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ORIGINAL ARTICLE

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Abstract

This article explores how the Russian state exercises power over international migrants by continuing a 1995 ban on residence for HIV-positive foreigners. International migrants look for work in Russia, the largest host country for migration in the region of East Europe and Central Asia. I conducted qualitative interviews with service providers and health experts and analyzed cases in the database of a Moscow-based non-governmental organization (NGO) where HIV-positive international migrants seek HIV care. To secure permits to work and reside in Russia, they must prove HIV-negative status. I explored how Russia created legal uncertainty for those who are HIV-positive due to lack of legal employment and irregular residence status. I also explain how difficult it is to obtain antiretroviral treatment or other health services for HIV-positive migrants, and discuss epidemiologic, economic, and social implications of the Russian HIV residence ban in the light of the Russian migration policy.

Keywords Immigration · Migration policy · Undocumented migrants · HIV-positive · Residence ban · Russia

Introduction

An overwhelming majority of international labor migrants come to Russia from neighboring countries of East Europe and Central Asia such as Ukraine, Moldova, Armenia, Uzbekistan, Tajikistan, and Kyrgyzstan; all of these countries have visa-free agreements with Russia [1]. Russia placed fourth among top destinations for immigration in 2019 after the United States, Germany, and Saudi Arabia [2]. Given low fertility and a prolonged decline in the number of economically active citizens over the last two decades, Russia has become increasingly dependent on

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international labor migrants; they contributed 6.4% of the Russian gross domestic product (GDP) in 2017 and this share is estimated to grow in the years to come [3, 4].

International immigrants must prove HIV-negative status as a condition of eligibility to apply for a residence permit. If an international migrant is diagnosed as HIV-positive, that person will not be granted permission to work and legally stay; instead such HIV-positive immigrants are subject to deportation. Hence, people living with HIV who plan migration either submit fake-negative result certificates or remain in 'irregular' status, that is, without a work permit and confined to work outside the formal economy, and in fear of deportation [5]. As Foucault formulated it, "the existence of a legal prohibition creates around it a field of illegal practices" [6].

Regulations related to work permits and registration lack clarity and are subject to frequent changes. Thus, many migrant workers persist in a state of legal uncertainty. They are 'illegal' but tolerated [7]. Many seek and some obtain medical care, but the arrangements are often not stable. As a result, undocumented migrants often remain silent and submissive [8, 9], and socially excluded; they face multiple barriers to attaining health services [10–12].

Ethnicity, gender, class, and nationality play crucial roles in individuals' susceptibility to HIV and success HIV-positive migrants in obtaining appropriate care. Several studies also demonstrate that HIV-positive migrants are subjected to stigma and discrimination in healthcare settings [13, 14].

Entry and residence restrictions for people living with HIV/AIDS have been debated among politicians, public health officials, and experts since the early days of the epidemic. In the past, many countries of the world, including the United States, China, have justified restrictions on the basis of epidemiologic control; that is, as a means to reduce incidence, prevalence, morbidity, or mortality of an infectious disease to a locally acceptable level. They also justified those restrictions with arguments about economic burden: permitting HIV-positive people to reside legally in a country might imply economic responsibility of the host country to provide antiretroviral treatment to migrants with HIV.

HIV entry or residence bans failed to protect domestic populations; instead, they posed a serious threat to HIV prevention and treatment [15] because deportation mechanisms seldom worked effectively. This left many HIV-positive, undocumented migrants in the host country with no antiretroviral treatment. Their viral loads remained high, their health deteriorated, and they posed risks to other people during unprotected sexual intercourse. In 2016, member states of the United Nations signed an agreement to eliminate HIV-related travel restrictions [15]. HIV travel and residence bans violated the rights of people with HIV to health, privacy, equality, and non-discrimination [16].

In 2019, 48 countries still had some form of HIV-related travel restriction, and 19 countries had rules that either required or permitted deportation of HIV-positive international migrants. In the last decade many countries liberalized their rules about entry and residence of migrants with HIV [15], but not Russia. Russia, and 18 other countries (including Egypt, Malaysia, Sudan, Turkmenistan, and the United Arab Emirates) still deport non-nationals based on HIV status or leave them to reside without permission as 'undocumented'.

Russia introduced its HIV residence ban in 1995 [17] when this infectious disease posed a deadly threat. At that time, the HIV prevalence rate in Russia was below 0.1 cases per 100,000 [18]. Now in 2020, 20 years after the HIV outbreak in the post-Soviet region, the characteristics the HIV/AIDS look quite different. HIV/AIDS no longer leads inevitably to death, so long as HIV-positive individuals obtain, and adhere to antiretroviral therapy [19]. One can live a long and healthy. Also, in 2019, Russia had the highest burden of the HIV epidemic in the East Europe and Central Asia region–with estimates that over 1% of its population was HIV-positive [18]. Central Asian countries had 5–6 times lower prevalence rates the same year: Uzbekistan—0.16%, Tajikistan—0.3%, Kyrgyzstan—0.2%, Moldova—0.2% of the adult population [18].

Migrants with HIV are a small part of a larger group of labor migrants in Russia. In 2018 the Ministry of Interior of Russia estimated their number at 10 million, including 2 million undocumented migrants [20]. Most international migrants are seasonal workers who spend on average 10 months per year in Russia; they visit their families in the home country once or twice a year [8, 9]. Many issues complicate the lives of these migrants in Russia but the only reason that assures the impossibility of obtaining a legal residence permit is HIV-positive status.

There are no complete national statistics on incidence or prevalence of HIV among international migrants in Russia. Data are limited to migrants from countries outside the Eurasian Economic Union [21] as the obligation to take an HIV test applies only to this group. Russia does not require migrants from Armenia, Belarus, Kazakhstan, Kyrgyzstan, and other countries within the Eurasian Economic Union countries to obtain residence permits.

This article addresses the question: Why does the Russian state maintain the HIV residence ban for international migrants? I analyze the epidemiologic, economic, and social implications of an HIV residence ban adopted in 1995 for international migrants in light of the Russian state approach to migration. By looking at the lives of different types of migrants, I identify barriers typical for people living with HIV, who, in spite of having an opportunity to obtain free antiretroviral treatment in their home countries, stay in Russia for years. By analyzing this example of health policy, I conceptualize how the state aims to control and exclude certain types of migrants and so define tenets of migration policy [7, 8].

Methods

In 2015–2016, I conducted 30 semi-structured interviews with doctors, nurses, clinic administrators, pharmacists, and informal helpers in Moscow who provided medical care or advice to Central Asian migrants. This study provided an entry point for learning about barriers migrants encounter and strategies they use to seek any type of health services.

In 2017, I interviewed 20 labor migrants from Central Asia who were living in Russia to learn about the barriers to obtaining health services, perceptions of their own health status, and their strategies to overcome the barriers to health services. Also in 2017–2018, I interviewed 10 healthcare experts and civil society activists from leading

HIV organizations in East Europe and Central Asia from 'sending countries' (to Russia from Tajikistan—2, Kyrgyzstan—2, Uzbekistan—1, and Armenia—1), and from 'receiving countries' (Russia—2, and Kazakhstan—2). I used a semi-structured interview approach to learn what barriers international migrants encountered and what strategies they used to overcome the barriers to obtaining medical services and to finding a source and means to receive medication in the receiving country. I recruited participants using a combination of purposive and snowball sampling techniques [22]. I conducted all the interviews in 2015–2018 in Russian. Each a lasted 45 to 90 min. I audio-recorded all interviews with the consent of participants and transcribed them verbatim.

I also analyzed 15 client case files from a database of the Russian, Moscow-based Steps Foundation, an HIV service civil society organization. These client files pertain to HIV-positive migrants living in Russia with irregular work and residence status obtained get psychosocial and medical support at the Foundation's community center. These are written narratives composed in 2017–2019 by a case manager that depict individual life experiences, barriers to medical and psychosocial care the migrant clients face, and indicate services provided at the community center. The consultants deleted migrants' names and personal medical data before sharing the case files with me. I adhered to the BSA Statement of Ethical Practice when planning research, conducting fieldwork, analyzing, storing, and presenting data [23].

I analyzed the transcripts of interviews and the client cases to identify meaningful units and themes as a basis to conceptualize participants' perceptions, opinions, and legal barriers limiting migrants' success in obtaining HIV care. I used phenomenological analysis [24]—an approach to analyze qualitative data that allows the researcher to interpret phenomena, experiences of personal significance—to guide selection of three main themes. I conducted data analysis using the original Russian texts and translated illustrative quotes into English for this paper. Finally, I triangulated the findings with a literature review and the thematic analysis. I discussed the themes that emerged from data with several anthropologists and sociologists and gathered feedback from civil society and community experts in civil society healthcare organizations to check if these themes were consistent with their empirical data.

Results

I present the results in relation to the major themes that emerged from reviewing my research data: 1. Stigma, fear of deportation, and little information keep HIV-positive international migrants in Russia for many years; 2. Persisting legal uncertainty: not providing a residence permit to migrants with HIV living in Russia, and 3. Migrants' partners and the regional spread of HIV as the consequence of not addressing the needs of HIV-positive migrants in Russia.

Stigma, fear of deportation, and little information

In spite of living with HIV in Russia with no antiretroviral treatment provided, many migrants with HIV remain in the country for many years. Factors that lead them to

stay include lack of information about HIV, stigma, and fear that their HIV status would be revealed to family and community in their home countries. I found that the health status of these migrants working in Russia deteriorated, and they stayed on even though they were eligible for available and free antiretroviral treatment in their home countries. In the former-countries of the Union of Soviet Socialist Republics (USSR) where most of Russia's labor migrants originate, HIV care and treatment are provided by national governments free of charge for the patients.

Migrants fear about returning home is often exacerbated by the absence of a referral system between Russia and sending countries. Little counseling is available. A community activist who provides social support for people living with HIV in Uzbekistan commented:

> This is a typical situation when migrants learn about their HIV status, have very little information and fear returning home where they can get life-saving [antiretroviral] therapy free of charge. This is where we can help. They do not need to go back to the family, one can receive treatment confidentially and avoid all the trouble. (female social worker from Uzbekistan, 39 years old).

Many migrants who have tested positive for HIV are shocked by the result. Post-test consultations are rarely provided—even though that is the moment when consultation is most needed. This group of HIV-positive migrants often preferred to stay in Russia, and some found the ways to obtain testing and antiretroviral therapy. An undocumented HIV-positive migrant from Uzbekistan living in Russia explained:

> Very quickly, information about the patient's HIV status reaches relatives, and the person experiences severe discrimination. Relatives begin to avoid you and treat you as an outcast (male migrant from Uzbekistan, 31 years old).

He remained in Russia undocumented and with without treatment. Even though he felt very ill at some point, he refused to call a doctor, fearing possible deportation. With the help of a Moscow-based Steps Foundation, he received antiretroviral therapy that was left over from treatment of other patients. Although the situation was not stable, the therapy allowed him to stabilize his health status and resume work. He had no plans to return to Uzbekistan soon, fearing inability to find work there and possible disclosure of his HIV status to his relatives and community.

The Russian government keeps international migrants with HIV in legal uncertainty, discriminated against, but actively participating in the economic life of the country. With no regular antiretroviral therapy, deteriorating health is a price these migrants pay for hope of a better life. Despite irregular work and residence status, some of them use informal means to obtain some antiretroviral therapy in Russia through civil society or transnational networks, but these arrangements were provisional and unstable.

Persisting legal uncertainty and discrimination

The only option available to legalize residence in Russia for migrants with HIV is to seek a permit under a family reunification scheme. Russian authorities

disapproved many such applications for migrants with HIV. They based disapprovals on the applicants' prior violations of administrative law. (This is the only option.)

> The Ministry of Internal Affairs is looking for any reason to deny migrants' rights by imposing fines, finding fault in overstaying in the country, etc. They do everything to refuse applications from HIV positive migrants who have a Russian family (a program coordinator from a Russian healthcare NGO).

A small number of migrants know about their positive HIV status prior to migration and use family members and community networks to obtain antiretroviral therapy from their home countries. However, as HIV-positive migrants are undocumented, this opportunity is not reliable.

> A female from Tajikistan was detained by the customs control at airport. She was carrying antiretroviral drugs for her relative in Russia. She was forced to admit that she was carrying the drugs for herself and she was deported from Russia on the same day on suspicion of being HIV positive herself (a community activist from Tajikistan talking about her client's case).

This is a perversion of the border control regulation, as one is allowed to carry medicines for personal non-commercial use, and in most situations, travelers are not questioned about medications for personal use. HIV-positive people are allowed to travel to Russia. Banning a traveler may only be imposed if that person had applied for a residence permit, and she had not. The only 'legal' decision would have applied to her HIV-positive international migrant relative in Russia—and only if it had been issued by the Russian Federal Health Surveillance Agency, not customs. Because there was no lawful basis for deportation in this case, the official exceeded his authority by ordering her deportation after suspecting she would be HIV-positive.

Migrants' partners and the regional spread of HIV

Infection of migrants with HIV causes other difficulties. Many return to their home countries when their health worsens. The risk of being stigmatized means they often do not divulge their HIV diagnosis to their partners—who are at high risk of exposure to the virus.

A female human rights activist addressed this issue from the geopolitical perspective: "It's related to gender. She [the wife] will have to accept what her husband has as she is dependent on him and she takes no decisions. This is a human right issue". Later she was hopeful that Russia will find a solution as "[Tajikistan] is situated in the geopolitical realm of Russia, and I assume that Russia would not like to lose its influence in the country" (female, human rights activist, Tajikistan).

When some undocumented, HIV-positive international migrants return to their home countries, their health has severely deteriorated. Their viral loads have risen to high levels for lack of antiretroviral therapy, they are highly infectious and thus are dangerous for their spouses or other sexual partners there.

Discussion

The first theme identified stigma, fear of deportation, and little information about HIV services that migrants with HIV typically have. People living with HIV face stigma and intense discrimination both in Russia and in their home countries. They may prefer to remain undocumented in the host society, trying to secure treatment through networks of relatives or friends from their home country, or they to live in limbo without treatment. Once the Russian government learns that a migrant is HIV-positive, each one is added to a list of those banned, for life, from re-entering Russia. Thus, migrants with HIV must make a difficult decision: either stay undocumented with no antiretroviral treatment in Russia but with better opportunities to provide for their families; or return to where they have the right to obtain HIV services but poor employment opportunities. Some have better economic opportunities than in their lower resource home countries (including Tajikistan, Uzbekistan, Kyrgyzstan, where those with HIV endure the most severe forms of stigma and discrimination [25].

The second theme—'Persisting legal uncertainty and discrimination' corroborates other studies that show migrants' vulnerability to negative decisions by state officials and police about living and working conditions and social entitlements [26]. Reeves [8] and Dave [27] demonstrated how states exercise power over migrants by creating a 'space of uncertainty' that promote corruption and exploitation. The current situation with HIV-positive migrants in Russia is a vivid example of that approach.

The third theme—'Migrants' partners and the regional spread of HIV' involves criminalization of HIV-positive migration in Russia, now a regional issue. Labor migrants are likely to contribute to acceleration of the HIV epidemic in their home countries, especially in Central Asia, the source of as many as half of labor migrants to the Russian Federation [28, 29]. According to the Russian statistics 85% of them are male. Most are married and young with female wives or partners in their home countries [30]. Females in Central Asia, most of whom have often never traveled abroad, become infected with HIV through unprotected sex their partners [25, 31].

Research shows that labor migrants in Russia play an important role in the daily economic life of large Russian cities. Many are also deeply engaged in the life of their home countries: they maintain connections, send remittances, develop diaspora institutions, and promote development projects in their home communities [9, 30, 32]. Both sending and receiving societies portray labor migrants as a young, busy, and healthy workforce [12]. This image relates to the so called "healthy migrant effect" [33]. It explains a societal perception that migrants rarely fall sick and very rarely see a doctor. Instead, migrants often deny illness, at least until an acute emergency condition forces them to seek medical care [12, 34, 35].

The Russian government and businesses benefit from migrants' contributions to the economy, but the Russian state provides almost no health services or other social protections. The state provides only emergency care—to keep these migrants working. Fear of deportation and legal uncertainty in Russia are

also common among migrants from other 'excluded' groups [12, 25, 27]. Russian media portray labor migrants as coming from settings where health care is poor, their apartments are crowded, they are prone to risky sexual behaviors, and to poor hygiene. This image bolsters an assumption that Russia needs to control migrants, to suspend certain legal rights to assure they remain largely invisible and submissive. Russia has chosen this approach, combining migrants' biologic and political vulnerabilities, a 'biopolitical' approach to manage labor migration [6, 36]. Several critics of such systematic exclusion of groups of migrants from healthcare label the practice 'necropolitics': where a state deems it for some appropriate to "let die" [37, 38].

The Russian government chooses not to collect information about the number of international migrants with HIV who reside in Russia, nor about their health conditions. The residence ban in the Russian HIV law aligns with an overall strategy to criminalize international migrants [39, 40]. That Russia means to keep many migrants "submissive but tolerated" [8] is consistent with other manifestations of Russia's policy toward international migrants, such lack of labor protections, of social security, and discrimination by police and state officials [9, 12, 38].

There is no epidemiologic rationale for Russia's resistance to lifting the residence ban for HIV-positive international migrants. Russia persists despite clear recommendations to the contrary from the World Health Organization (WHO) and UNAIDS [15, 16]. Civil society experts have suggested that further advocacy should concentrate on economic arguments, emphasizing benefits to the Russian government from the work of migrants. Russia could have thousands of additional legal taxpaying migrants to benefit the state budget. Governments of the sending countries should support advocacy for decriminalizing international migrants with HIV in Russia, ideally, with commitments, secured through bilateral agreements and other forms of regional cooperation, to fund antiretroviral therapy while their citizens are away.

HIV residence bans are subject to debate in the national media and among health officials and the general public. The Russian minister of health, when presenting at the United Nations High Level Meeting on AIDS in 2016, mentioned that "we currently analyze the possibility of removing entry restrictions for non-nationals with HIV" [41] but there have been no further indications of change.

From the public health perspective, it is clear that if Russia wants to keep its commitment to curb the growing HIV epidemic and meet Goal 3 of the Sustainable Development Goals to combat HIV by 2030 [42, 43] it needs to fundamentally change its approach to prevention and treatment of HIV to prioritize the health of vulnerable groups, including migrants.

Conclusion

Fear of deportation, and little information about HIV are common experiences of migrants diagnosed with HIV in Russia. Stigma and discrimination affect their lives in the host society and their apprehension about returning home. Thus, many reside in limbo for years with little chance of obtaining antiretroviral treatment. The HIV residence ban falls into a more general pattern of Russian migration

policy that exploits labor migrants—an overall approach to leave international migrants in legal uncertainty—tolerated but submissive. Criminalization of migrants with HIV in Russia drives a regional surge of the HIV epidemic, especially, among female partners of male labor migrants.

Decriminalizing migrants with HIV in Russia and greater transborder agreement between sending and receiving countries for prevention and treatment of social diseases is my principal recommendation for Russia and the broader region of East Europe and Central Asia.

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