SUPPLIES:** John Ditty, far left, speaks with Dr. Ismail Osmanov of Russia, left, Russian Congressman Gamid R. Askerkhanov, and Ditty's assistant Boz Beloseroff, right.

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# GLOBAL OPERATIONS AND DEVELOPMENT

**Vol. 13** 2480 Beacon, Fullerton, California 92635 USA (714) 524-9909 Phn / (714) 524-7035 Fax **Spring '97**  
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Dear Friends:

**I**T'S INTRODUCTION TIME! LET'S PUT A FACE TO GLOBAL! Often with an organization one can hear the name but not take into account the people behind the scenes threading it all together.



**John and Juliana Ditty**

**J**ohn Ditty, President and CEO, and Juliana Ditty, Program Director, established Global Operations and Development (GO&D) in 1993. After adopting their daughter from Romania and their son from Russia, they were greatly impacted by the desperation of children in orphanages and the need for basic necessities in hospitals. Upon returning to Southern California they were compelled to help and make a difference! The concept of being a team player, mobilization of international volunteers, embracing

flexibility and creativity has caused the growth of GO&D to escalate rapidly. In March 1996, they were recognized by the CHOC Padrinos of Children's Hospital of Orange County at the annual **HEROES OF THE HEART** banquet "for your inspirational contributions made to our community and the example you make for others." *(Continued on Page 3)*

## OPERATION CHECHNYA RELIEF

**A**fter a meeting with Congressman Ed Royce (Fullerton, CA) and Deputy Gamid Askerhaan, GO&D formed a partnership with Help the Children's World Foundation to consider bringing medical supplies and equipment to the region of Dagestan, bordering Chechnya.



**Congressman Ed Royce (Fullerton, CA),  
Juliana Ditty and Deputy Gamid Askerhaan**

**I**n January John Ditty and Operations Manager, Peter Karl, visited Dagestan to evaluate hospitals, orphanages and refugee camps. Little did they know a television crew and news reporters would be waiting to interview them when they arrived. This was Peter's first trip to Russia in which he stated, "I was greatly impressed by the creativity and ingenuity of the Russian people to do so much with so little. This trip has truly been life-changing."



*file Russia*

# HUMAN RIGHTS WATCH

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## RUSSIA

### TOO LITTLE, TOO LATE: STATE RESPONSE TO VIOLENCE AGAINST WOMEN

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## SUMMARY

*Here a woman's dignity does not have any value.*

*-Zoya Khotkina*

*Moscow Center for Gender Studies*

*Moscow, April 25, 1996*

In March 1995, Human Rights Watch released *Neither Jobs Nor Justice*, a report documenting widespread employment discrimination on the basis of sex that was practiced, condoned, and tolerated by the Russian government. The report also described how Russian law enforcement agencies routinely denied women their right to equal protection of the law by failing to investigate and prosecute violence against women. In April 1996, we returned to Russia to further research this problem. This report examines in-depth the state response to sexual violence outside the home as well as to sexual and other violence by intimate partners inside the home.

Violence against women is a pervasive problem in Russia. According to government statistics, nearly 11,000 women reported rape or attempted rape in 1996; the government simply does not gather statistics on women assaulted or killed by their partners. Yekaterina Lakhova, President Yeltsin's advisor on women's issues, has estimated that 14,000 women in Russia are killed by husbands or family members each year. These statistics, however, by no means document the extent of the problem of gender-based violence. According to women's rights activists, only about 5 to 10 percent of rape victims report to the police, and the rate of reporting by domestic violence victims is even lower. While myriad factors contribute to a victim's decision to report or to remain silent, Human Rights Watch found that the inadequacy of the government's response to victims of violence plays a significant role in perpetuating the silence and underreporting.

The government of Russia fails to afford victims of violence the protection of the law required by the international human rights treaties to which Russia is a party. Although Russian law criminalizes acts that constitute sexual or domestic violence, Human Rights Watch found that Russian law enforcement does not effectively ensure that incidents of violence against women are actually investigated and prosecuted, and in fact has sometimes obstructed their investigation and prosecution. This discrepancy between the law as written and the law as applied demonstrates Russia's failure to fulfill its international human rights obligations. By tolerating violence against women, Russia has failed not only to ensure rights guaranteed to women in relevant international treaties but to enforce its own laws in a nondiscriminatory manner.

Our researchers visited Moscow, the capital of the Russian Federation, and St. Petersburg, the second largest city in the Russian Federation. We also visited Sergeyev Posad, formerly Zagorsk, a city near Moscow; Murmansk, a military port in the northwest of Russia; and Nizhni Tagil, an industrial city in the Ural mountains. We collected testimony from women who had experienced sexual or domestic violence. We spoke with activists who work with female victims of violence, police officers, prosecutors, and forensic doctors. Our researchers also met with several present and former members of the State Duma. Based on this research, Human Rights Watch found that rather than combatting violence against women, the Russian law enforcement system creates numerous and substantial obstacles toward that end. Human Rights Watch documented that from the moment that victims of violence first seek out the legal system until the close of their cases, these women consistently confront hostility, reluctance, and bias against their cases.

Our research revealed that police and prosecutors typically reject or discourage complaints, suggesting that female complainants either provoked or fabricated attacks and thus were not truly victims. In the limited instances when victims' complaints were accepted, this skepticism or hostility nonetheless persisted, manifesting in flawed investigations. The investigations entail seemingly irrelevant and unnecessarily invasive and broad inquiries into victims' reputations and sexual histories. Investigations also impose a number of other dubious requirements that appear to hold complainants of sexual or other violence to a higher degree of scrutiny than is the case for



complainants of other types of crimes. These requirements include extensive psychological interviews of victims and traumatizing face-to-face confrontations between victims and alleged offenders. In keeping with their general insensitivity or lack of concern for violence victims, law enforcement officials also routinely fail, during investigations, to protect complainants and their families from harassment by alleged offenders and their friends who aim to dissuade the victims from pursuing their cases.

Human Rights Watch also discovered serious failings in the government's collection of forensic evidence, evidence which is a practical requirement in the prosecution of sexual assault cases in Russia. In many instances, we found, police deny or unnecessarily delay giving women the official referrals necessary for examinations at government-run evidence centers. This unwarranted interference with prompt examinations is especially egregious because of the transient nature of forensic evidence and its critical importance, particularly in cases of sexual assault. Even when victims do undergo forensic examinations, we discovered that they still encounter substantial difficulty in securing meaningful evidence. Many of the forensic examinations are sorely inadequate, revealing a bias against women who are not virgins. Instead of collecting evidence to document the extent and severity of women's injuries and to identify offenders, many doctors focus exclusively on the hymen to determine whether and when it was broken.

Despite the flaws in the investigative process, Human Rights Watch found that all the municipalities that it researched boast perfect or near-perfect conviction rates for crimes of sexual violence. The apparent success in prosecuting such crimes is misleading, however. Upon closer examination these figures suggest a practice of closing all but the most foolproof of cases. The probable corollary to this practice is that cases that are not foolproof are abandoned.

Human Rights Watch also documented the particular difficulties faced by victims of domestic violence. Because law enforcement officials resist even recognizing that domestic violence is a crime, many police officers refuse to respond to women's calls for help. In the limited instance when the police do respond, they often will hold the batterer, if at all, for only a brief period of time and release him unattended; after the release, the battering usually resumes. Human Rights Watch found that the police's failure to respond is particularly egregious because, at this time, criminal sanctions are the only legal protection available to battered women in Russia: Russia has no civil protection regime that would allow women to secure state-enforced protection orders from batterers without pursuing criminal charges.

Human Rights Watch found that the severe shortage of battered women's shelters—there are only two in all of Russia—and of affordable housing further contributes to the physical and mental endangerment of domestic violence victims. The absence of alternative housing options means that women are substantially restricted in their ability to escape violent partners. In many cases, battered women, even those who have divorced their violent partners, and their children have no choice but to live in the same apartment with their batterers. Although Russian law appears to provide some housing remedies—such as eviction of violent household members or apartment division—for domestic violence victims, Human Rights Watch found that these remedies are available primarily in theory and rarely in practice.

As a result of significant pressure from Russian women's rights advocates and international publicity, the government of the Russian Federation has begun to acknowledge the gravity of the problem of violence against women and has indicated a desire to improve protections for women. In February 1996, the Yeltsin administration published a policy document or white paper on improving the position of women in the Russian Federation. Issued in response to the recommendations of the 1995 United Nations Fourth World Conference on the Status of Women in Beijing, this white paper called for the government to conduct an assessment of Russian legislation and to develop proposals for revisions necessary to guarantee women's rights. Stressing that violence should be prohibited in all spheres of life including workplace and home, the government pledged in the white paper to collect full and objective statistics relating to violence against women, to coordinate its efforts with nongovernmental women's crisis centers, and to develop criminal and civil sanctions for violence against women. In June 1996, President Yeltsin issued



Decree 932, "On the Development of a National Plan of Action to Improve the Position of Women and Raise their Role in Society Before the Year 2000." This decree seeks to facilitate implementation of resolutions made at the Beijing conference and orders a draft plan to be developed.

It remains to be seen, however, whether the situation of women encountering violence will actually improve. Based on current indications, the prospects appear doubtful. For example, the 1997 budget adopted by the State Duma, the lower house of parliament, allocates no money toward implementing the goals outlined in the 1996 white paper and decree. The new criminal, labor, and family law codes, all adopted in the past two years, moreover, do little to improve the protection of women's human rights, particularly in regard to violence. Even the most ambitious step by the government, the drafting of a family violence law by the State Duma, is seriously flawed. As many women's groups, which have encountered substantial difficulty in accessing and commenting on drafts of the law, point out, the proposed law threatens to mitigate criminal penalties for violence, endangers the existence of independent women's crisis centers, and fails to create a civil protection regime. If the past and the present are any indication of the future, it appears that the outlook for the lives of real women in Russia, rather than the ones envisioned by current political rhetoric, remains bleak.

## RECOMMENDATIONS

### To the Russian Government

- Ratify the European Convention for the Protection of Human Rights and Fundamental Freedoms as required under its membership in the Council of Europe and take immediate steps to integrate its protections into Russian law.
- Denounce publicly domestic and sexual violence as crimes and make widely available information about how victims of such crimes can seek redress and identify services.
- Provide funds for nongovernmental and governmental shelters for victims of domestic violence and their dependent children and provide appropriate training for those who staff them. These funds should not carry restrictions on the basis of victim's marital status, family status as dependent or independent, nationality, language, or sex.
- Enforce housing code provisions to evict violent family members from public housing and provide assistance to battered women in dividing their apartments or in finding alternative housing.
- Work with federal and local legislators to repeal all legislative, judicial and administrative acts that stipulate *propiska* (official residence permit) requirements so that women and batterers are not restricted in their ability to locate new housing.
- Allow attorneys and advocates to accompany victims of sexual and domestic violence through the investigatory process, including during psychological interviews of victims.
- Develop appropriate standardized specific protocols for the collection and preservation of medical evidence for cases of sexual and domestic violence against women. Such protocols should be made available to the public, to health care providers, and to groups working on women's rights or women's health.
- Ensure that all government medical facilities are adequately supplied to conduct forensic examinations for physical and sexual violence cases.

### Interior Ministry

- Require a training program on domestic violence and sexual assault for all existing and incoming police officers. Individuals or organizations with expertise in investigating and working with victims of such crimes should be commissioned by the government to develop a training program and to achieve its national implementation. The training program should present effective procedures for investigating sexual and domestic violence. These should include: procedures for efficient intake of all complaints of sexual and domestic violence; effective and respectful interviewing procedures for victims of domestic and sexual



violence; methods for gathering medical evidence; and methods for protecting victims and witnesses from harassment by defendants (including physical violence, threats and bribes to withdraw complaints).

- Gather and maintain accurate and comprehensive statistics detailing the nature and degree of sexual violence. These records should, at a minimum, set forth the number of complaints received, the number of complaints that are taken to court, and the conviction rates. The Ministry of Interior should implement a system for collecting information based on reports filed with the police and those collected by independent hotlines and make such information publicly available.
- Gather and maintain accurate and comprehensive statistics detailing the nature and degree of violence in the home, including altering current statistical categories to include domestic violence. The Ministry of Interior should implement a system for collecting information based on reports filed with the police and those collected by independent hotlines and make such information publicly available.
- Designate one police officer in each local station to coordinate all complaints of sexual and domestic violence. The officer should be responsible for ensuring that the intake process functions effectively, i.e., ensuring that desk officers accept complaints appropriately and give prompt referrals for medical examinations; monitoring the investigations; communicating with complainants; and investigating complainants' reports of harassment from defendants.
- Discipline police officers who refuse complaints of sexual or domestic violence without cause, close cases without cause, or accept bribes to close investigations.
- Take affirmative measures to protect complainants and witnesses from harassment by defendants and their families.
- Provide female victims of violence with information about the names and methods for contacting groups that assist victims. This information should be available in all languages commonly spoken in the station's region.

#### **Legislators**

- Amend the criminal procedure code to allow hospitals, clinics, or private doctors to be certified to conduct official forensic exams that will be admissible in sexual assault prosecutions. Require that all doctors in emergency rooms and injury clinics be trained in the collection of medical evidence for sexual assaults, and provide "rape kits"<sup>1</sup> to facilitate the collection of such evidence.
- Provide a civil remedy for domestic violence victims in the form of a legally enforceable protection order that is easily accessible and readily available. Courts should issue such orders to direct the alleged batterer to refrain from contacting, approaching, harassing, and assaulting the complainant. Violations of this order should be subject to criminal penalty. The police must enforce such orders diligently.
- Revise the criminal law to reinstate Article 118, which provided criminal sanction for forcing employees into sexual contact.
- Revise the criminal procedure code to institute protections for victims of sexual violence during psychological interviews and face-to-face confrontations with the accused offender in the course of police or prosecutorial investigations. Such protections may include provisions to allow women to have a therapist or nonlegal advocate present during the interviews and confrontations, and to train law enforcement officials in the symptoms and results of post-traumatic stress disorder so that they may be sensitive to any additional shock that women may be prone to as a result of the confrontations.
- Allocate funds for the provision of social services to victims of sexual and domestic violence.
- Ensure that crisis centers are not restricted in their ability to provide services for victims of sexual and domestic violence. Extensive scrutiny should be given to any proposed licensing scheme, examining

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<sup>1</sup> Rape kits are designed to collect evidence of rape and sexual assault from the victim's body and contain items such as separate evidence bags for vaginal swabs, rectal swabs, pulled head hairs, saliva samples, pubic hair combings, outer clothing, foreign materials, and underwear.



whether requirements as to services provided and staffing prove essential to victims or instead create obstacles to the provision of services.

#### **To the United States Government**

- Ensure that the Law Enforcement Assistance Program, which conducts seminars for Russian law enforcement bodies, continues to focus on investigating and prosecuting sexual and domestic violence.
- Ensure that the U.S. Agency for International Development (AID) legal education and reform projects include help in reforming the civil and criminal law to provide equal protection to victims of sexual and domestic violence.
- Amend Section 498A(a)(3) of the Foreign Assistance Act of 1961, which covers the newly independent states of the former Soviet Union and requires the president to "take into account not only the relative need but also the extent to which that independent state is acting to" progress toward democracy, market reform, arms control, and protecting human rights, to mandate specific documentation of the extent that independent state is acting to protect women's human rights.
- Continue AID funding to nongovernmental and governmental crisis centers in Russia.

#### **To the United Nations**

- Draft a manual on the treatment of victims of crimes as directed in the Ninth U.N. Congress on the Prevention of Crime and Treatment of Offenders in Cairo, Egypt in 1995. This manual should specify particular measures that police, prosecutors, and courts should take to safeguard victims of sexual and domestic violence from retaliation by their assailants.

#### **To the European Union**

- Ensure that women's human rights are respected as a condition of the Partnership Agreement on trade and cooperation with Russia.

#### **To the OSCE**

- Act on the recommendations adopted at the October 1997 seminar on women's status and participation in society and insist that monitoring and reporting on women's rights are a priority in future OSCE work. To this end, establish a high-level coordinator, preferably based in Vienna, with a mandate to ensure that women's human rights are incorporated into all relevant OSCE operations.
- Call on each member state delegation to the OSCE to report to the Permanent Council and the Chairman-in-Office on efforts undertaken by its government to implement OSCE standards related to women's status. Require each OSCE field mission to report on its efforts to monitor the implementation of such standards, on its outreach to local women's organizations, and on the results of such activities. In Russia, OSCE monitoring of and support for women's rights should emphasize the need for legal protection for victims of sexual or domestic violence.
- Develop the role of the Office for Democratic Institutions and Human Rights (ODIHR) in promoting women's human rights by ensuring that ODIHR staff be trained in women's human rights and that at least one permanent staff member has expertise in women's human rights and a mandate to ensure that OSCE staff and field missions actively monitor and report on women's human rights.

#### **To the Council of Europe**

- The Parliamentary Assembly should direct the Social, Health and Family Affairs Committee to appoint a rapporteur to study the problem of sexual and domestic violence in the Russian Federation and to develop recommended legal and policy measures to give women effective redress against such abuse.
- Monitor actively the problem of sexual and domestic violence and the response of law enforcement to such assaults in all member states, including the Russian Federation.

#### **To the World Bank**



- Require that the health sector reform projects in Russia that address women's reproductive health issues include components for identifying and treating sexual and domestic violence.
- Facilitate the development and use of rape kits to collect admissible evidence of sexual assault.

## BACKGROUND

With the collapse of the Soviet Union in 1991, the Russian Federation ("Russia") has emerged as the largest, richest, most populous, and most powerful successor state to the former superpower. In transitioning from one-party rule and a command economy to a multi-party political system and a market economy, however, Russia has undergone substantial economic and political turmoil. While the effects of this instability and dislocation have been experienced throughout Russian society, they have been particularly devastating for the lives of women in Russia. From the workplace and government to the streets and the home, Russian women are increasingly encountering discrimination, exclusion, and violence. Although Russian women's groups have begun organizing and demanding change, their voices unfortunately have largely fallen on deaf ears. In particular, the Russian government has failed to take measures to alleviate the severe situation, and in some cases has actually served to exacerbate it. In 1995, the Russian government pledged at the United Nations Fourth World Conference on the Status of Women in Beijing to take measures to protect and ensure women's human rights. As serious efforts in furtherance of this commitment remain elusive, the grave problems faced by Russian women continue to persist and are likely to intensify.

### Women and the Workplace

The Russian Federation's transition to a market economy has been marked by growing economic hardship and a collapse of government services. From 1991 to 1995, the real gross domestic product (GDP) fell by 34 percent.<sup>2</sup> It fell another 6 percent in 1996, 2 percent more than it had in 1995.<sup>3</sup> The drop in GDP halted in August 1997, and according to Prime Minister Viktor Chernomyrdin, "Russia objectively stands on the threshold of economic growth."<sup>4</sup> While the government and some economists now predict an upturn in the economy, unemployment and its devastating effects continue to intensify. The unemployment rate, according to Goskomstat, the state committee on statistics, is hovering at around 10 percent; yet unemployment in Russia, a January 1997 report released by the International Labour Organisation suggests, is chronically understated.<sup>5</sup>

The impact of joblessness is felt disproportionately by women. Although women make up 53 percent of the population in the Russian Federation,<sup>6</sup> out of Russia's 2.3 million officially unemployed more than 70 percent are women.<sup>7</sup> According to the Moscow city employment committee, women account for about two-thirds of the

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<sup>2</sup> Janet Guttman, "Russian Economic Problems Remain after IMF Handout," Reuters, February 9, 1997.

<sup>3</sup> Ibid.

<sup>4</sup> Maxim Filimonov, "Russian Economy Showed Growth Potential in August," Reuters, September 1, 1997.

<sup>5</sup> Guy Standing, "Russian Unemployment and Enterprise Restructuring" (Geneva: International Labour Organisation, 1997).

<sup>6</sup> Yelena Ershova, Yelena Kochkina and Marina Liborakina, "Komy gendernaya ekspertiza? (Who Needs Gender Analysis?)," *Nezavisimaya Gazeta*, February 2, 1996, p. 6.

<sup>7</sup> Sergei Strokan, "Russia: NGOs Condemn Sexual Discrimination in the Moscow Workplace," Inter Press Service, November 3, 1995, p. 3 (quoting *Izvestiya*).



unemployed in Moscow.<sup>8</sup> Hidden unemployment complicates the analysis. According to Goskomstat figures, 7.6 million jobs held by women were eliminated between 1990 and 1995, a fall of almost 20 percent.<sup>9</sup> In contrast, the number of positions held by men decreased by only 1.6 percent during the same period.<sup>10</sup>

Rising unemployment has been accompanied by a collapse in the purported official policy of women's equality in employment rights. Although Article 19 of the Russian constitution guarantees equal opportunities and equal rights to all citizens, government officials today publicly endorse discrimination against women. Former Minister of Labor Gennady Melikyan, for example, stated in a 1993 interview with CNN, "Why should we employ women when men are out of work? It's better that men work and women take care of children and do housework."<sup>11</sup> After making these statements, Minister Melikyan was promoted; after the merging of the Social Protection Ministry with the Ministry of Labor, President Yeltsin placed Melikyan at the helm.

The rhetoric of equality has been replaced by the rhetoric of "protection." Labor legislation effective July 1, 1996, increased the number of jobs closed to women by creating tougher working standards that employers must observe regarding women between the ages of fifteen and forty-nine. Citing considerations of women's health, and more specifically, reproductive functions, the law allows women currently employed in such positions to remain, but bans hiring women to fill new posts. It is difficult to estimate how many job opportunities—mostly in heavy industry—women have lost as a result of these new, more restrictive standards. Zoya Khotkina of the Moscow Center for Gender Studies, argued that these new standards in effect "take women out of the competition" for certain kinds of jobs.<sup>12</sup> According to Yelena Ershova, coordinator of the Russian Women's Consortium, women forced out of such jobs can only expect "lower-paid work or unemployment. This is just another attempt to keep women out of high-paying jobs."<sup>13</sup> Despite an appeal by fifty-three women's nongovernmental organizations that the legislation provide equal protection for women, the new version of the labor code, without such provisions, passed overwhelmingly in the Duma.<sup>14</sup>

The deterioration of the social safety net has exacerbated the dire situation of unemployment in Russia. No longer able to rely on the government for the provision of jobs or salaries, Russian citizens face high inflation, a cessation of basic social services, and a shrinking public sector.<sup>15</sup> Expenditures on health care, as a percentage of GDP, dropped from 4 percent in 1993 to 2.4 percent in 1995, and expenditures on social guarantees dropped from

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<sup>8</sup> "Russia: Unemployment Among Women Accelerates the Pace in Moscow," *Moskovsky Komsomolets*, December 15, 1996.

<sup>9</sup> In addition, the wage differential between men and women has widened, with women's wages overall falling to 40 percent of men's earnings from a high of 70 percent in 1989. Swanee Hunt, "For East Bloc Women, A Dearth of Democracy," *International Herald Tribune*, July 10, 1997.

<sup>10</sup> "Rossiya v Tsifrakh (Russia in Statistics)," Goskomstat, 1995, p. 44, cited in, Zoya Khotkina, "Gendernaya Asimetriya v Sferе Zanyatnost' (Gender Asymmetries in the Labor Market)," VALDAI-96 Report, Moscow, 1996, p. 62.

<sup>11</sup> Lee Hockstader, "For Women, New Russia is Far From Liberating: Sexism, Violence Common in Post-Communist Era," *Washington Post*, September 1, 1995, p. A25.

<sup>12</sup> Telephone interview, Zoya Khotkina, Moscow Center for Gender Studies, December 17, 1997.

<sup>13</sup> Hockstader, "For Women, New Russia is Far From Liberating...", p. A25.

<sup>14</sup> Critics of the Labor Code included Presidential Advisor Ekaterina Lakhova, Duma Consultant Galina Sillaste, the Independent Women's Forum and the Krasnoyarsk Women Railway Workers.

<sup>15</sup> See, for example, Michael Specter, "Pristine Russian Far East Sees its Fate in Gold," *New York Times*, June 9, 1997.



4.4 percent in 1990 to 0.6 percent in 1994.<sup>16</sup> Consequently, pensions and welfare payments, which have gone unpaid for months in some locales, do not keep pace with inflation and have been dramatically reduced. Child-benefit payments for single mothers with children under the age of six, for example, fell from 14 percent of the average monthly wage in 1992 to 6 percent of the monthly wage in March 1995.<sup>17</sup>

### Women and Politics

As women disappear from the workplace, they are also becoming increasingly scarce in Russia's political institutions. In the Soviet era, quotas ensured female participation in the Communist Party and legislative bodies at a level of approximately 30 percent.<sup>18</sup> When quotas were partially lifted in early 1991, the proportion of women's deputies in the RSFSR Supreme Soviet dropped from 35 percent to 5 percent.<sup>19</sup> Due in part no doubt to the creation of a women's political bloc, Women of Russia, representation of women increased to 13.5 percent in the First Duma (the lower house of parliament) elected in 1993.<sup>20</sup>

In the 1995 Duma elections, female members lost sixteen seats in the Duma, leaving them with a total of forty-six seats, or approximately 10 percent.<sup>21</sup> The Women of Russia bloc failed by 0.39 percent to clear the 5 percent hurdle necessary to gain some of the 225 proportional representation seats available in the Duma. Many of the female Duma members who failed to win reelection were those most involved in pursuing women's issues and drafting such legislation; the loss of their seats thus threw into doubt the development of practical policy to implement Article 19 of the constitution, the guarantee of equal rights and equal opportunities.<sup>22</sup> Galina Klimantova, sponsor of the draft law on family violence, and Ludmila Zavadskaya, head of the Duma Committee on Human Rights and author of Article 19 of the constitution, for example, both lost their seats.

The executive branch is similarly devoid of women. Of the more than twenty ministers that currently make up Yeltsin's cabinet, only two are women: the minister of culture and the minister of health.<sup>23</sup> Two other women who are also influential in executive policymaking include President Yeltsin's advisor on women's rights, Yekaterina Lakhova, and the president's daughter, Tatiana Yeltsina. The Commission on the Improvement of the Status of Women, however, was not directed by a woman; rather, its director was Deputy Prime Minister Oleg Sysoyev, a man with little prior experience in women's issues.<sup>24</sup>

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<sup>16</sup> Goskomstat, *Statistical Handbook: Standard of Living in Russia* (Moscow: 1996), p. 13.

<sup>17</sup> Martina Vandenberg, "Something to Celebrate," *The Moscow Times*, March 8, 1995.

<sup>18</sup> Valentina Konstantinova, "No Longer Totalitarianism, but Not Yet Democracy: The Emergence of an Independent Women's Movement in Russia," in *Women in Russia* ed. Anastasia Posadskaya (London: Verso Books, 1994), p. 68.

<sup>19</sup> Ibid.

<sup>20</sup> Yelena Kochkina, "*Vlast' v 0.39 protsenta ot zhenshin?* (Power in Only 0.39 Percent of Women?)," Moscow Center for Gender Studies, unpublished article, p. 3.

<sup>21</sup> Martina Vandenberg, "New Feminist Backlash," *Moscow Times*, March 8, 1996.

<sup>22</sup> Kochkina, "*Vlast...*," Moscow Center for Gender Studies, p. 7.

<sup>23</sup> During the Soviet era, two ministerial posts were always reserved for women, a tradition which seems to have returned recently. Ibid.

<sup>24</sup> To his credit, Sysoyev was recognized by NGO representatives for his good faith efforts in this role.



## Violence Against Women and the Absence of Reliable Statistics

Against this backdrop of women's growing marginalization in the economic and political sectors, violence against women in Russia persists as a chronic and overwhelming problem. Ascertaining the situation with any degree of precision, however, is quite difficult. The underreporting of sexual violence, for example, is an increasingly serious problem in Russia, and statistics based on official reports appear unreliable. According to official figures for 1995, rape and attempted rape accounted for 8.7 percent of all reported crimes against the person in Russia, a decrease from 14.1 percent in 1991.<sup>25</sup> The absolute number of registered rapes and attempted rapes in this period also decreased, from 14,073 in 1991 to 12,515 in 1995.<sup>26</sup> This decline continued through 1996. There were 10,888 registered rapes and attempted rapes in 1996, representing a 13 percent decline in the context of declining crime rates in nearly every category.<sup>27</sup>

Research by members of the Russian Association of Crisis Center Workers suggests that government figures vastly underrepresent the actual number of rapes. Based upon phone calls received on their hotlines, crisis center workers in Moscow and St. Petersburg estimate that only about 5 to 10 percent of rape victims report to the police and many of those reports are not accepted.<sup>28</sup> According to Syostri, only approximately 3 percent of rape victims have their cases presented to a court.<sup>29</sup> Women do not report for many reasons: the shame associated with rape; fear of retaliation from the rapist; and fear that her neighbors and colleagues may learn of her rape.<sup>30</sup> Significantly, hotline staff in Nizhni Tagil, Moscow, and St. Petersburg stressed that women have no faith that the criminal justice system would or could provide any measure of justice.<sup>31</sup> Even if all rape victims reported to the police, moreover, government statistics as currently maintained would not accurately reflect the full scope of sexual violence in Russia: the Russian government does not keep track of complainants whose attempted rape reports are rejected or whose reports do not reach the investigative stage.

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<sup>25</sup> Interstate Statistical Committee of the Commonwealth of Independent States, *Crime and Delinquency, 1991-1995* (Moscow: Ministry of Internal Affairs, 1996).

<sup>26</sup> Ibid.

<sup>27</sup> Data on the Number of Registered Crimes under Form 1-A of the Russian Federation Ministry of Internal Affairs, Procuracy General Department of Statistics and Analysis, Organization and Oversight Board.

<sup>28</sup> Moscow Sexual Assault Recovery Center "Center Syostri," *Annual Report 1996*. Syostri reported that approximately 12 percent of their callers contacted the police. Out of the 159 callers to the St. Petersburg Crisis Center that asked about reporting to the police, about fifty-one actually contacted the police, about 32 percent. Anecdotal evidence from the other crisis centers follows this model. Based upon the phone calls they have received, all the centers with whom we spoke estimated that about 5 percent of women report rape. The percentage of crisis center callers who contact the police is probably higher than the population as a whole because they have already made the crucial step of contacting a crisis center and have begun to receive counseling.

<sup>29</sup> Ibid.

<sup>30</sup> Tatyana Zabelina, "Sexual Violence Towards Women," in *Gender, Generation and Identity in Contemporary Russia*, ed. Hilary Pilkington (New York: Routledge Books, 1996), p. 175.

<sup>31</sup> Interview, Nina Vinogradova, Nizhni Tagil Crisis Center, Nizhni Tagil, May 8, 1996; interview, Lola Karimova, gynecologist, Moscow, April 22, 1996; interview, Marina Pisklakova, director, Moscow Crisis Center for Women, Washington, DC, April 10, 1997; interview, Natalya Khodireva, director, St. Petersburg Crisis Center for Women, St. Petersburg, April 30, 1996; and interview, Tatyana Lipovskaya, Moscow Sexual Assault Recovery Center, Moscow, April 23, 1996. According to a women's rights activist in Nizhni Tagil, some women have begun to request the assistance of their local mafia to punish the rapist. Interview, Svetlana Gibatinova, director, Nizhni Tagil Center "Lana," Nizhni Tagil, May 7, 1996.



Similar problems arise in attempting to document the extent of domestic violence. While there are no official statistics specifically on domestic violence, according to the Ministry of the Interior, in 1996, approximately 80 percent of violent crime occurred in the home.<sup>32</sup> Yekaterina Lakhova, head of the Presidential Commission on Women, Children, and Demographics, has asserted that 30 to 40 percent of murders in Russia are committed by one family member against another, and women and children are the most frequent victims. Lakhova also has estimated that 14,000 women in Russia are killed by husbands or family members each year.<sup>33</sup> According to the Procuracy General, the prosecutor's office for the Russian government, 78,916 women in 1996 were victims of crimes caused by jealousy, argument or other "everyday"[domestic] motives.<sup>34</sup> Yet, based on these numbers, one cannot accurately evaluate how many persons are subject to violence at the hand of family members. Nor can one break the figures down by gender. The category of "everyday motives," for example, would include domestic violence as well as violence against neighbors and street fights between acquaintances. Olga Samarina, head of the Department on Social and Economic Affairs of Women in the Ministry of Labor and Social Development, acknowledged the failure of the federal government to maintain adequate statistics on violence against women, but maintained that the government has been trying to improve its statistics gathering since 1993.<sup>35</sup> "Without [statistics]," she stressed, "it is impossible to fight the problem."<sup>36</sup>

As with sexual violence, the official figures relating to domestic violence dramatically underrepresent the level of violence against women in the home. Women's rights activists who staff violence hotlines estimate that many more women experience violence at the hands of an intimate partner but never report such abuse. One activist who staffs a crisis center hotline in Moscow, for example, told Human Rights Watch that her center receives about seventy to eighty domestic violence calls per month, but the overwhelming majority do not go to the police.<sup>37</sup> Larissa Korneva, from the St. Petersburg Crisis Center for Women, which receives about seventy to 120 calls per month, said that about 20 to 40 percent of their callers who experience domestic violence want to report to the police, but as a rule the police do not help.<sup>38</sup> Many cases of domestic violence are either rejected or not investigated because the police refuse to pursue criminal charges, making distinctions that are not justified in the law between assaults by strangers and those by relatives or domestic partners. As one counselor reported to us, because of police inaction, "women prefer to live with the violence or to help themselves, rather than call the police again."<sup>39</sup>

### **Growth of the Women's Rights Movement**

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<sup>32</sup> U.S. Department of State, Country Reports on Human Rights Practices for 1996, U.S. Government Printing Office, Washington, DC, February, 1997, p. 1099.

<sup>33</sup> RFE/Radio Liberty, [martina cite]

<sup>34</sup> Procuracy General Department of Statistics and Analysis, Organization and Oversight Board, Procuracy General.

<sup>35</sup> Interview, Olga Viktorovna Samarina, head, Department on Social and Economic Affairs of Women, Ministry of Labor and Social Development, Moscow, March 12, 1997. The Department on Social and Economic Affairs of Women is the only department that focuses on women's affairs. It is the department that prepares Russia's periodic reports for the Committee on the Elimination of All Forms of Discrimination Against Women.

<sup>36</sup> Ibid.

<sup>37</sup> Interview, Yelena Potapova, counselor, Moscow Crisis Center for Women, Moscow, April 23, 1996.

<sup>38</sup> Interview, Larissa Korneva, St. Petersburg Psychological Crisis Center for Women, St. Petersburg, April 29, 1996.

<sup>39</sup> Interview, Nina Vinogradova, Nizhni Tagil Center "Lana," May 8, 1996.



The deteriorating situation of women's lives in Russia has been met by a surge in the women's movement nationwide. Current estimates put the number of organizations working on women's issues in Russia at 400.<sup>40</sup> These groups represent a variety of interests and intentions. Coalitions such as the Independent Women's Forum, which unites over eighty regional women's organizations, and the Moscow-based Russian Consortium, which includes over seventy women's organizations, use their combined resources and strength to lobby the Duma for legislation on women's issues, provide educational programs on women's human rights, and assist women in retraining for the new labor market. Some organizations, such as Lubava in Kaluga, provide free legal services for women in employment termination suits, and others, such as Soldiers' Mothers, which lobbied to end the war in Chechnya, advocate for more general political causes.<sup>41</sup> Still others, such as the centers for gender studies in Moscow and St. Petersburg, engage in scholarly research of women's issues and seek to provide intellectual underpinnings for policy proposals.

The women's movement in Russia has gained significant strength since the first Independent Women's Forum was held in 1991. Russian women groups' participation in the United Nations Fourth World Conference on the Status of Women in Beijing provides an illustrative example of this rise in the women's movement. Much to the shock of the government of the Russian Federation, over 200 women leaders of nongovernmental organizations (NGOs) from Russia attended the NGO Forum of the Beijing conference. The Russian government, which had not anticipated any Russian NGO participation, had not arranged for Russian to be one of the official languages of the forum. Instead, the women leaders raised their own funds and hired eleven interpreters to work at the conference. Since the NGO Forum, the Russian government has begun to take the women's movement more seriously, inviting NGO leaders to parliamentary hearings, appointing them to the Presidential Commission on the Status of Women, and accepting a Charter of Women's Solidarity signed by many of the country's most powerful national women's NGOs.<sup>42</sup>

Also attending the forum in Beijing were the leaders of the newly founded, grassroots women's crisis centers, or *krizisnii tsentrii*, of Russia. A phenomenon of the last four years, there are now fourteen crisis centers throughout Russia that provide services such as hotlines, individual counseling, emergency shelters, and legal aid. Underfunded and understaffed, these centers provide the only services available to rape victims and battered women. Registered officially as nongovernmental organizations under Russian law, the first eleven crisis centers banded together in 1994 to create the Russian Association of Crisis Centers for Women (RAACW). The RACCW has documented the magnitude and response to violence against women in a report distributed at the NGO Forum.<sup>43</sup> In addition, the RACCW actively encourages regional women's groups to build crisis centers locally: its network, for example, has helped to write and distribute 5,000 copies of the Youth Institute's Center for Women, Family and Gender Studies book, *How to Start and Manage a Women's Crisis Center*.<sup>44</sup>

Crisis center activists have also mobilized to address the extreme underreporting of rape and domestic violence. After learning from their clients that the police often refused to take women's complaints, members of the

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<sup>40</sup> "The Signing of the Charter of Women's Solidarity Took Place at the Parliamentary Center on March 4," *Agenstvo Sotsialnoi Informatsii [Agency for Social Information]*, March 6, 1997.

<sup>41</sup> Human Rights Watch Women's Rights Project, "Neither Jobs Nor Justice: State Discrimination Against Women in Russia," *A Human Rights Watch Short Report*, vol. 7, no. 5, March 1995.

<sup>42</sup> "The Signing of the Charter..." *Agenstvo*. The charter calls for unity among women's organizations and creates a mechanism for the exchange of information on the organizations' activities, problems, and initiatives. Ibid.

<sup>43</sup> Russian Association of Crisis Centers for Women: Research, Education and Advocacy Project, *Report for the Non-Governmental Forum of the United Nation's Fourth World Conference on the Status of Women* (1995).

<sup>44</sup> The book was edited by Tatiana Zabelina and Yevgenia Israelyan.



ACCW initiated efforts to train the police to handle cases of violence against women more effectively. In March 1996, at the invitation of the RACCW, the European Network of Policewomen sent a delegation of Dutch sexual violence experts, including police officers, a forensic doctor, and a crisis center director, to Moscow, Murmansk, and St. Petersburg to train Russian women police officers. The delegation provided seminars jointly for police and crisis center workers in order to build trust, expertise, and greater cooperation between these institutions. With the hope that other regions of Russia will adopt its model, the RACCW has also initiated a local pilot project in Nizhni Novgorod, 300 miles east of Moscow, to address the problem of underreporting and violence against women. This project includes training local law enforcement officials, drafting regional legislation against domestic violence, and developing crisis centers in Nizhni Novgorod. The Moscow Sexual Assault Recovery Center "Syostri," moreover, has prepared a pamphlet for women with advice on how to navigate the process of drafting and filing a complaint and pursuing prosecution. Syostri has distributed the pamphlets to regional crisis centers, women's clinics, schools, universities and some police stations. Although Syostri received official permission to distribute the pamphlets in police stations, it remains unclear whether police follow-up and pass them on to women reporting violence.

Beyond its support of grassroots efforts to provide services for victims of violence, create crisis centers, and train police officers, the women's movement has also put tremendous pressure on the local and federal governments of the Russian Federation to deal with the issue of violence against women. Some progress has been made at the local level. The city government of St. Petersburg and the local administration in Langeepas, a small Siberian city, for example, have funded the creation of Russia's first shelters for battered women. These victories, however, came only after local activists lobbied for years to persuade local authorities to fund the projects. When activist Marina Aristova first asked the St. Petersburg city government for support in creating Women's Home, the first Russian shelter for women, she was advised to find foreign sponsors; instead she lobbied for three years and eventually secured from the city an abandoned kindergarten to remodel. The shelter now has built its capacity to sixty women and children.<sup>45</sup>

Less progress has been made at the federal level, despite the sustained efforts over the past two years by the Independent Women's Forum and the Russian Consortium to lobby the federal government to pass legislation and develop serious policy initiatives to combat violence against women. As this report documents, the Russian government has generally demonstrated a record of inaction and inertia in response to the serious problem of violence against women. It has failed, for example, to pass a national domestic violence law, or to take even minimal steps in revising the legal code to remove biases against women. In other words, as this report makes clear, the government of the Russian Federation has failed to live up to its promises, made nationally and internationally, and its obligations to ensure and protect the rights of women.

## RUSSIA'S OBLIGATIONS UNDER INTERNATIONAL LAW

Through its ratification of international human rights treaties, Russia has assumed the obligation to protect women from both state and private-actor violence. Under the International Covenant on Civil and Political Rights (ICCPR), which the Soviet Union ratified in 1973 and which Russia agreed to uphold, Russia must ensure the rights to life and to security of person of all individuals within its territory, without distinction of any kind, including sex.<sup>46</sup>

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<sup>45</sup> Nadezhda Ilina, "*V Peterburge ne khuzhe, chem v Norvegii* (It is Not Worse in St. Petersburg than in Norway)," *Nezavisimaya Gazeta*, February 20, 1997, p. 6.

<sup>46</sup> Arts. 2, 6, and 9. The same rights are guaranteed by the European Convention for the Protection of Human Rights and Fundamental Freedoms (European Convention), to which Russia is a signatory. Arts. 2, 5, and 14. By virtue of its admission in 1996 to the Council of Europe, an intergovernmental organization which aims, among other goals, to protect human rights, Russia must ratify and adhere to the European Convention and must submit to the jurisdiction of the European Commission of Human Rights and the European Court of Human Rights, which enforce and interpret the European Convention.



The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which the Soviet Union ratified in 1981 and whose obligations Russia agreed to uphold, also mandates that Russia take action to eliminate violence against women. As a party to CEDAW, Russia is obliged "to pursue by all appropriate means and without delay a policy of eliminating discrimination against women."<sup>47</sup> This discrimination includes "any distinction, exclusion or restriction made on the basis of sex which has the purpose of impairing or nullifying the recognition, enjoyment or exercise by women, . . . on a basis of equality of men and women, of human rights and fundamental freedoms . . . ."<sup>48</sup> As the Committee on the Elimination of Discrimination Against Women has made clear, "Gender based violence is a form of discrimination which seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men."<sup>49</sup>

Under the ICCPR, Russia must not only itself refrain from, but also prevent private actors from committing, acts of violence against women.<sup>50</sup> Article 2 of the ICCPR requires signatories "to ensure" the rights recognized in the treaty to all individuals within their jurisdiction. In interpreting a nearly identical provision in the Inter-American Convention on Human Rights, the Inter-American Court on Human Rights in the late 1980s explained that the duty "to ensure" requires a state to prevent or respond actively to violations of rights recognized in the treaty.<sup>51</sup> The government must:

take reasonable steps to prevent human rights violations and to use the means at its disposal to carry out a serious investigation of violations committed within its jurisdiction, to identify those responsible, to impose the appropriate punishment and to ensure the victim adequate compensation.<sup>52</sup>

As the court made clear, the state's duty extends to violations committed by private actors: the state "has failed to comply with [this] duty . . . when the State allows private persons or groups to act freely and with impunity to the detriment of the rights recognized by the Convention."<sup>53</sup>

In its Declaration on the Elimination of Violence Against Women, adopted in December 1993, the United Nations reaffirmed the state's obligation of due diligence, especially as it applies to the protection of women from violence.<sup>54</sup> The declaration denounces violence against women, including violence in the home, as "a violation of

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<sup>47</sup> Art. 2.

<sup>48</sup> Art. 1.

<sup>49</sup> CEDAW Recommendation No. 19, para. 1.

<sup>50</sup> For additional discussion of international obligations with respect to violence against women by private actors, see Dorothy Q. Thomas and Michele Beasley, "Domestic Violence as a Human Rights Issue," *Human Rights Quarterly*, vol. 15, no. 1 (February 1993); Human Rights Watch, *Global Report on Women's Human Rights* (New York: Human Rights Watch, 1995), pp. 341-48; Human Rights Watch/Africa & Human Rights Watch Women's Rights Project, *Violence Against Women in South Africa: State Response to Domestic Violence and Rape* (New York: Human Rights Watch, 1995), pp. 39-44.

<sup>51</sup> *Velázquez Rodríguez v. Honduras* (July 29, 1988), Inter-American Court of Human Rights (series C), No. 4.

<sup>52</sup> *Ibid.*, para. 174.

<sup>53</sup> *Ibid.*, para. 176.

<sup>54</sup> Declaration on the Elimination of Violence Against Women, U.N. Document A/Res/48/104, February 23, 1994. This declaration, adopted by the General Assembly in 1994, is a non-binding resolution that establishes an international standard.



the rights and fundamental freedoms of women.”<sup>55</sup> It provides that “states should condemn violence against women . . . [and] exercise due diligence to prevent, investigate, and in accordance with national legislation, punish acts of violence against women . . . .”<sup>56</sup> As the declaration makes clear, the state’s obligation applies regardless of “whether those acts [of violence] are perpetuated by the State or by private persons.”<sup>57</sup>

## DOMESTIC LAW

### Sexual Violence

Under the new criminal code that Russia adopted in 1996, there are four types of crimes of sexual violence. Under Article 131 of the code, rape, is defined as “sexual intercourse through the use of force, or through the threat of its use toward the victim or to other persons, or through taking advantage of the helpless state of the victim.”<sup>58</sup> The previous law had specified that rape involved the use of *physical* force or the threat thereof. By dropping the

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<sup>55</sup> Ibid., preamble.

<sup>56</sup> Ibid., Art. 4(c).

<sup>57</sup> Ibid. In an effort to begin addressing the problem of violence against women, the United Nations High Commissioner on Human Rights appointed the first special rapporteur on violence against women in 1994. The special rapporteur’s mandate is to research violence against women, its causes and consequences, and to recommend methods to eliminate such violence. In her first report, the special rapporteur stressed the state’s obligation to respond in a nondiscriminatory manner to violence against women: “States are under a positive duty to prevent, investigate and punish crimes associated with violence against women.” Preliminary Report Submitted by the Special Rapporteur on Violence Against Women, Its Causes and Consequences, U.N. Document E/CN.4/1995/42, November 22, 1994, p. 18. The report explained: “In the context of norms recently established by the international community, a State that does not act against crimes of violence against women is as guilty as the perpetrators.” In a February 1996 report specifically addressing domestic violence, the special rapporteur emphasized that “the role of State inaction in the perpetuation of the violence combined with the gender-specific nature of domestic violence require that domestic violence be classified and treated as a human rights concern rather than as a mere domestic criminal justice concern.” Report Submitted by the Special Rapporteur on Violence Against Women, Its Causes and Consequences, U.N. Document E/CN.4/1996/53, February 5, 1996, p. 9

<sup>58</sup> Article 131 of the code provides:

1. Rape, that is sexual intercourse through the use of force, or through the threat of its use toward the victim or to other persons, or through taking advantage of the helpless state of the victim, is punished by three to six years deprivation of freedom.

2. Rape:

- a) committed repeatedly or by an individual who previously committed violent acts of a sexual nature,
- b) committed by a group of individuals, a group of individuals under a premeditated plan or organized by a group,
- c) accompanied by the threat of murder or causing grievous harm to health, and also committed with special cruelty in relation to the victim or other persons,
- d) inflicting the victim with infection of venereal diseases
- e) of a known minor

is punished by four to ten years deprivation of freedom.

3. Rape:

- a) causing the unintended death of the victim
- b) causing the unintended grievous harm to the health of the victim, infecting her with HIV or other serious consequences
- c) of a victim who is known to not have reached fourteen years of age,

is punished by eight to fifteen years deprivation of freedom.



adjective "physical" before the word "force," the 1996 law has broadened the crime of rape, including within its parameters sexual intercourse achieved through mental coercion or psychological manipulation. The penalty for rape is three to six years in prison, with two categories of various aggravating circumstances extending that time to four to ten years, or eight to fifteen years.

Article 132 defines the crime of "violent acts of a sexual nature." Its definition is nearly identical to that of rape, except that it focuses on "sodomy, lesbianism or any other acts of a sexual nature" rather than "sexual intercourse."<sup>59</sup> Prior to the adoption of the 1996 law, it was unclear whether the crime of rape or forced sexual relations included forms of sexual intercourse other than vaginal intercourse. A prosecutor in St. Petersburg, for example, told us that before the passage of the 1996 law, her office only prosecuted forced vaginal intercourse.<sup>60</sup> Article 132, which provides for the same penalties as Article 131, makes clear that other forms of forced sexual acts, including oral and anal rape, are equally grievous crimes.

The other two crimes of sexual violence are "coercion in acts of a sexual nature," as defined by Article 133, and "sexual intercourse or other acts of a sexual nature with persons who have not reached sixteen years of age," as defined by Article 134. The former, which extends to coercion "through blackmail, threats of destroying, damaging or confiscating property or by making use of the material or other dependence of the victim [male or female]," covers cases of sexual harassment in the workplace.<sup>61</sup> In contrast to other parts of the 1996 law, which generally reflect a heightened concern for crimes of sexual violence, Article 133 appears to take less seriously the crime of coerced sexual relations through exploitation of material relations. While the prior law specified punishment for this crime as imprisonment up to three years, the current law allows for penalties less severe than imprisonment, such as criminal fines.<sup>62</sup>

### **Domestic Violence**

Most reports of domestic violence that do not involve claims of sexual violence are covered under Articles 115 and 116 of the new criminal code. Article 115 prohibits "the intentional causation of harm to the health entailing short-term disruption of health or negligible loss of fitness for work."<sup>63</sup> Article 116 covers lesser injuries defined as "beating or committing other violent actions causing physical pain but not resulting in the consequences stated in Article 115."<sup>64</sup> Long-term domestic violence can be prosecuted under Article 113 of the code, which prohibits the "systematic infliction of blows or other acts bearing the nature of torture."<sup>65</sup>

In 1995, the Duma's Committee on Women, Family, and Youth began drafting Russia's first law focusing on domestic violence, "On the Fundamentals of Social-Legal Defense Against Violence in the Family." Already in its fortieth draft, the proposed law has proceeded slowly through the legislative process and has yet to reach its first

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<sup>59</sup> Art. 132.

<sup>60</sup> Interview, Tatyana Nikolaeva, prosecutor, St. Petersburg, April 30, 1996.

<sup>61</sup> Art. 133.

<sup>62</sup> Article 133 provides that coercion in acts of a sexual nature "is punished by a fine of 200 to 300 minimal monthly salaries of the amount of one to three months of the convicted person's monthly salary or other income, or corrective labor for up to two years, or deprivation of freedom for up to one year."

<sup>63</sup> Art. 115.

<sup>64</sup> Art. 116.

<sup>65</sup> Art. 113.



reading in the Duma. Even if the proposed law were to pass in the Duma, the extent to which the situation of victims of domestic violence would improve remains unclear. Unfortunately, women's groups, including crisis centers with first-hand field experience working with victims of domestic violence, have not had any formal consultative role in the drafting process. While Dr. Galina Sillaste, the drafting committee chair, has spoken at conferences and meetings sponsored by the crisis centers, these centers and other NGOs at first had almost no access to drafts of the law for comment. Later drafts were more readily available to interested parties outside the Duma. Lacking sufficient input from those who probably have the most sustained contact with, and thus significant understanding of the experiences of, domestic violence victims, the most recent draft law contains serious flaws that dramatically undermine its usefulness. As of late 1997, crisis center representatives urged that the family violence law be rejected in its entirety as drafted because its provisions would do more harm than good.

The most troubling element of the proposed law is its apparent attempt to reduce the already limited role of criminal sanctions in addressing domestic violence. According to the Information Center of the Women's Independent Forum, the draft law relegates the law enforcement aspect of combatting domestic violence to the background and disproportionately assigns the responsibility for responding to domestic violence to the social services system. As a result, it is unclear whether, under the proposed law, a victim is supposed to turn to the police or to social services.<sup>66</sup> While the provision of social services to victims of domestic violence is critical, the focus on such services to the exclusion of criminal sanctions signals a failure to recognize that violence within the family is as serious as violence among strangers. The deemphasis on criminal sanctions, moreover, removes an important deterrent to domestic violence.

The draft law also seeks to limit the availability of crucial escape hatches for some victims of family violence. The draft specifies that emergency temporary shelter shall be provided only to "dependent family members," including the elderly, disabled, minors, and those with very low income. Excluded from this category are working women with at least a minimal level of income. Such women would have a right to shelter only after proving that they are in imminent danger of serious injury.

Even the provision of social services to those who are included in the draft law's contemplation remains in doubt. While the draft law calls for extensive social services, it appears unlikely that sufficient funds will be allocated to its implementation. Most of the social service programs that are supposed to deal with domestic assault are not yet in existence. Lyudmilla Zavadskaya, a former Duma member and now a deputy minister of justice, has pointed out, for example, that the law grants battered women a right to shelter for up to seven days but fails to specify or appropriate resources for the provision of such shelter.<sup>67</sup> In light of the fact that only 7 percent of the services set forth in the November 1995 Social Services Law have been established,<sup>68</sup> it is unlikely that the services specified in the draft domestic violence law would promptly be made available.

Another aspect of the draft law that threatens to worsen the situation for victims of violence is the proposed licensing scheme of crisis centers, the primary groups that are currently providing services to female victims. Under the proposed law, crisis centers would only be allowed to operate if they were to fulfill certain requirements, including, for example, the responsibility to serve an extremely broad range of clients, and minimum staffing of at least twenty persons, many of whom would be required to have college degrees in designated majors.<sup>69</sup> As one journalist has pointed out, this licensing scheme "could be used to wipe out the grassroots [efforts] that have started

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<sup>66</sup> Interview, Marina Liboraikina, Information Center, Women's Independent Forum, Moscow, May 8, 1997.

<sup>67</sup> Interview, Lyudmilla Zavadskaya, Moscow, April 24, 1996.

<sup>68</sup> Interview, Marina Liboraikina, Women's Information Center, Moscow, May 8, 1997.

<sup>69</sup> Statements made at the Russian Association of Crisis Centers Conference, Pushkin, April 27-28, 1996.



the whole movement on this issue [violence against women]."<sup>70</sup> According to Galina Sillaste, a consultant to the Duma, the licensing provision is necessary to review the crisis centers' "motives and professional competence," and to prevent such institutions from turning into brothels.<sup>71</sup> Because such problems, as Sillaste acknowledged, have not manifested in the past, and the crisis centers, which provide their volunteers with more than eighty hours of training, are generally well regarded,<sup>72</sup> the asserted justification for the licensing requirements appears doubtful. Before passing any such legislation, it is essential that the Duma examine the extent to which these measures may actually limit rather than improve critical services provided to victims of violence.

## STATE RESPONSE TO SEXUAL VIOLENCE

*When there is war, when there are moral tragedies in the country, there is no time to think about sexual violence. Because there are more important problems now, sexual violence does not deserve much attention. Women have other concerns. Russian women are strong and men know that.*

*-Alevtina Viktorovna Aparina,*

*Chair, Duma Committee on Women, the Family and Youth, Moscow, May 13, 1996*

Bias against victims of sexual violence pervades the Russian criminal justice system. From their initial lodging of the complaints until the final resolution of the cases, victims seeking redress for sexual violence regularly confront law enforcement institutions and individuals hostile to and suspicious of their motives and intentions. According to Natalya Khodireva, general director of the St. Petersburg Psychological Crisis Center for Women, police, forensic doctors, prosecutors, and judges view victims of sexual violence skeptically and tend to believe that they brought the attack upon themselves.<sup>73</sup> Law enforcement officials overwhelmingly fail to respond to sexual assault as a crime unless the victim is a virgin, the offender is a stranger, and the violation entails the infliction of visible injury.

In interviews with Human Rights Watch, police repeatedly declared that women are to blame for sexual assault if they dress in an alluring fashion, drink alcohol, or stay out late at night. "Sometimes the woman is to blame," Yelena Kraskova, a major in the police force in Murmansk, stated, "for example, when a woman goes to a restaurant at two a.m. and after leaving the restaurant, she takes the man home."<sup>74</sup> In the sole rape case that she investigated, Natalia Averina, a sixteen-year veteran of the Moscow police force and former director of the All-Soviet Association of Policewomen, told us, the victims had been drinking and therefore were at least partly to blame for the rape, despite the fact that, after meeting four men in a restaurant, the two women were held for several days by the men who repeatedly beat and raped them.<sup>75</sup> According to a forensic doctor in Nizhni Tagil, the police often ask victims questions such as, "Why did you dress that way?" or "Why were you out at night?" These stereotypical

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<sup>70</sup> Interview, Genine Babakian journalist, Moscow, April 26, 1996.

<sup>71</sup> Interview, Galina Sillaste, consultant, Moscow, April 25, 1996.

<sup>72</sup> For example, Olga Samarina, head of the Department on Women of the Ministry of Labor and Social Protection, mentioned both Syostri and the Moscow Crisis Center for Women as good organizations to which she would refer women. Interview, Olga Samarina, Moscow, May 8, 1996.

<sup>73</sup> Interview, Natalya Khodireva, general director, Psychological Crisis Center for Women, St. Petersburg, April 30, 1996.

<sup>74</sup> Interview, Yelena Kraskova, police major, Murmansk, May 3, 1996.

<sup>75</sup> Interview, Natalia Averina, police officer, Moscow, April 23, 1996.



conceptions of “real” victims of sexual violence, as opposed to those who asked for it, often result in policies outright refusals to accept reports of sexual violence from victims who do not conform to the traditional model of a young virgin with visible physical injuries.

In the limited cases where a victim’s report is accepted, women often also encounter bias from prosecutors. Viktor Sukharinov, the head prosecutor for the Krasnosels region, a suburb of St. Petersburg, told Human Rights Watch that in the two sexual assaults reported in April 1996, the victims—one of whom was gang-raped—provoked the rapes through drinking and going home with men whom they had just met.<sup>76</sup> According to Sukharinov, 50 percent of all women reporting rape were themselves responsible for the assault. Another prosecutor from St. Petersburg told Human Rights Watch that “most rapes occur when a woman acts unreasonably. They go to places with men and drink alcohol, and willingly or unwillingly provoke the crime. Especially young girls who accept drink offers and car rides.”<sup>77</sup> Tatyana Nikolaeva, also a St. Petersburg prosecutor, stated that the main problem in prosecuting sexual violence is the behavior of the rape victim, during the rape and during the police and prosecutor questioning.<sup>78</sup> A prosecutor in Murmansk, Valentina Abanicha, told us, “Rape is very hard to investigate. Sometimes you learn that she has had sexual relations for several years. We try to convince the parents that there is not enough evidence to continue, and that you cannot prosecute on the girl’s story alone.”<sup>79</sup> A prosecutor in Moscow told us that the main problems in rape investigations are that victims behave inappropriately during attacks and that women do not seem sufficiently distraught in police interviews.<sup>80</sup>

The bias also manifests in the courts. As a regional court judge in Murmansk, Boris Orlov explained, “The legal structures are in place only to protect the well-behaved woman, because in other cases they can see that the woman and her behavior caused the crime.”<sup>81</sup> According to Judge Orlov, the court always considers the behavior of the rape victim when determining the defendant’s punishment. A 1977 handbook for defense attorneys in sex crime cases, which is still in use, illustrates the types of biased arguments against sexual assault victims that courts permit. Asserting that women always resist sexual relations, the handbook counsels that it is the degree of resistance that is critical in rape cases: “in most cases a woman at first will decline a man’s suggestions [for intimate relations] giving in only after the latter’s use of force.”<sup>82</sup> The handbook advises attorneys to “tak[e] into consideration the possibility that the woman claiming she was raped in some way provoked the act or had engaged in provocative behavior prior to the sex act.”<sup>83</sup> According to the handbook, drinking alcohol together, loose behavior, agreeing to be alone, and tendency toward conversation bearing sexual content, *inter alia*, all provoke a man into intimate contact with a woman.<sup>84</sup>

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<sup>76</sup> Interview, Victor Sukharinov, prosecutor, Krasnosels region, April 30, 1996.

<sup>77</sup> Interview, Yelena Stepanova, deputy prosecutor, Krasnosels region, April 30, 1996.

<sup>78</sup> Interview, Tatyana Nikolaeva, chief prosecutor, St. Petersburg, April 30, 1996.

<sup>79</sup> Interview, Valentina Abanicha, prosecutor, Murmansk, May 5, 1996.

<sup>80</sup> Interview, Margarita Paniflova, prosecutor, Moscow, April 26, 1996.

<sup>81</sup> Interview, Boris Orlov, regional court judge, Murmansk, May 6, 1996.

<sup>82</sup> V.D. Gennadiyev, *Defending Sex Crime Cases: Methodological Handbook for Defense Attorneys* (Leningrad: Leningrad Public Scientific - Research Institute for Court Defense, 1977), p. 12.

<sup>83</sup> *Ibid*, p. 13.

<sup>84</sup> *Ibid*, p.13.



These law enforcement attitudes reflect a broader social suspicion of female rape victims. In 1995 RACCW, through its Research Education and Advocacy Project, conducted a survey of Russian attitudes about violence against women in Nizhni Tagil, Polevskoy, Ekaterinburg, Sergeyev Posad, and St. Petersburg. More than half of the survey respondents, men slightly more than women, agreed with certain popular myths about rape. For example, 78 percent of men and 54 percent of women believed that rape happens to women who speak to strangers. Many of the respondents suggested that they believed that women provoke rape. More than half the women and over two-thirds of the men believed that rapists target women who wear provocative clothing. Further, more than half of the men and women believed that a woman is largely to blame for her attack if she is raped after going to a man's house to listen to music. An article in the weekly, *Argument i Fakti*, stated, "It must be noted that in many cases, the women victims provoke the violent behavior."<sup>85</sup>

The reluctance by law enforcement officials to investigate violence against women combined with these societal misperceptions has created an environment in Russia where sexual violence is rarely acknowledged and punished. Law enforcement officials regularly block women's attempts to file formal complaints; obstruct or conduct haphazard and inadequate investigations; and dismiss all but the most clearcut and foolproof cases. Until government officials shed these biased and stereotypical conceptions of "real" victims versus "loose" women, sexual offenders will remain unpunished and the violence will continue unabated.

### Processing of Complaints

*From the stories I have heard, I would replace all of the police.*

*-Tatyana Lipovskaya*

*Moscow Sexual Assault Recovery Center*

*Moscow, April 23, 1996*

### Refusal of Complaints

The first obstacle that women face when reporting sexual violence to the police is the routine unwillingness of officers to register their complaints. In every region that we visited we heard reports of the police rejecting complaints without investigation. According to Lola Karimova, a gynecologist who works with victims of sexual violence in Moscow, the police officer who escorted home a fourteen-year-old girl who had been raped in the Arbat in Moscow told her not to file a report because there were no witnesses.<sup>86</sup> The mother took her daughter to the police station the next morning and waited there for several hours but was still unable to get the police to accept the complaint. In another case, Alexander Shestakov, who runs a counseling center for the mentally disabled in Nizhni Tagil, recounted the experience of a woman who had come to his clinic in 1995 because she was depressed. After some questioning, she told a staff member that she had been raped by a group of men in a car.<sup>87</sup> When the woman first tried to report the assault, the police told her they would not accept her report and instead asked her why she was walking in the middle of the night. According to Shestakov, the police accepted her report only after staff from the counseling center accompanied her to the police station and helped her to write the report. After a lengthy investigation, the defendant was convicted and sentenced to eight years in prison.

The police often justify their rejection of complaints of sexual violence by suggesting that the complaints are fabricated, especially in cases where the victim knew her attacker. Russian law does not distinguish between

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<sup>85</sup> "The Rape Game: According to Police Officials, the Majority of Those Convicted of Rape Are not Guilty," *Argument i Fakti* [Arguments and Facts] (Moscow), February 6, 1996.

<sup>86</sup> Interview, Lola Karimova, volunteer gynecologist, "Syostri" Moscow Sexual Assault Recovery Center, Moscow, April 22, 1996.

<sup>87</sup> Interview, Alexander Shestakov, Nizhni Tagil, May 8, 1996.



sexual assault by an acquaintance and the same act by a stranger, but in practice the assaults are treated quite differently. With regard to assaults by acquaintances, nearly every law enforcement official with whom we spoke pointed to cases that they believed were motivated by blackmail, revenge, or the desire to marry the alleged assailant. False and malicious allegations were quite common, they recounted. A Moscow police officer, Natalia Averina, for example, asserted that the severity of the penalty for rape led many women to make false accusations of rape in order to exact bribes from defendants.<sup>88</sup>

The police are particularly likely to reject complaints of sexual violence from married women and single women who have been sexually active. In order to discourage these women from seeking redress, the police often suggest that their complaints are frivolous or groundless. In one case, the police attempted to convince Zoya Khotkina, a women's rights activist, to have a woman she was helping, L.B., withdraw her report: "They would say that people are murdered on the street, but here it is just rape. And what was so terrible, they said, was that she was not a virgin, she was not a child."<sup>89</sup> In another case, a forty-six-year-old Moscow woman was raped and beaten for three hours. Although the police ultimately accepted her complaint, the officer processing it asked her why she was so upset, she had not been a virgin for many years.<sup>90</sup>

Another reason why the police reject complaints is the perceived delay in reporting. They operate on the misperception, recounted to us by a police officer from Saratov, that, "[a]s a rule, women who are raped come to the police immediately."<sup>91</sup> They fail to recognize the many reasons, including shock, incapacitation, shame, and fear, that hinder victims from reporting assaults immediately. I.P., a woman who had been orally and anally raped and beaten by a visitor in her communal apartment in Moscow, reported the assault to the police approximately five days after the attack. After subjecting her to questioning by two officers, the police refused her complaint on the grounds that she had waited too long to report. I.P. persisted, and four days later, the police in the same station finally accepted her complaint.<sup>92</sup> In another case, a young woman who was raped at work by a colleague went to the police after a month but was told that too much time had passed; she was not permitted to file her complaint.<sup>93</sup> According to a police officer in Saratov, when women do not report immediately the police will do a preliminary investigation into the facts.<sup>94</sup> This investigation does not, however, guarantee that a criminal case will be opened.

### ***Mistreatment of Victims***

Beyond rejecting complaints outright, the police also frustrate the filing of reports by mistreating victims. Rather than processing the complaints in a neutral manner, the police often scold victims and attempt to frighten them by suggesting that they will suffer if a report is filed. Sometimes, the police emphasize that the investigation will be shameful and will involve collecting information about the victim's past sexual and other behavior. They threaten

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<sup>88</sup> Interview, Natalia Averina, police officer, Moscow, April 23, 1996.

<sup>89</sup> Interview, Zoya Khotkina, senior researcher, Moscow Center for Gender Studies, Moscow, April 25, 1996.

<sup>90</sup> Interview, Natalia Gaidarenko, executive director, "Syostri" Moscow Sexual Assault Recovery Center, Moscow, April 22, 1996.

<sup>91</sup> Interview, Lyudmilla Pomomava, police officer, Pushkin, April 27, 1996.

<sup>92</sup> Interview, M.P., Moscow, April 27, 1996.

<sup>93</sup> Interview, Nina Vinogradova, Nizhni Tagil Center "Lana," Nizhni Tagil, May 8, 1996.

<sup>94</sup> Interview, Lyudmilla Pomomova, police officer, Pushkin, April 27, 1996.



that they will have to contact the victim's employers and colleagues to find out more about her.<sup>95</sup> As the director of a psychological support center for girls explained, "Instead of helping you [the victim], they [the police] give you the sense that you should be embarrassed."<sup>96</sup> Zoya Khotkina, a researcher at the Moscow Gender Studies Center, told us of a twenty-year-old woman, L.B., who had been raped and beaten by her boss in September 1995 on her fourth day of work. L.B. suffered fifty-six bruises all over her body, a punctured ear drum, and a brain concussion. When she managed to escape from the office, she called her brother for help, and they immediately went to the police. For eight days, the police tried to convince her to rescind her report: "It is shameful," the police said, "There will be a court hearing. It will take too long. It is shameful."<sup>97</sup> In another case, in April 1995 in Moscow, a fifteen-year-old girl, accompanied by her mother, went to a police station to file a rape complaint. Attempting to discourage the report's filing, the police told her mother, "We haven't had such acts in our area in a long time. Don't spoil our record."<sup>98</sup>

The police also mistreat and intimidate victims by subjecting them to an unnecessarily grueling process of repeated and sometimes pointless interviews. Victims of sexual assault have been required to return to the police station several times for questioning, often by many different officers. In cases reported to Human Rights Watch, women typically had to recount their experiences to at least four officers just to have their complaints accepted. These interviews were generally several hours long and conducted with little regard for the trauma experienced by the victims. A fifteen-year-old victim of gang rape from Moscow told us that she had told her story to police officials at least twenty times.<sup>99</sup> Another young woman who had been raped in Sergeyev Posad said with exasperation, "I am tired of telling my story to everyone. I have told it at least ten or eleven times." "It is like a marathon," said the director of a crisis center in Nizhni Tagil, when asked to describe the process of filing a complaint.<sup>100</sup> Although the repeated questioning may be attributable to a lack of police training on how to conduct investigations into sexual violence, the effect of this relentless process is that many victims become intimidated and dissuaded from pursuing their complaints. According to a children's gynecologist in Murmansk, almost all her clients who have experienced sexual violence refuse to go to the police because they are afraid of the questioning and investigation procedures: "It is very difficult for them, all these procedures, all these interrogations. It is a tragedy."<sup>101</sup>

The experience of I.P., a rape victim, illustrates that, unless a victim is resilient and determined, she will probably not succeed in filing a complaint. I.P. first tried to file a complaint at her local police station on November 10, 1995. After the police rejected her report, I.P.'s sister intervened and went to the Moscow central police station to determine whether the local police station was required to take I.P.'s report. She was told that the station was so obligated.<sup>102</sup> The next day, I.P., accompanied by her sister, returned to the local police station and recounted her story to a different officer on duty and then three more times to three additional officers. The officers then told I.P. and

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<sup>95</sup> Interview, Tatyana Lipovskaya, deputy director, Syostri, Moscow, April 23, 1996.

<sup>96</sup> Interview, Olga Shestakova, director, Social Psychological Support Center for Young Girls, Nizhni Tagil, May 7, 1996.

<sup>97</sup> Interview, Zoya Khotkina, Moscow Center for Gender Studies, Moscow, April 25, 1996.

<sup>98</sup> Interview, Natalia Gaidarenko, former director, Syostri, April 22, 1996.

<sup>99</sup> Interview, Z.T., Moscow, May 13, 1996.

<sup>100</sup> Interview, Svetlana Gibatinova, Nizhni Tagil Center "Lana," Nizhni Tagil, May 7, 1996.

<sup>101</sup> Interview, Irina Anpryevna, pediatric gynecologist, Murmansk, May 6, 1996.

<sup>102</sup> Interview, M.P., Moscow, April 27, 1996.



her sister to return to the station two days later, on November 13, when their supervisor would be in. On November 13, I.P. and her sister returned, only to be told that the supervisor was unavailable. When they returned the next day, another officer asked them to return the following day, I.P.'s sister demanded to speak to the police chief, with whom they had spoken on their first visit to the station. According to I.P.'s sister, the police chief was "shocked" that they had returned but gave his permission for the report to be filed.<sup>103</sup>

### **Forensic Examinations**

Forensic evidence is central to the successful prosecution of a sexual assault case. Often, the forensic evidence will be the only corroboration of the complainant's case, confirming not only the fact that sexual contact or intercourse took place, and with a particular individual, but also that such contact took place without the complainant's consent. While forensic evidence cannot prove the lack of consent, it can be strongly suggestive that sexual contact or intercourse was the result of assault and not agreement. Unfortunately, victims of sexual assault in Russia encounter substantial obstacles in securing this critical evidence. From their initial attempts to access forensic examinations to their experience once they do receive an examination, sexual assault victims are consistently thwarted by law enforcement officials and forensic doctors in their efforts to preserve meaningful and potentially powerful evidence.

### ***Delayed Referrals***

Because evidence of sexual assault such as semen and bruising will reduce and vanish over time, it is generally critical that the evidence be gathered and documented as soon as possible after the assault.<sup>104</sup> For most victims, the police are the first state actors whom they turn to in seeking redress for their assaults. Unfortunately, rather than promptly referring the complainants to forensic examinations, the police often block or delay women's access to them. Because some forensic doctors at state-run evidence centers will examine a victim only after she has been questioned by the police and received an official referral,<sup>105</sup> the failure of the police to provide timely referrals seriously impairs the chances that a victim's attacker will be brought to justice.

In some cases, the police deliberately refuse to provide referrals to victims, even those who affirmatively seek them. Consider, for example, the case of N.V., a fourteen-year-old girl who had been raped in Sergeyev Posad in August 1994. According to Y.V., N.V.'s mother, Y.V. took N.V. to a gynecologist for medical treatment ten days after the rape.<sup>106</sup> The gynecologist told them that N.V. had physical signs of being raped and that N.V. had to have an exam at the official evidence center in order to prosecute the crime. Y.V. and N.V. went directly to the Sergeyev Posad police station and filed a report. Despite Y.V.'s request for a medical referral, the police officer refused to give them one. Four or five days later, when their case was given to an investigator, Y.V. repeated her request for

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<sup>103</sup> The chief questioned I.P. in detail and wrote a formal complaint ("protocol"). He also accompanied I.P. to her home to question her communal apartment neighbor whom I.P. believed had hired the man to rape her, but the neighbor was not at home.

<sup>104</sup> In some cases of major injuries, such as external bruising, it may in fact be more difficult to evaluate immediately after inflicted than several hours later.

<sup>105</sup> Interview, Larissa Romanova, forensic gynecologist, Moscow, April 24, 1996; interview, Yuri Solsov, forensic doctor, Moscow, April 25, 1996. However, one high-ranking police officer, Natalia Averina, stated that a woman could be examined at the evidence center without an official referral, but that it would go faster if she had a referral. Averina also suggested that a woman could write a fake referral. She also believed that it would be quite easy for a woman to go to a police station, report her rape, and immediately get an official referral to the evidence center. Interview, Natalia Averina, police officer, Moscow, April 23, 1996.

<sup>106</sup> Interview, Y.V., Sergeyev Posad, April 26, 1996.



an official referral, this time from the investigator. The investigator replied, "I do not know the address of the center. I do not know how to get there," and told Y.V. to return in a week. When she returned the next week, the investigator again stated that she did not have the address and told Y.V., "Don't worry, it is not such a big deal that the girl was raped. Nothing happened to her. She is fine." Y.V. continued to request an official referral every day for the next six months. After losing her patience, Y.V. finally declared to the investigator, "Give me a referral or I will go find it myself." The investigator wrote down the address and threw it at Y.V. Seven months had passed since the rape. After the examination, the doctor told Y.V. and N.V., "You might as well have come in two years later. I tried to do everything, but you are too late."

In other instances, the police appear unaware of the urgency of forensic examinations and, by neglecting to inform victims of the importance of prompt examinations, to give them official referrals. Indeed, there is some confusion among police and prosecutors over who has the authority to refer women for forensic exams and when it is appropriate to do so. One prosecutor emphasized that she strongly disapproved of the police giving women referrals to evidence centers before the prosecution has had an opportunity to interview them.<sup>107</sup>

Even when the police do give official referrals, they still delay women's access to the evidence centers by arranging for appointments well after the date of the referral.<sup>108</sup> According to Larissa Romanova, a forensic gynecologist in Moscow, a victim can undergo an examination at an evidence center on the same day that she acquires an official referral.<sup>109</sup> Nonetheless, she continued, it is common practice for the police to arrange appointments for rape complainants two or three days later. Sometimes, the police require that all outstanding legal issues be resolved before the victim is allowed to be examined at the evidence center. For example, I.P., who, as described above, encountered significant resistance when she tried to file a complaint, received a referral to the Moscow evidence center only after she had identified the accused in person.<sup>110</sup> She received her examination seven days after she had reported the rape, or twelve days after it had occurred. In another 1995 case in Moscow, a twenty-three-year-old woman, who had been gang-raped in an apartment by people she knew, reported the assault the next morning but was told to go to the evidence center three days later.<sup>111</sup> Only after her mother insisted that the examination be performed more quickly did the police change the appointment to two days later instead.

Beyond unnecessarily delaying the examination, the police also undermine the preservation of forensic evidence by failing to inform victims of the need to refrain from washing their clothes or themselves before the examinations. One gynecologist, for example, told us of an incident in which the police neither questioned an assault victim about whether she had washed herself or her underwear nor informed her of the need to refrain from doing so.<sup>112</sup> By the time of the examination, the gynecologist recounted, the woman had washed herself and her underwear several times. The evidence center thus refused to perform a pelvic exam, leaving the evidence incomplete and

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<sup>107</sup> Interview, Tatyana Bogoliubova, Institute of the General Prosecutor's Office for Strengthening Law and Order, April 24, 1996.

<sup>108</sup> In addition, based upon our interviews, it appears that proper police protocol would include a police officer escorting the complainant to the evidence center. No one we interviewed was able to give us an actual example of this occurring. Larissa Romanova did note that sometimes the police will escort the woman to the evidence center. Interview, Larissa Romanova, forensic gynecologist, Moscow, April 24, 1996.

<sup>109</sup> Ibid.

<sup>110</sup> Interview, M.P., Moscow, April 27, 1996.

<sup>111</sup> Interview, Lola Karimova, Syostri, Moscow, April 22, 1996.

<sup>112</sup> Ibid.



providing the investigators with a reason to close the case. As the executive director of a Moscow sexual assault recovery center stated, "We can regard these cases as sabotage, because it is hard to imagine that the police do not know how to proceed."<sup>113</sup>

### *Inaccessibility of Doctors*

While there is no law in Russia that provides that only forensic evidence obtained by state-run evidence centers is admissible in court, in practice only evidence from these centers is admitted in sexual assault cases. Indeed, most of the nonforensic gynecologists, crisis center workers, and government officials we interviewed believed that this was required by law; of the few that believed that evidence from other sources was admissible, many asserted that such evidence did not carry the same weight as that from state-run centers. Unfortunately, however, our research revealed that it is very difficult for sexual assault victims, even after they have received official referrals, to undergo examinations at the state-run centers.

With two exceptions, each region or city in Russia has only one state-run evidence center; Moscow and its surrounding region have three in total, and St. Petersburg and its surrounding region have two. Usually, the centers are inconveniently located. The evidence center in Nizhni Tagil, for example, the only center that we were permitted to visit, is located approximately forty-five minutes by car from the city. In Murmansk, the evidence center is located on the outskirts of the city. Similarly, the Moscow regional evidence center is difficult to access; one young woman who had been gang-raped told us that she had to search for the center for more than an hour.<sup>114</sup>

Not only are the evidence centers few and in isolated locations, but they are poorly staffed. Of the areas that we visited, only Moscow and St. Petersburg had gynecologists on staff at the evidence centers to perform sexual assault examinations. The Murmansk, Nizhni Tagil, and Moscow regional evidence centers had only a few doctors, and they performed all examinations, including autopsies.<sup>115</sup> In order to address the staff shortage and emergency situations, authorities in Moscow have made limited efforts to enable the gathering of forensic evidence outside of business hours. A team of forensic doctors, ready if necessary to go to the scene of a crime, is on duty in the Moscow Central Police station when the evidence center is closed.<sup>116</sup> This team covers all crimes, however, and is rarely available to investigate rapes because priority is given to murder investigations.<sup>117</sup>

In recent years, the Russian government has established separate commercial divisions of the state-run evidence centers in several municipalities, including Moscow and St. Petersburg. In these divisions, a sexual assault victim can be examined by government forensic doctors without an official referral; sometimes victims who have had their complaints rejected by the police will go to these centers and use the medical reports to urge the police to accept the complaint.<sup>118</sup> The victim must, however, pay a significant sum for an examination in the commercial division: in Moscow, the exam costs approximately 200,000 rubles (U.S.\$40 as of this publication), approximately

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<sup>113</sup> Interview, Natalia Gaidarenko, Syostri, Moscow, April 22, 1996.

<sup>114</sup> Interview, Z.T., Moscow, May 12, 1996.

<sup>115</sup> The evidence center in Nizhni Tagil also serves as the morgue for all of Nizhni Tagil. Women seeking sexual assault examinations can enter the back door to avoid the dead bodies, but the smell of formaldehyde pervades the building as a reminder of its primary function.

<sup>116</sup> Interview, Larissa Romanova, forensic gynecologist, Moscow, April 24, 1996.

<sup>117</sup> Ibid.

<sup>118</sup> Interview, Natalia Gaidarenko, Syostri, April 22, 1996.



25 percent of the average monthly salary, and there is an additional fee for testing of any the samples gathered.<sup>119</sup> Although these commercial exams are performed by the same doctors who work at the official branch, the exams do not have the same legal effect. Even if a victim has been examined at the commercial center, once her complaint is accepted by the police she must be re-examined at the official evidence center; any evidence taken in the commercial division will simply be recorded in the protocol for the second examination.<sup>120</sup> Given the cost and limited value of the commercial reports, it should come as no surprise that few women go to the commercial branch. According to one forensic doctor in Moscow, the Moscow commercial branch examines fewer than ten sexual assault victims per year.<sup>121</sup>

Instead of going to state-run evidence centers, some sexual assault victims seek out the services of medical professionals at hospitals and government clinics. Yet here too, doctors prove to be quite inaccessible. Doctors working outside evidence centers are often reluctant to examine, or treat, victims of sexual violence.<sup>122</sup> In some instances, this reluctance may be based upon an unwillingness to be associated with a criminal case and the criminal justice system.<sup>123</sup> Many physicians do not want to treat rape victims because the doctors do not want to appear in court. In addition, one doctor told us that many of her colleagues find most victims' stories not credible.<sup>124</sup> According to one crisis center worker, the nonforensic gynecologists she contacted in search of medical assistance for her clients refused on the grounds that they (the gynecologists) did not have the right to collect admissible evidence and did not want to go to court.<sup>125</sup> The experience of R.C., a fourteen-year-old girl who was raped, provides a chilling example of the difficulties that sexual assault victims face in seeking medical help.<sup>126</sup> After the assault, R.C. began to run a high fever, experienced nausea and headaches, and exhibited signs of a brain concussion. Her mother called a number of doctors, but when they heard that R.C. had been raped, they refused to treat her. After R.C.'s mother contacted Lola Karimova through the Syostri crisis center, they called a general physician and told him that R.C. had fallen down the stairs. R.C. was subsequently treated by a neurologist and pediatrician.

#### ***Inadequate and Abusive Examinations***

The purpose of forensic examinations of sexual assault victims is to collect physical evidence of the assault, both the physical signs that a violation has occurred and any materials that may identify the offender. In the United States, examiners are advised to look for evidence related to the use of force and penetration, materials from the offender, and substances from the location of the assault.<sup>127</sup> Doctors are also instructed to ask the victim about the

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<sup>119</sup> Interview, Larissa Romanova, forensic gynecologist, Moscow, April 24, 1996.

<sup>120</sup> Ibid.

<sup>121</sup> Interview, Yuri Solsov, chief forensic doctor, Moscow, April, 1996.

<sup>122</sup> Interview, Larissa Romanova, forensic gynecologist, Moscow, April 24, 1996.

<sup>123</sup> Interview, Natalia Averina, police officer, Moscow, April 23, 1996. For a study of public attitudes toward the criminal justice system, see Inga Mikhailova Borisova, *Crime: What We Know About It; Police: What We Think About Them*, (Moscow: Human Rights Project Group, 1995).

<sup>124</sup> Interview, Lola Karimova, Moscow, April 21, 1996.

<sup>125</sup> Interview, Larissa Korneva, Psychological Crisis Center for Women, St. Petersburg, April 29, 1996.

<sup>126</sup> Interview, Lola Karimova, Syostri, Moscow, April 22, 1996.

<sup>127</sup> Lee Madigan, *The Second Rape* (New York: Lexington Books, 1991), p. 85.



assault and her activities and to tailor their examinations based on the information received.<sup>128</sup> According to one U.S. practitioner, "A successful sexual assault exam must incorporate not only sound medical treatment but also meticulous evidence collection technique and a special sensitivity to the psychosocial needs of the victim."<sup>129</sup> Only gynecological information relevant to the interpretation of physical findings or laboratory data should be recorded.<sup>130</sup>

By contrast, Russian forensic doctors will only seek evidence and information that is requested by the police or the prosecutors, and do not consider the victim's description of the assault or their physical condition. According to a police officer in Moscow, the investigator must be very careful to specify all the information necessary to an investigation; otherwise the evidence will not be gathered.<sup>131</sup> While some doctors may choose on their own to question the victim about the assault or seek further evidence,<sup>132</sup> they are neither required nor advised to do so. To the contrary, they are often discouraged from taking the initiative by prosecutors who prefer that they not deviate from standard questions.

In sexual assault cases, forensic doctors tend to focus their examinations on the condition of the victim's hymen. "As a rule, the first question is whether the hymen is intact," stated Larissa Romanova, a forensic gynecologist at a Moscow evidence center.<sup>133</sup> If the hymen is torn, she continued, it must then be determined when the tearing occurred. This preoccupation with the hymen, however, has no legal or medical basis and instead reflects an inappropriate concern over the victim's alleged virginity status and popular misconceptions regarding the medical verifiability of virginity. Russian rape law does not distinguish between the sexual violations of virgins versus other women; single or married women who have engaged in sexual intercourse prior to the assault and whose hymens may already be torn are protected under the law no less than are virgins. Moreover, modern medical standards hold that the use of the condition of the hymen to indicate recent sexual intercourse, or even virginity status, is medically groundless and inaccurate.<sup>134</sup> The consequence of forensic doctors' practice of concentrating their examinations on women's supposed virginity status is that they fail to provide a thorough examination for the discovery of evidence of all forms of sexual violence, and especially deny non-virgins appropriate forensic examinations.

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<sup>128</sup> Ibid., pp. 85-86.

<sup>129</sup> William M. Green, *Rape: The Evidential Examination and Management of the Adult Female Victim* (Massachusetts: Lexington Books, 1988), p. 48.

<sup>130</sup> Ibid., pp. 54-56. Such evidence includes the date of last menstrual period, any recent gynecological surgery, and any consensual sexual intercourse within seventy-two hours of the assault.

<sup>131</sup> Interview, Natalia Averina, police officer, Moscow, April 23, 1996.

<sup>132</sup> Larissa Romanova, a forensic gynecologist at the evidence center in Moscow, told Human Rights Watch that prior to conducting an examination she does question the victim about the circumstances of the rape to learn what kind of intercourse occurred and how injuries were inflicted so that she can tailor the exam. Interview, Larissa Romanova, forensic gynecologist, Moscow, April 24, 1996. Yuri Solsov, of the Moscow evidence center, also stated that he would ask questions that were not supplied if the examination suggested it. Interview, Yuri Solsov, head doctor, Moscow Forensic Evidence Center, Moscow, April 25, 1996.

<sup>133</sup> Interview, Larissa Romanova, forensic gynecologist, Moscow, April 24, 1996. Dr. Yuri Solsov also reported that he followed this procedure. Interview, Yuri Solsov, Moscow, April 25, 1996.

<sup>134</sup> According to Dr. Greg Larkin, director of research, American College of Emergency Physicians, an expert in the field of forensic documentation of intimate partner abuse, there is no reliable test for virginity. Hymens can be torn by many other common activities, and the presence of an intact hymen does not signify abstention from sexual intercourse. Human Rights Watch telephone interview, Pittsburgh, June 26, 1997.



In addition to being inadequate, the forensic examinations tend to be abusive. Apparently poorly trained in conducting sexual assault exams,<sup>135</sup> forensic doctors tend to demonstrate little sensitivity to the potential trauma that the victim suffered through the sexual assault or continues to suffer because of the forensic examination. According to Dr. Lola Karimova, a private gynecologist in Moscow who had spoken with seven women examined at the Moscow evidence center between 1994 and 1996, "Not a single woman told us that she had been treated as a woman who had been through a personal tragedy."<sup>136</sup> Instead, many women are left with the impression that the doctors blame them for the assault. "Now I understand that I am a second-rate woman," said one victim.<sup>137</sup> "I was treated like a bad woman who wanted to punish someone," said another.<sup>138</sup>

The forensic doctors' insensitivity is manifest not only in their reportedly demeaning attitudes towards the victims but also in their complete disregard for the women's privacy interests. Our interviews indicated that at least two official persons, and often many others, are routinely present during the examinations. According to Svetlana Gibatdinova, president of the Nizhni Tagil Crisis Center, for example, approximately four people are typically present during rape examinations in Nizhni Tagil.<sup>139</sup> A forensic gynecologist from a Moscow evidence center told us that she and the nurse who writes the findings are present during her examinations, and the head of the forensic department also enters the room on occasion.<sup>140</sup> In the St. Petersburg evidence center, which consists of two small rooms, we were told, the door between the two rooms continuously opens and closes while the forensic doctor examines the assault victim in one room and a line of people wait their turn to be examined outside the door in the other room.<sup>141</sup> Although sexual assault victims frequently are reluctant to discuss the details of their assault in front of strangers, many, it appears, are too afraid to ask for a more private setting. According to Dr. Karimova, none of the seven women in Moscow whom she interviewed reported that they had requested a one-on-one interview, but they all stated that they felt humiliated in having to discuss the assaults and be physically examined in front of many others.<sup>142</sup>

Further demonstrating their lack of sensitivity to the needs of the sexual assault victims, the forensic doctors do not take steps to inform the victims, regardless of their age, of the nature of the examinations, and thereby fail to minimize the intimidation and foreignness associated with the examinations.<sup>143</sup> The women we interviewed were not told, for example, what samples would be taken or what would be done with those samples. As one gynecologist acknowledged, "Usually we do not explain the exam. Here, people understand that if they were referred for the

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<sup>135</sup> In most jurisdictions, the primary job of the forensic doctor is the performance of autopsies.

<sup>136</sup> Interview, Lola Karimova, Syostri, April 22, 1996.

<sup>137</sup> Ibid.

<sup>138</sup> Ibid.

<sup>139</sup> Interview, Svetlana Gibatdinova, Nizhni Tagil Center "Lana," Nizhni Tagil, May 7, 1996.

<sup>140</sup> Interview, Larissa Romanova, forensic gynecologist, Moscow, April 24, 1996.

<sup>141</sup> Interview, Lola Karimova, Syostri, April 22, 1996.

<sup>142</sup> Ibid.

<sup>143</sup> The impact of this inaction is particularly severe in Russia because the quality and availability of gynecological care are quite limited in Russia, and women thus often approach such examinations with fear and trepidation. Interview, Natasha Khodireva, St. Petersburg, April 30, 1996; interview, Svetlana Gibatdinova, May 7, 1996.



exam, they must do it. In other countries, they pay more attention to the psychological state of the victim, but our exam has other requirements.”<sup>144</sup>

Finally, the forensic doctors generally fail to provide even minimal treatment for the health consequences of the sexual assault. They do not, as a matter of course, provide counseling or tests for pregnancy or sexually transmitted diseases. Nor do they provide referrals. While there are some forensic doctors who do give tests or referrals,<sup>145</sup> the practice appears to depend upon the doctor and the day.

When sexual assault victims seek out the same services in hospitals or clinics rather than official evidence centers, they usually fare no better, and sometimes, do worse. According to many gynecologists, women’s rights activists, and law enforcement officers, the care and evidentiary examinations in clinics and hospital emergency rooms are likely to be even more hostile and inadequate than those in the evidence centers.<sup>146</sup> Not only do nonforensic doctors lack training in sexual assault examinations and generally fail to gather, and in fact sometimes destroy, forensic evidence,<sup>147</sup> but, like forensic doctors, they often treat victims as though they are to blame for the assault. At local clinics, the director of a crisis center in Nizhni Tagil told us, “Women are often accused of being prostitutes. The doctors talk about provoking behavior.”<sup>148</sup>

### Investigations

After the police accept the sexual assault victim’s complaint and arrange for her forensic examination, police involvement in the cases usually ceases. Except in cases where the defendant is a minor, the prosecutor’s office assumes responsibility for the case, and investigators from the prosecutor’s office, rather than the police, take over the investigatory process. During this process, the investigators will, *inter alia*, interview the victim, defendant, and any other witnesses; evaluate signs of violence; and analyze the scene of the crime. Based on the evidence collected, the prosecutors then decide whether to take the case to court or to close the case. In cases of sexual assault, this decision is made frequently after a preliminary investigation: the prosecution investigator concludes that no crime occurred, and the case is closed.<sup>149</sup>

Demonstrating a failure to take seriously crimes of sexual assault, prosecutors and prosecution investigators prove unwilling to conduct investigations, and when they do conduct them, reveal biases against and insensitivity towards victims of sexual violence.

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<sup>144</sup> Interview, Larissa Romanova, forensic gynecologist, Moscow, April 24, 1996.

<sup>145</sup> Dr. Romanova, for example, told us that she routinely refers women for tests for sexually transmitted diseases. *Ibid.*

<sup>146</sup> Larissa Romanova, Presentation, Nurses Conference on Treating Victims of Violence, forensic gynecologist, Moscow, April 24, 1996; interview, Tatyana Bogoliubova, Institute for Strengthening Law and Order of the General Prosecutor’s office, April 24, 1996; interview, Natalya Khodireva, Psychological Crisis Center for Women, April 30, 1996; interview, Lola Karimova, Syostri, Moscow, April 22, 1996.

<sup>147</sup> Larissa Romanova, Presentation, Nurses Conference on Treating Victims of Violence, Moscow, April 24, 1996; interview, Tatyana Bogoliubova, Institute for Strengthening Law and Order of the General Prosecutor’s office, April 24, 1996; interview, Lola Karimova, Syostri, Moscow, April 22, 1996.

<sup>148</sup> Interview, Svetlana Gibatdinova, Nizhni Tagil Center “Lana,” Nizhni Tagil, May 8, 1996.

<sup>149</sup> The majority of cases that are closed at the preliminary investigation stage are rape cases. The reason for this, a researcher at the Institute for Strengthening Law and Order of the General Prosecutor’s Office in Moscow explained, is that the preliminary investigations focus on overt signs of violence and testimony of witnesses, both of which tend to be absent or unavailable in cases of sexual violence. Interview, Tatyana Bogoliubova, Institute for Strengthening Law and Order of the General Prosecutor’s office, April 24, 1996.



### *Unwillingness to Investigate*

Prosecutors in Russia generally approach cases of sexual violence with an unwarranted, high degree of skepticism. Espousing views similar to those of police officers, prosecutors we interviewed in Moscow, Murmansk, St. Petersburg, and the Krasnoselsk region tended to believe that women often file false reports or are themselves responsible for provoking the attacks. A prosecutor from St. Petersburg, Tatyana Nikolaeva, for example, alleged that one out of ten women reporting sexual violence fabricates the report.<sup>150</sup> Accordingly, Nikolaeva stated, she will not usually begin an investigation unless there is sufficient evidence that an assault took place. Cases that usually lack such evidence, she explained, include acquaintance rape and those without obvious signs of violence. In acknowledging that threats of violence rather than violence *per se* could lead to an assault, Nikolaeva added that, in those instances, a psychological examination would be necessary to determine whether the victim would be susceptible to such nonphysical coercion; one could not simply assume that an individual might submit to threats of violence. Nikolaeva justified her wary approach to sexual assault cases in part by pointing out that many victims change their testimony. This happens about ten to fifteen times per year, and when it does, she told us, she brings charges against the complainants for false testimony.

In many instances, prosecutors will also attempt to discourage women from continuing sexual assault investigations. Sometimes, the prosecutors or investigators will simply ask the complainant, or her representative, to drop the case. In one case, for example, a mother reported that the investigator handling her daughter's case requested that the mother sign a statement saying that she did not want to pursue the case, so that the investigator could close it.<sup>151</sup> In another case, a researcher at the Moscow Center for Gender Studies who was helping a victim pursue a rape complaint, was continually urged by investigators to advise her client to drop the case.<sup>152</sup> Every time she called investigators to inquire about the case, they would repeatedly say, "[Your client] may want to drop the case." Other prosecutors may be less direct. For example, an eighteen-year-old woman, who was raped at a party by a friend of a friend and had reported the assault to her parents immediately and to the police about seven to ten days thereafter, received subtle but consistent pressure from the prosecutor's office to withdraw her complaint.<sup>153</sup> The defendant claimed that the woman had pursued sexual relations with him and that he had been unable to resist. Because the investigator continually relayed the defendant's assertions to the woman, she began to blame herself, internalizing the idea that she had provoked the attack. Eventually, she withdrew the report and told a counselor at a local crisis center, "I will feel better when it is gone."

Instead of attempting to convince the victim to drop the complaint, the investigator simply may decide to do so on his or her own. In the case of Z.T., the fifteen-year-old girl who was gang-raped near Moscow, for example, the prosecutor asserted that no crime had occurred and closed the case. The investigator told Z.T. that since her and her friend's testimony was too brief in comparison to that of the defendants, she had concluded that they must be hiding something.<sup>154</sup> The prosecutor also claimed that the forensic report indicated that Z.T.'s hymen was intact and that no semen had been recovered. Yet, according to Z.T., her mother read the forensic report and saw that it stated that the assault could have taken place without the hymen breaking and that Z.T.'s menstruation at the time of the assault could explain the lack of semen. Although the medical examiner found dark spots, which Z.T. said were blood, on her clothes, the examiner did not test the spots. In fact, the investigators did not have Z.T.'s clothes examined until six months after the attack. While Z.T.'s sister and mother want to try and reopen the case, Z.T. does

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<sup>150</sup> Interview, Tatyana Nikolaeva, prosecutor, St. Petersburg, April 30, 1996.

<sup>151</sup> Interview, Y.V., Sergeyev Posad, April 26, 1996.

<sup>152</sup> Interview, Zoya Khotkina, Moscow Center for Gender Studies, April 25, 1996.

<sup>153</sup> Interview, Nina Vinogradova, Nizhni Tagil Center "Lana," May 7, 1996.

<sup>154</sup> Interview, Z.T., Moscow, May 12, 1996.



not. Although some victims **might** challenge an investigator's decision, it appears that others refrain from doing so because of a sense of frustration and hopelessness with the justice system.

In some cases, the investigators do not even bother to inform the complainants that their cases have been closed. I.P., the woman described above who was raped in her Moscow communal apartment, for example, reported her rape to the police on November 10, 1995 and waited until late January 1996 for an update on her case. Having heard nothing, M.P., I.P.'s sister, finally called the investigator for information. At the investigator's request, M.P. and I.P. went to her office and then learned from the investigator's supervisor that the accused had been released from police custody on November 15, prior to I.P.'s forensic exam, due to lack of evidence. In addition, they learned that the police had lost I.P.'s original forensic report detailing her injuries. As of April 1996, the police were still unable to locate the accused and, according to M.P., appeared to be making little effort to do so. I.P. has never returned to the apartment where the rape occurred. In another case, the assault victim's mother happened to meet the accused, whom she had believed to be in prison, at a bus stop. When she asked him where he was going, he replied that the prosecutor had let him go home.<sup>155</sup> According to the mother, the prosecutor told her that she (the prosecutor) had released the defendant shortly after his arrest because she (the prosecutor) did not think he was terrible and did not want to ruin his life. In June 1995, approximately ten months after the rape of her daughter and two months after the alleged court date, Y.V. learned that the court had not had any rape cases scheduled. When she asked the investigator why the case had been closed, the investigator responded that there was insufficient evidence. After that, Y.V. had the case reopened with a new investigator, and as of April 1996, when we interviewed them, Y.V. and N.V. were going to see the new investigator.

### **Invasions of Privacy**

Article 17 of the ICCPR guarantees to all the right to privacy. It provides that "[n]o one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour and reputation," and that "[e]veryone has the right to the protection of the law against such interference or attacks."<sup>156</sup> In interpreting this right, the United Nations Human Rights Committee has acknowledged that the right to privacy is "necessarily relative," and there may be some instances in which the right to privacy must yield to other, more pressing rights or considerations.<sup>157</sup> These instances, however, are circumscribed. As the committee has stated, "the competent public authorities should only be able to call for such information relating to an individual's private life the knowledge of which is essential in the interests of society as understood under the Covenant."<sup>158</sup> In those limited circumstances where the right to privacy may be abridged, moreover, the committee has specified that "relevant legislation must specify in detail the precise circumstances in which such [authorized] interferences may be permitted."<sup>159</sup>

The state should be especially vigilant in protecting the privacy rights of crime victims. In its Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, the United Nations General Assembly has

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<sup>155</sup> Interview, M.P., Moscow, April 27, 1996.

<sup>156</sup> Art. 17, ICCPR.

<sup>157</sup> General Comment 16 to Article 17, "Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies," U.N. Document HRI/GEN/Rev.1, July 29, 1994.

<sup>158</sup> Ibid.

<sup>159</sup> Ibid.



stressed the need to treat victims with compassion and with respect for their dignity.<sup>160</sup> The declaration specifies that, consonant with these aims, the state, and in particular the judicial and administrative processes, should take measures to minimize inconvenience to victims and to protect their privacy.<sup>161</sup> This obligation to respect the victim's right to privacy falls on all arms of the state's justice system, including law enforcement officials and prosecutors. According to the United Nations Guidelines on the Role of Prosecutors, prosecutors shall "[k]eep matters in their possession confidential, unless the performance of duty or the needs of justice require otherwise."<sup>162</sup> Similarly, according to the United Nations Code of Conduct for Law Enforcement Officials, "Matters of a confidential nature in the possession of law enforcement officials shall be kept confidential, unless the performance of duty or the needs of justice strictly require otherwise."<sup>163</sup>

Unfortunately, the Russian investigative process of crimes of sexual violence fails to safeguard the victim's right to privacy. Without any clearly delineated guidelines circumscribing their investigation,<sup>164</sup> investigators may interview the victim's family, neighbors, and colleagues (either schoolmates or coworkers) in order to prepare a psychological profile of the complainant or to surmise whether and to what degree she may have resisted the attack. While limited investigation into the victim's sexual past with the accused may be appropriate, many of these investigations appear to move far beyond these bounds, examining in detail the victim's entire past sexual history and background. Instead of focusing on whether the woman was involved with the defendant or had consensual sex shortly before the alleged attack, they focus on her general sexual reputation and behavior.

The investigative process may infringe on the victim's right to privacy in a number of ways. First, the interviews place an unnecessary, and often prejudicial, emphasis on the sexual experience and general behavior of

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<sup>160</sup> Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, Adopted by U.N. General Assembly on November 29, 1985.

<sup>161</sup> *Ibid.*, Principle 6.

<sup>162</sup> Guidelines on the Role of Prosecutors, Adopted by the Eighth U.N. Congress on the Prevention of Crime and Treatment of Offenders, August 27 - September 7, 1990, Guideline 13(c).

<sup>163</sup> Code of Conduct for Law Enforcement Officers, Adopted by the U.N. General Assembly on December 17, 1979, Art. 4. The commentary accompanying this article explains:

By the nature of their duties, law enforcement officials obtain information which may relate to private lives or be potentially harmful to the interests, and especially the reputation, of others. Great care should be exercised in safeguarding and using such information, which should be disclosed only in the performance of duty or to serve the needs of justice.

<sup>164</sup> In some countries, including the U.S. and Canada, rape statutes have been reformed to protect rape victims from discriminatory and abusive cross-examination during the investigation and prosecution of rape charges by limiting what evidence can be used. Previously, there were few limits on what constitutes relevant evidence to be used in a rape defense. Most defenses centered around attacks on the victim's reputation and prior sexual conduct, thereby focusing on the victim's perceived morality. The reforms, now known as rape shield laws, are based on the recognition that such evidence and inquiry during the prosecution of rape charges was often prejudicial against the victim, leading to a low rate of conviction and also acting as a deterrent to the reporting and prosecution of rape. Although the rape shield laws vary from state to state, one common component is a rejection of the previously automatic admissibility of proof of the victim's sexual activity or perceived immodesty. The defense's ability to present, for example, the victim's sexual history, appearance or dress, level of resistance, and previous interactions with the defendant to discount her claim of rape has been limited, and the focus of rape trials has shifted away from judgements of the victim's sexuality. For a general discussion and analysis of rape shield laws in the U.S., see Harriett R. Galvin, "Shielding Rape Victims in the State and Federal Courts: A Proposal for the Second Decade," *Minnesota Law Review*, vol. 70. (April 1986), pp. 763.



the victim. The investigations suggest that the victim's character, rather than the alleged violation, is at issue. By attempting to expose the victim's entire sexual history, law enforcement officials are calling for information relating to an individual's private life that is difficult to justify as in the state's essential interests in a rape investigation. Instead of providing clearly relevant evidence as to whether unconsented intercourse took place in a particular instance, the information often merely serves to answer stereotypical questions that are irrelevant to the question of rape. In other words, the investigators' decisions about what information to gather are largely driven by prejudicial notions about rape victims, as discussed in the bias section of this report. According to Boris Orlov, a regional court judge in Murmansk, for example, when the victim's word stands against the defendant's, it is important to learn what the woman was like before the rape.<sup>165</sup> A prosecutor in Moscow told Human Rights Watch that if the defendant alleges that the rape victim was a "loose" woman, prosecutors feel compelled to call witnesses to discuss the personal characteristics of the victim, thus exposing her private life to public scrutiny.<sup>166</sup>

Second, the investigative process often unnecessarily informs numerous outside parties that the victim was raped. Women's rights activists, for example, told us that investigators will require someone at the victim's workplace or school to write a letter of reference.<sup>167</sup> In one case in Moscow, investigators requested a letter vouching for a woman's character from her workplace even though she alleged that she had been raped at work. After receiving the letter, the investigators became reluctant to continue because the letter from work said the victim had a drinking problem, among other things.<sup>168</sup> A prosecutor from a St. Petersburg suburb asserted that "we must learn more about the personality of the victim by interviewing her and maybe her neighbors. We talk to people who know about the person regardless of whether they know about the rape."<sup>169</sup> Judge Orlov told us that although criminal procedure requires investigation to be confidential, when the investigator interviews persons, they usually learn about the rape.<sup>170</sup>

Those suspected of having mental illness or sexually transmitted diseases are particularly at risk that their right to privacy will be violated. In addition to conducting general third-party interviews, investigators may also require clinics that provide psychological counseling or treatment for sexually transmitted diseases to inform them whether or not the complainant is registered.<sup>171</sup> An official at a Murmansk AIDS clinic confirmed that investigators could attain such information from his clinic, as long as the information is deemed by an investigator or judge as necessary to the case and is to be used only as evidence for that case.<sup>172</sup>

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<sup>165</sup> Interview, Boris Orlov, regional court judge, Murmansk, May 6, 1996.

<sup>166</sup> Interview, Moscow, April 1996.

<sup>167</sup> Interview, Natalia Gaidarenko, Syostri, Moscow, April 22, 1996; interview, Tatyana Lipovskaya, Syostri, Moscow, April 23, 1996; interview, Larissa Korneva, St. Petersburg Crisis Center for Women, St. Petersburg, April 29, 1996; interview, Olga Shestakova, Nizhni Tagil, May 8, 1996.

<sup>168</sup> Interview, Zoya Khotkina, Moscow Center for Gender Studies, Moscow, April 24, 1996.

<sup>169</sup> Interview, Victor Sukharinov, prosecutor, Krasnosels region, April 30, 1996.

<sup>170</sup> Interview, Boris Orlov, regional court judge, Murmansk, May 6, 1996.

<sup>171</sup> Ibid.

<sup>172</sup> Interview, Murmansk, May 6, 1996. It should be noted here that if a rapist infects a victim with a sexually transmitted disease he faces an additional penalty.



As a result of these broad inquiries into the complainants' background and sexual history, many families discourage their daughters, wives, or girlfriends from reporting rape. Many are ashamed to have people know about the attack and do not want their loved ones subjected to additional trauma. Olga Shestakova, who works with minors who have been sexually assaulted, told Human Rights Watch of a client who had been raped. First, the investigator demanded a note from the girl's school describing her behavior; in the request they told the school that she had been raped. The investigators then stated that they needed a paper describing the neighbors' impressions of the girl. The parents consequently drew the complaint.<sup>173</sup> Karimova told us that a woman dropped her case after investigators visited her school several times. According to Karimova, the woman told her, "It is a shame for me. I cannot bear the pressure."<sup>174</sup> Based on our interviews with other victims, their fears were probably well-founded. For example, N.V., a fourteen-year-old victim of rape whose case is described above, told us, "It is very difficult at school. Some of my friends protect me and don't let the others hurt me. But all the people at school know."<sup>175</sup>

### ***Biased Use of Psychological Interviews***

Articles 78 and 79 of the Russian code of criminal procedure allow an expert opinion to establish the psychological state of the victim when there is doubt about her ability to understand the circumstances that are significant to her case and to give appropriate testimony.<sup>176</sup> In rape cases, this article is invoked to require victims to undergo psychological interviews so as to determine whether, *inter alia*, she was unable to defend herself from attack, or whether she was prone to "imagine" things, including the attack. While in certain cases psychological interviews can be an important tool in explaining how and if crimes occurred, in Russia it is primarily rape victims who are required to defend their actions and the veracity of their allegations through a psychological assessment. Although the use of psychological interviews is not limited to sexual assault cases,<sup>177</sup> Lyudmilla Konyesheva, a forensic psychologist in Moscow who has done about fifty psychological interviews, told us that 60 to 70 percent of the psychological interviews she conducted were with victims of sexual violence.<sup>178</sup>

The prevalence of psychological interviews in cases of sexual violence suggests that the mental fitness or stability of sexual violence victims is questioned, or viewed as suspect, in ways that do not apply for other crimes. Based on the descriptions of the role of the interview by forensic psychologists and prosecutors, the interviews are employed to determine whether the woman was imagining or fabricating the assault. According to Yelena Makhmutova, a forensic psychologist in Bashkiria located in southeastern Russia, sometimes "the interview offers clues as to what actually happened, by looking at the mind of the victim."<sup>179</sup> A prosecutor in Murmansk, Valentina Abanicha, told us that she sometimes refers women reporting rape to psychological interviews to ensure that their

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<sup>173</sup> Interview, Olga Shestakova, Nizhni Tagil, May 7, 1996.

<sup>174</sup> Interview, Lola Karimova, Syostri, Moscow, April 22, 1996.

<sup>175</sup> Interview, N.V., Sergeyev Posad, April 26, 1996.

<sup>176</sup> Interview, Yelena Makhmutova, lecturer, psychology, Bashkir Academy of State Service and Management, Moscow, April 20, 1996.

<sup>177</sup> *Ibid.*

<sup>178</sup> Interview, Lyudmilla Konyesheva, forensic psychologist, Moscow, April 25, 1996. Yelena Makhmutova, another forensic psychologist in a different region, provided the same percentage. Interview, Yelena Makhmutova, Bashkir Academy of State Service and Management, Moscow, April 20, 1996.

<sup>179</sup> Interview, Yelena Makhmutova, Bashkir Academy of State Service and Management, Moscow, April 20, 1996.



testimony is not a "fantasy."<sup>180</sup> She also told us that she sometimes used the psychological interview to determine how to evaluate victim's testimony on the basis of mental competency: the interviews help her to determine if "she [the victim] is the kind of child who tells the truth."<sup>181</sup> Although it is always possible that an individual has invented or embellished on an attack, the widespread use of the interviews suggests that there may be an unwarranted presumption that women alleging assaults are lying or are mentally ill.

Since the late 1980s, accused rapists have also been subjected to psychological interviews.<sup>182</sup> Based on the statements of one forensic psychologist, it appears that these interviews are not simply used to determine the psychological state of the accused but, surprisingly, to shed light on the psychological state of the victim as well. According to Yelena Makhmutova, psychologists interview the accused to see if he could assess the mental state of the woman: "We want to know if he could tell whether the woman was scared to death or if he was oblivious."<sup>183</sup> The ability of the defendant to discern so, according to Makhmutova, provides guidance as to whether the victim was inclined to fantasize.<sup>184</sup>

In undergoing psychological interviews, the victim may appeal to have a lawyer present; should the investigator decline the appeal, the victim can appeal the investigator's decision. This presents an additional burden to the victim which could deter her from requesting a lawyer. The problem with this inheres in the fact that information gleaned in this setting can be used to discredit the victim as a witness and can lead a prosecutor to drop her complaint. Whether or not the interview will be used in a fair or discriminatory manner will depend largely upon the psychologist. Konyesheva told us, for example, "I never did an interview when I could not offer a reason why she did not resist."<sup>185</sup> Because the interview may have an unfair, devastating effect on the outcome of the victim's complaint, the absence of an attorney or advocate may impinge on the victim's ability to seek justice.

Finally, although these interviews are often the only contact a victim has with a "counselor," they rarely involve any counseling for the emotional trauma of rape, nor are they intended to. The absence of counseling is particularly severe because victims, who are often already vulnerable and in need of counseling, are more likely to believe, based upon the questioning during the interview, that they are to blame for the attack. According to Makhmutova, she sees the victim only once, and she is usually the only psychologist or counselor that the victim will see. Makhmutova told Human Rights Watch that she would like to be able to refer victims of sexual violence to crisis centers from which they could receive comprehensive services and counseling.<sup>186</sup> In fact, such referral is required by the U.N. Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, adopted by the U.N. General Assembly in 1985.<sup>187</sup> Unfortunately, Russian officials rarely make such referrals. To provide

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<sup>180</sup> Interview, Valentina Abanicha, prosecutor, Murmansk, May 5, 1996.

<sup>181</sup> Ibid.

<sup>182</sup> Russian Criminal Code Art. 79(2).

<sup>183</sup> Interview, Yelena Makhmutova, Bashkir Academy of State Service and Management, April 20, 1996.

<sup>184</sup> Ibid.

<sup>185</sup> Interview, Lyudmilla Konyesheva, forensic psychologist, Moscow, April 25, 1996.

<sup>186</sup> Interview, Yelena Makhmutova, forensic psychologist, Moscow, April 20, 1996.

<sup>187</sup> Principle 14 provides, "Victims should receive the necessary material, medical, psychological and social assistance through governmental, voluntary, community-based and indigenous means." Principle 15 provides, "Victims should be informed of the availability of health and social services and other relevant assistance and be readily afforded access to them." Declaration



that service, Makhmutova makes the last part of the interview therapeutic even though that is not required by law. According to her, "As a human being and a psychologist, I cannot just close my book and say you must go."<sup>188</sup>

### ***Traumatizing Use of Face-to-face Confrontations***

Under Article 162 of the Russian code of criminal procedure, crime victims may be required to recount their story in front of the defendant(s) if their testimony contradicts that of the defendant(s).<sup>189</sup> In rape cases, an investigator may use Article 162 in any case in which the victim's story contradicts that of the accused in order to evaluate the comparative credibility of the parties. The procedure for the confrontation, as set forth in Article 163, requires both the complainant and defendant to sign a statement saying that they will tell the truth. The complainant, who is not accompanied by a relative or parents unless she is a minor, is asked whether she knows the defendant and to describe the circumstances under which she knows him. After she speaks, the investigator asks the defendant to confirm or deny her story. The prosecutors question both parties, in their presence, to analyze the differences in their stories. The parties can also ask questions.

While the criminal procedure code allows for the defendant to be accompanied by an attorney, no provision is made, either in law or in practice, for the protection of victims, such as permitting an advocate, counselor or family member to be present. Because these confrontations are fraught with stress for victims, the confrontation itself, rather than the victim's conscience or conviction, may impact the victim's demeanor or retelling of the assault. It is quite possible, for example, that influences on a victim's demeanor could be the result of rape trauma syndrome, a variation of post-traumatic stress disorder.<sup>190</sup> If the criminal procedure code continues to allow the use of this investigative technique in rape cases, it must permit women to have a therapist or nonlegal advocate present and must train prosecutors in the symptoms and results of post-traumatic stress disorder to ensure that the women do not suffer additional shock and that any side effects of their emotional trauma do not harm the criminal case.

Since the confrontation occurs so late in the investigative process and very few cases make it past the earlier obstacles to reach that stage, we spoke with only one woman who had undergone a confrontation. This case illustrates the danger of repeat confrontations for victims of gang rape. Z.T., a fifteen-year-old victim of gang rape, had to confront all ten defendants. Only in one instance, when the defendant was over twenty-one years old, was Z.T. allowed to have her mother in the room. According to Z.T., during these face-to-face confrontations, the defendants all recounted different stories.<sup>191</sup> Some said that the sexual contact was consensual, others said that she suggested it, and some said that they had never seen her. Z.T. told Human Rights Watch that despite the fact that the defendants all told different versions of the attack, the prosecutor indicated that she did not believe Z.T.'s testimony. The case was subsequently closed.

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of Basic Principles of Justice for Victims of Crime and Abuse of Power, Principles 14 and 15.

<sup>188</sup> Makhmutova works in Bashkiria, which does not have a crisis center. Interview, Yelena Makhmutova, forensic psychologist, April 20, 1996.

<sup>189</sup> Article 162 provides, "An investigator may conduct a confrontation between two persons who have already been questioned and whose testimony is seriously contradictory."

<sup>190</sup> According to one article, "Victims also may demonstrate a wide range of emotions in one of two 'styles,' expressed or controlled. A victim with an expressed style would express her feelings of fear, anger and anxiety by crying, sobbing, smiling or acting restless or tense. A victim with a controlled style would hide her feelings and appear calm." Toni M. Masaro, "Experts, Psychology, Credibility and Rape: The Rape Trauma Syndrome Issue and Its Implications for Expert Psychological Testing," *Minnesota Law Review* 69 (February 1985): 425.

<sup>191</sup> Interview, Z.T., Moscow, May 12, 1996.



### ***Failure to Protect Complainants***

Almost all the activists we spoke to told us that victims do not feel safe during the investigative process. All but one of the rape victims we interviewed reported that defendants and their families or friends harassed, threatened, or attempted to bribe them in order to stop them from pursuing rape charges and that these actions occurred with the knowledge and, at times, complicity of the investigators. All of the women's rights activists with whom we spoke confirmed that almost all rape complainants reported such harassment and bribes to them. In no case they cited, however, did Russian law enforcement respond to the complainants' call for help. While law enforcement agents do not deny the allegations of harassment, and in particular bribery, they contest women's charges that police failure to protect complainants leads them to drop the charges. Rather, police claim that women accept the bribes and then drop the charges.<sup>192</sup> Reportedly, defendants also threaten and bribe government investigators.<sup>193</sup>

Numerous instances were reported to us where law enforcement officials failed to take action to protect complainants. The case of N.V., the fourteen-year-old girl raped near Moscow in 1994 discussed above, and her mother, Y.V., provides a chilling example of the severe harassment by alleged offenders and the gross indifference of law enforcement officials. According to Y.V., after N.V. filed her complaint, the police provided the defendant with the victim's address and notice that she had reported a rape. Two men, the rapist and a friend, then came to their house and broke the door down.<sup>194</sup> N.V. escaped through the window and ran to a police station nearby, while the two men beat Y.V., ripped her clothes, and threatened to rape her and to rape her daughter again. They also threatened to shoot Y.V. if she did not give her daughter to them. After the attack, Y.V. went to the investigator and requested a forensic medical exam in order to pursue charges for the assault.<sup>195</sup> The investigator questioned Y.V. but did not refer her for an exam or test the blood stains on her jacket. When Y.V. inquired about the status of her report, the investigator claimed that Y.V. had never filed a report about the assault. Since Y.V. did not have the report number, she could not prove that she had. The police never took any action. The harassment reportedly continued to occur almost nightly after eleven o'clock until the accused went into the army at the end of 1995. As of April 1996, it happened intermittently, when his friends were drunk. The accused also visited N.V.'s house three times to ask her forgiveness and that she withdraw her report. He also offered money, which N.V. refused.

Nina Vinogradova, a counselor at the Nizhni Tagil Crisis Center, told Human Rights Watch of another case illustrating law enforcement's refusal to protect complainants.<sup>196</sup> After a twenty-three-year-old woman who was raped by three men in 1995 reported the rape and had corroborating medical evidence collected, one man was arrested. Soon thereafter, someone set the victim's apartment on fire, and the defendant's relatives began to threaten her. She reported the threats to the police several times, but the police told her that the fire was an accident and took no measures to investigate or prevent the threats. Her relatives asked her to withdraw her report to protect herself, but she did not. The arrested man was convicted, and the other two were never found.

Because of the failure by law enforcement to respond to such harassment, sometimes women become intimidated and actually withdraw their complaints. In one case in 1994, for example, a seventeen-year-old girl who

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<sup>192</sup> Interview, Tatyana Nicolaeva, prosecutor, St. Petersburg, April 30, 1996.

<sup>193</sup> Nick Allen, "Thousands of Shady Police Fired in Cleanup," *Moscow Times*, May 30, 1997; interview, Lyudmilla Pomomava, police officer, Pushkin, April 27, 1996.

<sup>194</sup> Interview, Y.V., Sergeyev Posad, April 26, 1996.

<sup>195</sup> Ibid.

<sup>196</sup> Interview, Nina Vinogradova, Nizhni Tagil Center "Lana", Nizhni Tagil, May 8, 1996.



was gang-raped in Sergeyev Posad and her family were threatened while she was hospitalized after the attack.<sup>197</sup> The accused told the girl's mother that if the girl did not retract her report, she would not survive. The accused and his friends also threw stones at the girl's windows and screamed at her house. The family withdrew the complaint a week after filing it. The girl has permanent gynecological injuries resulting from the rape, has had subsequent infections, and has been reportedly told by doctors that she will be unable to bear children.<sup>198</sup> In another case, after a twenty-three-year-old woman in Moscow reported her gang rape to the police, the accused rapists came to her house to offer her money.<sup>199</sup> The defendants said that the investigators had told them everything, and then said to her, "You agreed to go with us on a camping trip. We will make it known to the whole town and college and you will be ashamed." When her mother reported the incident, the investigators said that they had sent the defendants to the house in order to settle the case "peacefully." The defendants continued to visit the victim's home to offer money and threatened to rape her younger sister. As a result of delays in receiving her forensic exam, partially caused by the investigators, the victim's exam was incomplete, and the investigators closed her case. She made no effort to reopen it. According to Lola Karimova, who counseled this woman at Syostri in Moscow, the woman told her, "It is a shame for me. I cannot bear the pressure. I do not want all my friends to know about this."

We also heard allegations that bribes and suspected bribes to investigators led to cases being closed. Y.V. believed that the delays in her daughter's case resulted from the investigator being bribed by the defendant's family.<sup>200</sup> Z.T.'s case was closed twice; she suspects the prosecutors were bribed. Pomomava told Human Rights Watch that it was common for defendants or their relatives to threaten or bribe investigators.<sup>201</sup>

In an attempt to provide better protection to crime victims and witnesses, the State Duma adopted in May 1997 the State Protection of Victims and Other Individuals Cooperating with Court Proceedings.<sup>202</sup> It remains to be seen, however, whether this law will be applied solely to high-profile organized crime cases or also to women reporting violence and other crime victims.

## Prosecution

### *Closing of Cases Prior to Trial*

*My mother believes in justice, I can't believe how naive she is. I used to believe in justice. When I first went to the police station, I thought they would believe me. I wouldn't advise a friend to go to the police because of my experience—the case was closed and nothing helped.*

*-Z.T., Moscow, May 12, 1996*

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<sup>197</sup> Interview, family center staff, Sergeyev Posad, April 26, 1996.

<sup>198</sup> Ibid.

<sup>199</sup> Interview, Lola Karimova, Syostri, April 22, 1996.

<sup>200</sup> According to Y.V., the town is very small and several neighbors reported this to her. Interview, Y.V., Sergeyev Posad, April 26, 1996.

<sup>201</sup> Interview, Lyudmilla Pomomava, police officer, Pushkin, April 27, 1996.

<sup>202</sup> This law has been hailed as the "first in Russian legal practice to envisage security measures to protect individuals [requiring such protection], including unpublished information about them, providing them personal guards, guards for their residence and property, new documents, and assistance in moving to a new residence, . . ." *Segodnya (Today)* (Moscow), May 15, 1997.



Despite the flaws in the investigative process and the difficulty in proving rape, all the municipalities with whose officials we spoke reported perfect or near-perfect conviction rates. Normally, high conviction rates suggest diligent investigations and prosecutions. Yet perfect rates, particularly where there is ample evidence of inadequate investigations, tell another story: that prosecutors are only taking foolproof cases to trial.<sup>203</sup> This practice suggests that many cases that are meritorious but difficult to prove are being dropped and that many victims with legitimate cases are thus denied the opportunity to have their assailants brought to justice.

Law enforcement officials in Murmansk and St. Petersburg confirmed that, at a minimum, half of the reports accepted by the police never make it through the investigative process. Nikolaeva admitted that 50 percent of the reports of sexual assault filed with the police were not pursued or investigated by police or prosecutors.<sup>204</sup> According to two prosecutors in Murmansk, as a rule they close more than 50 percent of cases of sexual violence.<sup>205</sup>

Human Rights Watch obtained statistics on the outcome of sexual assault cases that were officially registered in three municipalities—Krasnoselsk region (a suburb of St. Petersburg), St. Petersburg, and Murmansk. In each of these regions, the conviction rates for sexual assault cases were perfect or near-perfect, except for the cases in which they could not locate the defendant. In the Krasnosels region, prosecutors told us that of seven rape reports in 1995, four resulted in conviction. In the other three cases, investigators were unable to locate the accused.<sup>206</sup> According to a prosecutor from St. Petersburg, out of 275 rape cases started there in 1995, one hundred ended with convictions.<sup>207</sup> The accused was not found in the other 175 cases. In Murmansk, forty-five rapes were officially registered in 1995; in thirty-eight cases the defendants were found guilty. Again, in the seven remaining cases, the defendants were never located.<sup>208</sup>

When asked to explain their conviction rates, police and prosecutors usually told us they had closed all the cases that were not rape. According to Yelena Kraskova, a police officer in Murmansk, all forty-five registered rapes were “clear” rapes. A police officer from Saratov who had investigated more than 200 rape cases, including many that were never officially registered, told us that even when reports of rape were accepted it was common for them to be closed for lack of evidence.<sup>209</sup> She also told us that all of the cases she brought to court resulted in convictions.

## STATE RESPONSE TO SEXUAL AND OTHER VIOLENCE WITHIN THE HOME

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<sup>203</sup> According to Nikolai Panshev, former chief investigator in the internal affairs department of the Moscow police, “Many crimes do not get reported in Russia because the police don’t report them. Not reporting crime has historically been a way of keeping the official crime rates down and the crime-solving rate up. Usually when investigators do this, it’s a way of avoiding being responsible for unsolvable case.” Matt Taibbi, “Top Cop: Crime Stats Lower than True Rates,” *Moscow Times*, April 16, 1996.

<sup>204</sup> Interview, Tatyana Nikolaeva, prosecutor, St. Petersburg, April 30, 1996.

<sup>205</sup> Interview, Valentina Abanicha, prosecutor, Murmansk, May 5, 1996.

<sup>206</sup> Interview, Victor Sukharinov, prosecutor, Krasnosels region, April 30, 1996.

<sup>207</sup> Interview, Tatyana Nikolaeva, St. Petersburg, April 30, 1996. As of 1994, the population of St. Petersburg was 4,883,000. “*Rossiia v Tsifrah* (Russia in Statistics),” Goskomstat, 1995.

<sup>208</sup> Interview, Yelena Kraskova, police officer, Murmansk, May 3, 1996. Murmansk’s population in 1994 was 440,000. “*Rossiia v Tsifrah* (Russia in Statistics),” Goskomstat, 1995.

<sup>209</sup> Interview, Lyudmilla Pomomava, police officer, Pushkin, April 27, 1996.



Victims of sexual and other violence within the home tend to confront hostility and skepticism similar to that experienced by sexual violence victims more generally. They experience difficulties when attempting to file complaints, during the investigatory process, and in securing the prosecution of their cases. Yet because of the particular contexts of family, intimacy, and the home, and the traditional notions that these contexts summon, victims of domestic violence also encounter problems unique to their situation. Perhaps the most glaring form of injustice that domestic violence victims face is the tendency by law enforcement officials to underestimate, or even reject, the seriousness or severity of the violence. With reference to domestic violence, for example, Igor Khamenov, of the Duma's Committee on Women, Family and Youth, stated, "Many of the Duma deputies think it is not an issue but a private matter that the state shouldn't touch."<sup>210</sup> Similarly, Olga Samarina of the Ministry of Labor and Social Protection told Human Rights Watch that she considers domestic violence to be a problem dominated by social, rather than a criminal, factors. Perceptions such as these frame the state's failure to address adequately the problem of domestic violence.

### **Condoning Domestic Violence**

*A woman's reception at the station depends on the individual officer. If he has any supportive feelings, at least there's hope, otherwise there is none.*

*-Marina Pisklakova*

*Executive Director, Moscow Crisis Center for Women*

*April 10, 1997.*

In the cities we investigated, female victims of domestic violence, crisis center staff, and activists all emphasized that women face extreme difficulty in getting the police to respond to their requests for help. According to Marina Pisklakova, executive director of Moscow Crisis Center for Women, "Very rarely do the police pursue a case. It used to be that murder or severe injuries [from domestic abuse] would be prosecuted. But now even murder is not punished or the punishment is very brief."<sup>211</sup>

We heard several accounts from activists and battered women of police refusing to respond to domestic violence. According to Yelena Potapova, the hotline director of the Moscow Crisis Center, in the six months from October 1995 to March 1996, ten women who contacted the crisis center did go to the police, but the police rejected all ten of their reports.<sup>212</sup> A women's rights activist in Nizhni Tagil told us that, when she was an ambulance driver, the police rarely came when the victim called. When the ambulance staff themselves called the police, she never saw them arrest the batterer, record the attack, or accept a complaint from the victim.<sup>213</sup> In a case in Nizhni Tagil, when a woman reported her husband's battering to the police, they told her, "What is so bad about it? He broke some dishes. Go home and you will be fine."<sup>214</sup>

Even if the police do not refuse a report outright, they often make the process of filing reports very difficult. For example, the police may reject a report because it does not follow proper format or include the required factual information. A volunteer attorney with a women's crisis center in Murmansk told us of a case in which a woman went to the police to report violence but was refused because she was unable to draft the report in the required

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<sup>210</sup> Katy Daigle, "Any's Story: Fearing to Fight Domestic Abuse," *Moscow Times*, January 15, 1997.

<sup>211</sup> Interview, Marina Pisklakova, Moscow Crisis Center for Women, Washington, D.C., April 10, 1997.

<sup>212</sup> Interview, Yelena Potapova, Moscow Crisis Center for Women, April 23, 1996.

<sup>213</sup> Interview, Olga Shestakova, Nizhni Tagil, May 8, 1996.

<sup>214</sup> Interview, Natalia Tashinova, counselor, Nizhni Tagil Center "Lana," Nizhni Tagil, May 7, 1996.



format.<sup>215</sup> She said that women should always prepare two copies of the complaint: one for the police and one for herself, or else she will never be able to follow up on the case.

Even substantial evidence does not guarantee a report's acceptance. A thirty-six-year-old woman, T.A., who had been beaten regularly by her husband over their five years of marriage, told Human Rights Watch:

Last year [1995] in April, when I told [my husband] I was going to divorce him, he broke both my thumbs. He held me down on the bed and tried to rape me. He was holding me down by the thumbs and they broke when I was trying to get away.<sup>216</sup>

Because T.A. is a dentist, she was unable to work for two months while her thumbs were in a cast. When she contacted the police, they told her that it was a family fight and, if she did not have witnesses, she should file for divorce. Subsequent to her divorce, when she reported her ex-husband's continuing threats, the investigator told her, "He did not murder you" and refused to accept her complaint. Vinogradova told Human Rights Watch about a woman who collected from her neighbors written statements about her husband's abuse of her. In addition, she obtained a medical report of her injuries from a private clinic. When she first brought these documents to the police, the police officer refused them because they were not legal documents. Through her persistence, the police eventually accepted her report.

Even when police are sympathetic to the problem of domestic violence, they are reluctant to help. One woman called a crisis center in Moscow and said she had been repeatedly beaten by her husband, who over the years had broken her teeth and cut her eyebrow.<sup>217</sup> The hotline counselor suggested she speak with her local police officer and find out if he would be willing to accept her report. Although she found the police officer supportive, he did not start a criminal case until the husband also beat the woman's aunt.

At times, the police have offered to take the husband to jail and beat him, rather than charge him with a crime. Potapova told Human Rights Watch of a woman who called the police and asked them to come over because she and her two children had locked themselves into a room and her husband was trying to break the door down. He had beaten her several times in the past. When the police arrived, they offered to arrest the husband and beat him at the police station in such a way that he would never beat her again. The woman refused. She contacted the Moscow Crisis Center for Women because she wanted to prevent her husband from beating her without having him arrested. In the absence of a civil protection regime—which would allow a woman to procure restraining orders against those who are threatening her with violence<sup>218</sup>—and given the unavailability of alternative shelter, the only option that the Moscow Crisis Center could offer was a personal safety plan for her, which set out safe places for her to stay and people she could contact in case of further violence.

When police do take action against domestic violence, it is usually delayed and inadequate. Vinogradova told Human Rights Watch about a forty-four-year-old woman whose husband was placed on six months of

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<sup>215</sup> Interview, Irina Paikova, attorney, Murmansk Crisis Center, Murmansk, May 5, 1996.

<sup>216</sup> Interview, T.A., St. Petersburg, April 29, 1996.

<sup>217</sup> Yelena Potapova, Moscow Crisis Center for Women, Moscow, April 23, 1996.

<sup>218</sup> Under a civil protection scheme, a person who is facing violence from a family member or intimate parties may, on her own initiative without police support, get a legally enforceable order from a court that prohibits her batterer from, *inter alia*, beating, threatening, or contacting her. Violations of such an order may result in criminal penalties.



probation—his only penalty—at least twice for beating her.<sup>219</sup> Notwithstanding this supervision, his beatings of her became increasingly severe. Nonetheless, the police responded to her persistent attempts to report her husband's violence with sympathy toward her husband. The police told her, "It is no accident he is beating you, because you must be so hard to live with."<sup>220</sup> Ultimately, the police pursued the case and he was sentenced to a year in prison. In another case, recounted by Vinogradova, a woman lived with a man who beat her. She owned the apartment, and he did not have a propiska, an official residential permit, to live there. The woman contacted her district police office seven times about the abuse, but it never accepted her complaint. When she called the city police office, an officer came to her apartment and spoke to the man about his abuse but refused to accept her report or arrest the man. Only after he beat her so severely that he broke her ribs and she was hospitalized did the police act. He was convicted and sentenced to a month and a half of probation.

The police have arrested batterers, held them overnight, and released them without charge them in the morning; the men then have attacked their wives again. Those attacks often are quite vicious, as punishment for contacting the police. A woman in Murmansk, S.P., who had been beaten by her husband for over twenty years, and is now lame from the beatings, told us that she would go to the police every few months and report her husband's beatings and threats. The police repeatedly came to the house, detained him overnight, and released him in the morning. According to S.P., "The police never keep him for more than one night. Just for twelve hours." She continued, "When he comes back, I must apologize or else he will beat me again."<sup>221</sup> She said, "I haven't gone to the police in one year because there's no use in it. I have tried to remove all the knives, but when he gets drunk he still beats me." In another case, in Sergeyev Posad, after a wife was beaten three times by her husband, she went to the police, and they arrested him.<sup>222</sup> An hour after the arrest, the police released him, and he beat her even more severely. The police did not give her a reason for releasing him. The woman reported to the Sergeyev Posad Family Center that although the battering continues, she no longer seeks or expects help from the police.

In some instances, women who are unable to get police protection murder their batterers. Inna Veigardt, a psychologist at a women's prison outside of Nizhni Tagil, told us that women imprisoned for murdering their batterers constituted about 10 percent of her patients. According to Veigardt, these women had been unable to get any help from the police and believed it useless to seek such assistance.<sup>223</sup> Even more troubling was the fact that when these women killed their batterers, they were often unable to present evidence about the battering at their murder trials because testimony from witnesses was required in order to offer evidence of previous abuse.<sup>224</sup> A journalist in Murmansk also told Human Rights Watch of a woman who was battered for two years until she killed her husband.<sup>225</sup> She was unable to report to the police because her husband's mother worked for the police. According to the journalist, the man's first wife had tried several times to file reports with the police, but had been unable to do so.

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<sup>219</sup> Interview, Nina Vinogradova, Nizhni Tagil Center "Lana," Nizhni Tagil, May 8, 1996.

<sup>220</sup> Ibid.

<sup>221</sup> Interview, S.P., Murmansk, May 6, 1996.

<sup>222</sup> Interview, Larisa Voytkova, Family Center, Sergeyev Posad, April 26, 1996.

<sup>223</sup> Inna Veigardt, psychologist, women's prison, Nizhni Tagil, May 8, 1996.

<sup>224</sup> There are rarely any witnesses to domestic assault, and even if there were witnesses, as mentioned above, people in Russia are very reluctant to testify in court.

<sup>225</sup> Interview, journalist, Murmansk, May 6, 1996.



Women who are married to police officers may have a particularly difficult time getting police intervention in domestic violence cases. Potapova of the Moscow Crisis Center told Human Rights Watch of one case in which the wife of a high-ranking police officer suffered violence for fifteen years. The wife contacted the Moscow crisis center, ANNA, after he broke two of her ribs.<sup>226</sup> He also threatened to get her evicted from Moscow through using his official position to revoke her official residence permit. She felt that she could not go to the police because he was the supervisor of the local station. He told her that if she went to the police, whatever she said would be used against her. Marina Pisklakova, executive director of the Moscow Crisis Center for Women, told us, "Many wives of police and military officers call my hotline. They are a special group, because it is almost impossible for them to get help."<sup>227</sup> Pisklakova is advising a police officer's wife with two sons. According to Pisklakova, "Her husband is a police officer in her district, so it is very hard for her to get help. When the police come to the house, they are her husband's friends. And he tells them that . . . they are just wasting their time."<sup>228</sup> Although the woman called the police several times and tried to call the city police, she was unable to get protection. The police arrested the husband only once, after he had harassed the officers. But even then, they released him once they arrived at the police station.

Police argue that they are reluctant to accept complaints of domestic violence because many women withdraw such reports. Many women who have suffered beatings by their husbands have told us that the police refused to come to their house unless they promised to press charges.<sup>229</sup> According to a police officer in Murmansk, 70 percent of women filing domestic violence reports later withdraw them.<sup>230</sup> But this officer did state that the police would keep a record of this family as a family at risk, and that eventually the state could prosecute under Article 113, the criminal code article covering bodily harm brought on by the victim's conduct. Although women frequently do withdraw reports of domestic assault several times before being emotionally and financially prepared to pursue a complaint, that is not a legitimate reason to reject women's reports of domestic abuse.<sup>231</sup> Further, our interviews indicate that the police have decided that domestic abuse is not an important enough crime to command already scarce resources. According to Potapova, "Police tell us that they have many cases of murder and burglary, so they cannot bother with the women."<sup>232</sup>

Our interviews also indicated that Russian law enforcement views on marriage and marital roles strongly influence their reluctance to punish domestic abuse. For example, although the police are generally more likely to respond to sexual violence outside the home than to domestic assault, law enforcement officials with whom we spoke told us that marital rape, which is criminalized under Russian law, is rarely prosecuted. A prosecutor in St. Petersburg told Human Rights Watch that her office does not release men arrested for sexual violence on bail, except

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<sup>226</sup> Interview, Yelena Potapova, Moscow Crisis Center for Women, April 23, 1996.

<sup>227</sup> Interview, Marina Pisklakova, Moscow Crisis Center for Women, April 10, 1997.

<sup>228</sup> Ibid.

<sup>229</sup> Interview, Yelena Potapova, Moscow Crisis Center for Women, April 23, 1996.

<sup>230</sup> Interview, Irina Semenistina, police officer, Murmansk, May 5, 1996.

<sup>231</sup> Some women also withdraw reports because of harassment by their husbands or partners. A woman in Murmansk, for example, told us about her daughter who was severely beaten and raped by her husband after she left him and moved in with her mother. Her daughter's medical exam indicated that she had been severely bruised and had suffered damage to her kidneys. After she filed a report, her husband told her he would kill her if she pursued a complaint. When she informed the investigator of the threat, he told her he would be unable to protect her, so she withdrew her complaint. Interview, Murmansk, May 1996.

<sup>232</sup> Interview, Yelena Potapova, Moscow Crisis Center for Women, April 23, 1996.



in cases of marital rape.<sup>233</sup> In addition, according to a prosecutor, Yelena Stepanova, in the Krasnoselsk region, a suburb of St. Petersburg, her office will start domestic violence cases only when husband and wife are divorced or separated.<sup>234</sup> Nikolaevna also told us that she would take subsequent marriage between the complainant and the accused into account when determining the penalty.<sup>235</sup>

This attitude toward marriage and family life also affects how law enforcement agents view the credibility of women who report domestic violence. Olga Samarina, an official in the Ministry of Labor and Social Protection who had expressed frustration with the nonprosecution of rape complaints, nonetheless subscribed to the notion that a "victim can provoke violence," in domestic situations.<sup>236</sup> Stepanova further told us that it was the responsibility of law enforcement officials to protect the rights of men because women have too much power. When asked what percentage of women reported violence to the police, Stepanova told us that only delicate intellectual women who were mentally disturbed would not report violence. According to Stepanova, Russian women were strong and would file a report, and then withdraw if they got a sufficient bribe.<sup>237</sup>

### **Lack of Civil Remedies**

As noted above, criminal sanctions are the only legal protection available to battered women. Despite requests from women's rights groups, neither the Russian federal government nor any municipalities we visited provides a civil protection regime for victims of domestic violence, and none is provided by the draft family violence code. In addition, as described above, most women are unprotected by criminal sanctions because police frequently reject reports of such abuse. The police's failure to act has particularly harsh consequences for Russian women because, without an adequate civil option, they have no other means of seeking protection. They are thus left at the mercy of their batterers.

Even if Russian law enforcement officials diligently applied criminal sanctions to domestic assault, a civil protection regime would still offer critical protection to domestic violence victims. Many women hesitate to file complaints against their husbands for reasons other than police inaction. The terrible conditions in Russian jails, for example, discourage women from filing complaints against their husbands and/or fathers of their children. Many women, who are dependent on their husbands' incomes in part because of continuing employment discrimination, also fear the loss of economic support due to incarceration. Any money for criminal fines, moreover, comes from the family budget.

A civil protection regime, either federal or regional, would allow a person experiencing violence at the hands of a family member or person with whom she has an intimate relationship to get a legally enforceable order from a court based upon medical records and oral testimony, without any police help and with a lower standard of evidence than criminal charges. Such an order could prohibit the batterer from, *inter alia*, beating, threatening or contacting her and her children. It could also require that an allowance be subtracted directly from the batterer's wages and given to his dependents. This order would be enforced by the police, and violations could be subject to criminal penalties. A woman would thus be able to secure protection for herself and her family without relying on the police or prosecutors for initial action, jeopardizing her economic support, or choosing to put a husband or partner in prison. The creation of such a regime would be an important step in preventing women from being beaten by intimate

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<sup>233</sup> Interview, Tatyana Nikolaeva, prosecutor, St. Petersburg, April 30, 1996.

<sup>234</sup> Interview, Yelena Stepanova, prosecutor, Krasnosels region, April 30, 1996.

<sup>235</sup> Interview, Tatyana Nikolaeva, prosecutor, St. Petersburg, April 30, 1996.

<sup>236</sup> Interview, Olga Samarina, Moscow, May 8, 1996.

<sup>237</sup> Interview, Yelena Stepanova, prosecutor, Krasnosels region, April 30, 1996.



partners. The effectiveness of the regime, of course, would still rely on the police's diligence in enforcing the orders and the willingness of judicial officers to issue them.

In 1997 Russian women began to pursue civil cases for damages against their batterers. This trend is mostly the result of women's rights groups training interested attorneys to represent battered women.<sup>238</sup> One case that went to court in April 1997 involved a divorced woman with three children who still lived in a three-room apartment with her ex-husband. Although he had consistently abused her in the past, the police refused to press charges against him. However, when he struck his fourteen-year-old son in the chest, she sued him for thirty million rubles in damages (U.S.\$5200). The court fined him four million rubles (U.S.\$693), which the defendant paid to the court, not the plaintiff. Although this is a welcome additional tool to fight domestic violence, going to court in these cases is not only difficult in terms of getting legal representation but also because settling issues in court in Russia is considered shameful.

### **Lack of Shelter**

*I have never seen a battered woman without a housing problem.*

*-Lyudmilla Yaklontova*

*Psychological Crisis Center for Women*

*St. Petersburg, April 29, 1996*

The lack of battered women's shelters and permanent housing options in Russia significantly exacerbates the problem of domestic violence. The difficulty, and sometimes impossibility, of finding safe places to live means that many women are unable to flee situations of abuse. Women's rights activists in St. Petersburg, Nizhni Tagil, and Murmansk related many accounts of women forced by circumstance to live with their batterers and remain in situations of physical endangerment. Olga Smotrina of Nizhni Tagil, for example, told Human Rights Watch about a divorced woman who still lives in the same apartment with her batterer ex-husband because he refuses to divide the apartment; he continues to beat her on a regular basis. According to Smotrina, when she told the woman to go to the police, the woman replied, "Of course I went to the police, but they just laughed at me."<sup>239</sup> Frustrated in their efforts to secure safe shelter and thereby protect themselves and their families from their batterers, women throughout Russia remain vulnerable and at risk to continued violence within the home.

The most immediate housing problem for victims of domestic violence is the absence of safe places that they may flee to in life-threatening emergency situations. Many battered women and their families cannot seek shelter with friends and relatives, who, due to a severe housing shortage, often already live in overcrowded apartments. Most of the women have no other options. As of May 1997, there were only two shelters for battered women in Russia, one in St. Petersburg and the other in Langepas, a town of 200,000 persons in western Siberia 2,000 kilometers from Moscow.<sup>240</sup> There were no shelters in Moscow. Although shelters are not a permanent housing solution for domestic violence victims, they provide a crucial resource for women facing immediate situations of danger at home.

Because subsidized housing is so scarce and the cost of rent is very high relative to Russian salaries, it currently is almost impossible to establish a shelter without financial and logistical support from the government. Russian federal and local governments, however, have been slow to provide such support. According to Marina

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<sup>238</sup> Interview, Yelena Potapova, Moscow Crisis Center for Women, Moscow, May 9, 1997.

<sup>239</sup> Interview, Olga Smotrina, Nizhni Tagil, May 7, 1996.

<sup>240</sup> Genine Babakian, "At Long Last, a Shelter for Women," *Moscow Times*, March 8, 1996, p. 1.



Aristova, for example, she and her colleagues began trying to establish the St. Petersburg shelter in 1992, and for two years their interaction with the mayor's office ranged from minor to major bureaucratic blockage. Originally the city offered a list of ten potential locations for the shelter, all of which were occupied at that time. The city did not offer their current space, which still requires substantial renovation, until September 1995. Aristova told us, "Now we have space, but no money."<sup>241</sup> The shelter is responsible for paying for rent, water, and heating. Marina Pisklakova, the executive director of the Moscow Crisis Center for Women, has been trying to open a shelter for battered women in Moscow for several years.<sup>242</sup> She found a space in 1995 in a former kindergarten that was offered rent-free by the local government. City officials, however, then demanded rent that the Center could not afford. She remains hopeful that the shelter will be established because funding for renovations has been offered by several European governments. Operating expenses, however, remain unfunded. As of June 1997, Pisklakova was still searching for a space.

Victims of domestic violence encounter difficulties securing not only temporary shelters in emergency situations but also permanent housing solutions. The overwhelming majority of urban Russians reside in apartments provided free by the government during the Soviet era.<sup>243</sup> Typically overcrowded, approximately 20 percent of the apartments in St. Petersburg are communal or shared by two or more families.<sup>244</sup> During the Soviet era, people waited for years for government apartments; the current Russian budget crisis and the resultant sharp decline in public spending has led to an even longer wait for subsidized housing. Because of the tremendous shortage of housing and the restricted ability to relocate under the propiska, or official residence permit, system,<sup>245</sup> many battered women continue living with their batterers, even after they have divorced and remarried.

Housing remedies purportedly available under Russian law that appear useful to domestic violence victims prove illusory.<sup>246</sup> Under Article 98 of the housing code, a tenant in a state-owned apartment may be evicted when

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<sup>241</sup> Interview, Marina Aristova, St. Petersburg, April 30, 1996.

<sup>242</sup> Genine Babakian, *Moscow Times*, October 7, 1995.

<sup>243</sup> Article 40 of the constitution of the Russian Federation, passed in 1993, guarantees a right to housing. Article 40 provides:

- (1) Everyone shall have the right to a home. No one may be arbitrarily deprived of a home.
- (2) State bodies and organs of local self-government shall encourage home construction and create conditions for the realization of the right to a home.
- (3) Low-income or other citizens, as defined by law, who are need of housing shall be housed free of charge or for affordable pay from municipal or other housing stocks in accordance with norms proscribed by law.

<sup>244</sup> According to the 1989 census, 6.8 percent of all Russians lived in communal apartments, with 8.7 percent of all urban Russians living in communal apartments. Current estimates indicate that communal apartments house 8 to 10 percent of Muscovites and approximately 20 percent of St. Petersburg residents.

<sup>245</sup> Under the propiska system, all Russian residents must carry an internal passport that conveys a stamp stating where they legally live. In 1991 the USSR Constitutional Court ruled that these restrictions on movement violate international protections, and these restrictions were formally revoked throughout the Russian Federation on July 17, 1995. But, authorities in large urban areas have perpetuated a *de facto* shadow residence permit regime that is at least as restrictive and punitive as its predecessor. For an evaluation of the propiska system, see Human Rights Watch/Helsinki, "Moscow: Open Season, Closed City," *A Human Rights Watch Short Report*, vol 9, no. 10(d), September 1997, pp. 7-11.

<sup>246</sup> The special rapporteur on violence against women has emphasized the importance of providing access to alternative housing when crafting effective measures to prevent domestic violence. She has recommended that states adopt "provisions for the removal of the abuser from the shared home and allow the victim-survivor to retain her present housing, at least until formal



it is impossible to live in the same apartment with that individual and all warning measures and community actions have not improved that person's behavior. Although the government has applied this provision to evict tenants in some situations, its application has been limited, and rarely has it been invoked on behalf of battered women.

Although the language of this law clearly could apply to situations of family violence, it was drafted to provide an out for people living in communal apartments with abusive individuals not related to them and has not, to our knowledge, been interpreted to apply to domestic violence situations.

Another potential remedy under Russian law that could be helpful to domestic violence victims is division of the apartment. A government-provided apartment may be divided voluntarily or pursuant to a court order by its occupants, who would create two apartments of half the size of the original apartment. Yet this rarely occurs, because of cost and complexity.<sup>247</sup> Even when the procedure is undertaken voluntarily, it is an extremely complicated and time-consuming process to divide an apartment through government channels. Private services that facilitate apartment divisions, moreover, usually charge high fees.<sup>248</sup>

Victims of domestic violence living in municipal apartments granted to employees of certain state organizations, such as the police, are even worse off: these apartments may not be split. Yaklontova of the St. Petersburg Crisis Center for Women told us about a woman whose ex-husband, a police officer, continued to live in the apartment with her and their son. He beat her constantly, threatened her, and broke household items. She reported to the police several times but never filed an official report. According to Yaklontova, "She was worried that if her husband were sent to jail then she would lose the apartment. She was not persistent with the police because of the apartment. I think if she was, her reports would have been accepted."<sup>249</sup> Because of her fears for the safety of herself and her child, the woman is now living in a room in a boarding house.

Because Russian law does not provide for the eviction of violent persons from private apartments, the privatization of Russia's housing market further weakens women's ability to protect themselves.<sup>250</sup> If both partners lease or own an apartment, neither may be evicted absent an order from the housing court. If only one partner owns or officially leases an apartment, however, the official lessee may evict his or her partner from the apartment: as apartments are usually in the man's name, a woman is more likely to be forced to leave.<sup>251</sup> Even if a woman individually owns an apartment, it may be difficult for her to evict a batterer. Vinogradova told Human Rights Watch about a woman in Nizhni Tagil who owned her apartment. Her partner, who was regularly beating her, had no legal

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and final separation is achieved." Report Submitted by the Special Rapporteur on Violence Against Women, Its Causes and Consequences, U.N. Document E/CN.4/1996/53, February 5, 1996, p. 39.

<sup>247</sup> Interview, Lyudmilla Yaklontova, attorney, St. Petersburg Psychological Crisis Center for Women, St. Petersburg, April 29, 1996.

<sup>248</sup> Ibid.

<sup>249</sup> Interview, Lyudmilla Yaklontova, Psychological Crisis Center for Women, April 29, 1996.

<sup>250</sup> As of February 1996, 36 percent of apartments in Russia were privatized. In the places we visited the numbers were: Moscow, 41 percent; St. Petersburg, 29 percent; Murmansk province, 37 percent; and Sverdlosk province, 39 percent. Goskomstat Rossii, *Sotsial'naya sfera Rossi, Statisticheskii Sbornik (The Social Sphere in Russia: A Statistical Handbook)* (Moscow: 1996), pp. 149-50.

<sup>251</sup> Interview, Zinaida Batrakova, prosecutor, Moscow, April 22, 1996.



interest in the apartment and no propiska.<sup>252</sup> Even after he was convicted for breaking her ribs, he was permitted by the police to spend his month and a half sentence in the apartment. He continued to beat her, but the police neither arrested him nor removed him from the apartment.

## INTERNATIONAL RESPONSE

### U.S. Policy

Since her appointment, Secretary of State Madeleine Albright has emphasized that promoting human rights and, in particular, combatting violence and discrimination against women are pillars of U.S. foreign policy. In the case of Russia, this commitment has been translated into an initial and potentially significant—though currently small-scale—effort to use U.S. assistance to Russian law enforcement to improve the latter's biased and obstructive response to violence against women.

In September 1996, the U.S. Congress directed that \$1 million be made available by the U.S. Department of State to support efforts by Russian health and law enforcement officials to combat violence against women. Both the U.S. Agency for International Development (USAID) and the State Department have initiated projects.

The State Department Bureau of International Narcotics and Law Enforcement Matters (INL), responsible for providing technical support to Russian law enforcement, first turned its attention to violence against women with an April 1997 seminar on organized crime and the "exploitation" of women and children. Although it allowed Russian NGOs to present U.S. and Russian officials with their concerns, the seminar wholly avoided confronting government responsibility for mistreating and ignoring female victims of violence. Since then, however, INL has supported a pilot program to train Russian police and law enforcement in the importance of and ways to respond appropriately and effectively to violence against women. Model programs in Moscow and Nizhny Novgorod are working to bring local women's crisis centers into a program that targets federal and regional government officials, police, judges, and prosecutors for improving the treatment of female violence victims. Also in 1997, John Shattuck, deputy assistant secretary of state for democracy, human rights, and labor, expressed concern over the extent of and lack of response to violence against women in Russia in bilateral meetings with his Russian counterpart, Teymuraz Ramashvili. Ramashvili dismissed the problem in a meeting with U.S.-based NGOs and asserted that Russian women are well protected by law. However, in late 1997, Ramashvili offered to host a 1998 Moscow conference on violence against women.

USAID funds training for lawyers working with crisis centers in Moscow, St. Petersburg, Murmansk, and Saratov on ways to combat violence against women through the legal system. The training emphasizes both how to use extant laws to provide victims with redress and how to initiate and implement legal reform. USAID is also supporting an analysis by the Moscow Center for Gender Studies to assess the impact of Russian laws on employment, reproductive rights, mass media, and migration on respect for women's rights. Attempting to respond to women's long-ignored health needs, USAID supports women's wellness centers at twelve Russian hospitals. The centers provide, among other things, clinical and counseling services to improve the diagnosis and care of female victims of violence.

In late 1997, Congress expressed its intent again to target a portion of INL's money for Russia toward improving the response to violence against women. This continued prompting by Congress has forced the State Department to begin incorporating concern for women's human rights into its assistance to Russian law enforcement. These resources, however, are still limited and have done little to change high-level indifference to the brutality Russian women endure without recourse.

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<sup>252</sup> Interview, Nina Vinogradova, Nizhni Tagil Center "Lana," Nizhni Tagil, May 8, 1996.



## European Policy

In October 1997, the Organization for Security and Cooperation in Europe (OSCE) held its first-ever seminar on the promotion of women's participation in society. Member states that participated in this seminar identified a wide range of concerns—from widespread employment discrimination based on sex to trafficking of women and girls to violence against women in conflict situations—almost none of which have been addressed by OSCE activities. If the OSCE is to promote effectively the status and rights of women in the region, it must move beyond preparing a seminar report. OSCE member states began in late 1997 to debate ways to ensure the integration of women's human rights into OSCE operations and policy decisions. A key proposal would establish a high-level coordinator, based in Vienna, with a mandate to ensure that women's human rights are incorporated into all relevant OSCE operations.

## CONCLUSION

*Things are starting to change [for women who experience violence] in that there are hotlines, support groups and women who understand them and are willing to listen. But I haven't seen a change in the government. If anything had changed, they would set up shelters and clinics.*

*-Lola Karimova*

*Syostri, Moscow, April 22, 1996*

Violence against women in Russia continues to be an enormous problem that Russian law enforcement appears to be uninterested in addressing. Russian law enforcement places significant obstacles and disincentives in the path of women seeking to report, and the Russian government, while having made several welcome statements about fulfilling its obligation to provide women equal protection of its laws through combatting violence against women, has yet to make substantive changes in how law enforcement deals with such abuse. Most important, the government has failed to demonstrate that it will prosecute sexual violence diligently or that domestic violence is a criminal act that will be punished accordingly.

The current process of filing and pursuing claims of domestic and sexual violence includes so many obstacles and disincentives for women that it effectively denies them their right to equal protection. The government has issued declarations against such violence and has begun to communicate with nongovernmental organizations, especially the crisis centers, that work on this issue. But, to our knowledge, all its recent efforts in prevention appear to be entirely concentrated in the Ministry of Labor and Social Protection rather than the Ministry of the Interior, which is responsible for enforcing the criminal laws. In order for the Russian government to "ensure" women's human rights as it is required to do under the ICCPR and CEDAW, it must reform the investigatory process to provide women equal protection of the law and to protect the human rights of victims. In particular, the collection of medical evidence needs to be facilitated, and law enforcement has to be trained in effectively investigating violence against women. Although the government has already begun that process, it now must follow through and continue its cooperation with the crisis centers, which at this time are the only organizations helping women navigate the obstacle course they face to pursue a claim of violence successfully.



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Its Women's Rights Project was established in 1990 to monitor violence against women and gender discrimination throughout the world. Dorothy Q. Thomas is the director; Regan E. Ralph is the Washington director; Samya Burney, LaShawn R. Jefferson, and Chirumbidzo Mabuwa are research associates; and Evelyn Miah and Kerry McArthur are the associates. Kathleen Peratis is chair of the advisory committee and Nahid Toubia is the vice chair.

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