

AUTHORS IN THE
FRONT LINE
MICHEL FABER

UKRAINE'S HEART OF DARKNESS

The spotlight is on Ukraine's revolution. And in the latest dispatch in our series, Michel Faber (above right) examines the brutal legacy of the previous regime. Photographs by Tom Craig



'Who is prosperous in this country? Only thieves and bandits!' What we see in the next few hours could fill a book more tragic than most readers could bear

Sergey lives in a basement with a gypsy who cares for strays as well as her own family. He's HIV positive, his parents are dead and he doesn't get on with an older sister. He was at a Way Home shelter, but drug-user friends lured him back onto the streets

Odessa, so the tourist brochures say, is the pearl of the Black Sea. It's romantic and vibrant and intoxicating. The women are famously beautiful. Visit the many websites offering mail-order Ukrainian "brides" and you can view a selection of "hot sexy" ones frolicking on Odessa's unspoilt beaches. Arranged meetings with 17- to 23-year-olds cost US\$89, 24- to 30-year-olds are \$79, while women over 41 are a bargain at \$59. All females are "guaranteed available"; any that might cause disappointment are instantly deleted.

It wasn't so long ago that Ukraine was a communist state in which enterprises like this were inconceivable – and in which thousands of people were "deleted". The country has a tragic history of Stalinist purges and oppression. Since the collapse of the Soviet Union in 1991, it has been striving to become a European democracy. Indeed, when I arrive in September 2004, there's an election campaign in full swing. Many people I meet, however, seem already resigned to the triumph of ex-crim Viktor Yanukovich, the anointed successor of the crooked incumbent Leonid Kuchma. The elections will be rigged as usual, I'm told. The police will help organise whatever corruption is required. And who will dare to protest? And would the West notice if anyone did?

Despite this feeling that true democracy is some way off, the country has come a long way since Soviet times. The economy is on the up. There is an emergent middle class, free to travel, to think and do things previously forbidden. Prada and McDonald's have set up shop amid shabby tenements and derelict palaces. Every day more billboards are erected and more imports become available. But one of the biggest imports since the mid-1990s is HIV/Aids. An estimated 400,000 people are ►►►

infected. It's a bigger time bomb than Chernobyl.

I'm in Odessa with Médecins Sans Frontières, the aid organisation better known for its interventions in African war zones and famine camps. We're in a restaurant eating a breakfast of cherry pancakes. Outside, in Deribasovskaya Street, a revolving advertisement for a bride agency winks at us through the window. Natalia Rudaya, MSF's PR officer, is explaining that getting interviews and pictures will be difficult. The epidemic is, well, kind of a secret. Over the past four years, MSF's attempts to help the local health-care system come to grips with it have been hampered by denial, ignorance and fear. There is a terrible stigma around HIV. Sufferers who are well enough to live at home anxiously conceal their status from neighbours, flatmates, even family. The terminally ill are kept in conditions the Ministry of Health would rather not advertise. Also, we have the obstacle of official accreditations and permissions, stamps and signatures. Natalia sighs in frustration.

One person who proves unusually willing to talk is Ludmila, a 62-year-old we meet at the outpatients department of an infectious-diseases

election triggers another diatribe against corrupt politicians. "Who is prosperous in this country?" she cries. "Only thieves and bandits!"

On the long, long bus journey from the clinic to her home, Ludmila begins to get nervous. Her righteous fury is spent, giving way to jitters about the possible consequences of this encounter with foreigners. By the time we get to her flat, she demands a signed document promising that The Sunday Times Magazine will not be published in Ukraine. I sit on the bed next to Ilya, scribbling two contracts on official-looking paper from an Italian B&B – one for her, one for us. Even so, she insists we can only take photographs in her bedroom. The rest of her home – a dark, grimy lounge dominated by a broken pram, and a balcony where the baby's wretched father stands smoking – is off limits. The interview is cut short when Ilya – an enchantingly good-natured, trusting child – needs his afternoon enema.

Fighting for the lives of those already infected is an important part of what MSF does, but prevention is naturally the more desirable aim. A wondrous variety of aid organisations and charities, both international and home-grown,



There is a terrible stigma around HIV. Sufferers who are well enough to live at home anxiously conceal their status

clinic. She has travelled a long way with her 10-month-old grandson, Ilya; the clinic is in the middle of nowhere, behind a Jewish cemetery, flanked by decaying factories. But Ludmila is motivated because her grandson has Aids and MSF has just started him on the anti-retroviral (ARV) drugs that may keep him alive. She used to be a technologist in a baby-food factory. Now, in a cruel irony, she relies on hand-outs of infant formula. She also gratefully accepts a jumbo pack of disposable nappies; they're the wrong size for Ilyousha, but the clinic hasn't any smaller ones.

I ask Ludmila when her life started to go wrong, and she erupts into a passionate tirade against her useless son, his junkie girlfriend, and the social catastrophe that has engulfed Ukraine since the collapse of the Soviet Union. Like many disaffected pensioners, Ludmila appears to have forgotten some of the horrors of Stalinism, remembering instead how the old regime took responsibility for its citizens' welfare. She yells and weeps and shakes her fists, incensed that she's reduced to hawking cigarettes in the street, unable even to afford a cot for her grandchild. "He's all I've got in my life now. This baby."

As for the possibility of me and Tom, the photographer, accompanying her to her home and taking pictures, she's all for it. "You're very welcome. I'm not afraid of anything. I don't give a shit where this article will be published. People should speak out." Mention of the imminent

are at work in Ukraine to keep vulnerable people from contracting the disease. They include Faith Hope Love, which focuses on addicts and sex workers, and Life Plus, which offers counselling, education and other support for homosexuals. Needle exchanges and outreach programmes have ensured that infection rates among these groups have slowed encouragingly – although they're still rising in the population as a whole.

What many of these nongovernmental organisations (NGOs) have in common is their recognition of the essential role of peer counsellors – people who have experienced HIV and are willing to share their experience with those for whom it's a terrifying unknown. Ukraine's health-care service is full of specialists but has no equivalent to our family GP, so bewildered newcomers are desperate for compassionate advice. Peer counsellors offer this, combating the syndrome of fear and shame that makes infected people reluctant to seek help until it's too late. The system was slow, however, to recognise the value of this newfangled job description. One of MSF's peer counsellors, Julia Dyachkovskaya, ruefully recalls how she and her colleagues were, for three years, obliged to counsel patients in the public corridor of an Aids clinic before they were allocated a room. But awareness has improved, and Julia is convinced many more people are seeking help sooner. When it comes to preventing transmission of the

Far left: Ludmila, 62, in her Odessa flat with her 10-month-old grandson, Ilya, who has Aids. 'He's all I've got in my life now,' she says. Above: Denis Dementyev, an Aids sufferer, has his hand massaged by his mother in Odessa's infectious-diseases clinic. It's about all she can do for him. Right: Nina, 12, ran away from home and lives with drug users on a derelict site in Odessa. The local aid organisation Way Home visits them often

virus from mother to child, a few weeks can make all the difference between a short-term challenge and a lifelong tragedy.

Oxana Bevzuk, another of MSF's peer counsellors, is HIV positive, and her 19-month-old baby, Nikolai, has Aids. Oxana's beauty, smart clothes, high heels and general air of chic give no clue to the conditions in which she lives: a *communalka* whose kitchen, toilet and bathroom she shares with four other families, and whose tiny living room has space for little more than a couch bed. The make-up and hairbrushes with which Oxana keeps herself so impeccably groomed nestle in a sink the size of a military helmet. Her elder son, a 10-year-old, has to sleep on the floor; we never meet him, as he hasn't been told of his baby brother's illness. Oxana's beloved parents don't know either. She explains that she doesn't want to worry them; her father's unwell, her mother is overworked, and so on. Still, Oxana risks stigma enough by agreeing to



be photographed in the public park near her home. Passersby stare curiously at this elegant young woman posing with her child. Why all the fuss? Who are these foreigners? What's this woman got that we haven't got?

Oxana has a home, at least. More and more Ukrainians don't. Just ask one of the most dynamic of the local aid organisations, Way Home. Their director, Sergey Kostin, confirms

that homelessness practically didn't exist in Soviet times; indeed, under Stalinist surveillance it was almost inconceivable. Now there are many thousands of street people in Odessa, and Way Home is doing its best to rescue some of them from starvation, drug abuse and infectious diseases. As well as distributing food, clothing and first aid, and providing a shelter for a motley assortment of young people, Way Home

publishes the Ukrainian equivalent of The Big Issue and is building a leisure centre.

"We're trying to restore the former Soviet Union system," Kostin says, only half-joking. Way Home's shelter is an extraordinary testament to what can be achieved with obstinate zeal, positive energy and bags of kindness. The team leaders, Raisa Krayeva and Dmitry Rzhepishersky, describe their roles laughingly – but accurately – as "mother figure" and "father figure". The kids who live with them are all refugees from alcoholic, neglectful or mysteriously vanished parents; Raisa and Dmitry fill the void. The kids are taught to help each other; one month they're street trash, the next they're fledgling social workers patrolling their old haunts to offer buns, bandages and a chat.

One sunny afternoon, we pile into the Way Home van and accompany the team on their daily rounds of homeless communities. What we see in the next few hours could fill a book – a book more tragic than most readers could bear to read. But here are just two episodes.

We descend a metal stairway into a concrete basement. Water glimmers on the floor; gas and water pipes are hung with washing. A weary-looking gypsy welcomes us. She's a street sweeper. A lot of leaves have fallen lately, so she's been starting work at 3am. She earns 130 hryvnias (about £14) a month, with the precious bonus of accommodation in this cellar, which she shares with relatives and unrelated strays. They are all ill. An orphan, Sergey, sits up, dazed, looking like a little boy on Christmas morning. His big, skeletal feet are the only telltale sign of reality; he's 18, has been drug-addicted and homeless for years, and has now contracted HIV. Raisa recalls the doctor who first came to see him, remarking: "Where did you get this kid? Buchenwald?"

A cat miaows hungrily at the sight of something being handed over. It's not food, though, only paracetamol. Is a cheap painkiller the most this wretched family can hope for? Not quite. I learn that one of this woman's sons has a hopeful future: he works at Way Home, he's drug-free and a fine role model – he's studying hard to qualify for a university sponsorship offered by the philanthropist George Soros. He's clawing his way up, but he may have to suffer seeing his family go down.

Just how far down it's possible to go in Odessa I learn when the Way Home van moves on to their next assignment. We pull up outside what looks like a building site, and trespass through a gap in the fence. Screened off from the bustling urban surroundings, we literally stumble upon a scene of utter devastation. Mounds of rubbish – rotting watermelon slices, broken bottles, the rubber flap of a turntable, dog shit, printed circuits, the empty foils of prescription drugs, smashed furniture, a dead kitten – surround the sole surviving room of an apartment block. Half-buried in soil, the semi-demolished chamber is more like a cave. Crows caw forlornly overhead.

"This is social Armageddon," murmurs Tom, as the narcotised inhabitants clamber out of

their burrow. Lena, 26, holds out a grotesquely swollen, abscessed hand that resembles a baby rhinoceros head with a winking eye. She's listless as Dmitry smears a Marmite-like substance on a clean bandage and applies it to the wound. What this woman really needs is hospitalisation, fast, but that's not realistic. Reality for these people is their grubby community, in which the proceeds from begging and prostitution are pooled in vats of home-made Voltushka, an ephedrine-based stimulant they inject every few hours.

Dmitry squats next to an emaciated girl called Nina. Unlike most of Odessa's homeless, who come from unemployment-racked rural villages, or from Moldova, or from that strange self-proclaimed, unrecognised republic Pridnestrovye, she is from Odessa. She ran away from home because she and her stepfather didn't get along. She's 12, and the bandage covering her infected track marks is filthy. Dmitry gives her a fresh one, writes her

details into a Winnie the Pooh notebook and invites her to come to the Way Home. Maybe another day, Nina says. Raisa promises to return in the morning with a doctor and a pair of

tennis shoes. We pick our way back through the rubble to the van. The children wave goodbye. "Are we leaving already?" asks the interpreter. Yes, we're leaving. Tom's camera goes "wheep" one last time. My dictaphone squeals to a stop.

Ukraine, bolstered for so long by Soviet triumphalism and hopeful of a bright European future, understandably doesn't want to consider itself a disaster zone. The presence of foreign-aid workers is an implicit reproach, a public embarrassment that MSF hopes will spur the authorities into action.

But MSF is encountering unaccustomed challenges here. In hellholes like Sudan, MSF at least has the freedom to act autonomously; it pitches its tents and provides emergency medical care where none exists. In Ukraine, the health infrastructure is in place and the government has pledged to tackle the HIV problem. MSF is therefore working within the system – a system unaccustomed to change. Even small requests, such as an order for blood or a prescription for painkillers, must be approved by officials.

Frustration with red tape regularly drives some MSF doctors – against their ideological scruples – to go to the local pharmacy and, out of their own pockets, buy what patients urgently need.

Alexander Thissen, one of MSF's expat doctors, is worried, like many people in the organisation, about what will happen when their five-year mission in Ukraine ends this year. The term "exit strategy" is a controversial one in the middle of what is arguably still an emergency. Thissen is inclined to stay longer. We meet him as he and his Ukrainian colleague Aleksandr Telnov do their rounds at the inpatients

department of the Regional Infectious Diseases Clinic. It's an impressive-sounding title for an ill-provisioned, shabby place that has the ambience of an old chemical warehouse. Until six months ago, the inmates were housed in a military-style complex, complete with barbed wire, but a renovation grant from foreign donors was used as a pretext to evict everyone. After much lobbying, they were finally resettled here.

In Thissen's view, the relocation was a downward move. At least the previous facility, with its 3ft-thick walls, was easy to keep warm in winter and cool in summer. It was also run with a degree of autonomy. Here, bureaucracy is more obstructive. Staff and patients alike are aware that they've been dumped in a place nobody else wanted. Morale has been low and understaffing is acute. Nominally, there's a doctor on duty 24/7, but at nights this may be an elderly dentist who knows nothing about Aids. The nurses are

exhausted bodies back against the wall for fear of inconveniencing me as I pass by. I'm a visitor, after all, not a pariah like them.

In the women's ward, a string of washed white socks hangs drying across a high window. Who put them up there? Not Diane, who sits sorting her make-up drawer, rearranging her nail files and her old family photographs. She's paralysed from the waist down. Not Oxana, the wizened crone who lies staring at her bedside table with its jar of honey. She's too frail, must be about 70. (I later learn she's 23.) Maybe the socks were pinned up by Tanya, the hefty woman whom the MSF doctors describe as a medical miracle. She should have been dead many times over. Maybe her former job – carrying bricks – has something to do with her survival. Thissen recalls her doing push-ups on the ward floor, trying to stay in shape while her friends faded away. Mind you, a pathogen – cryptococcus – is waiting in Tanya's

In the corridor, patients squeeze back against the wall as I pass by. I'm a visitor, after all, not a pariah like them



Above right: Oxana Bevzuk with her 19-month-old son Nikolai, in Kiev. She is HIV positive, he has Aids. Oxana is a peer counsellor for Médecins Sans Frontières, offering help to other patients

assisted in their labours by the few relatives who have not disowned their tainted offspring.

The men's ward is cluttered with dirty cups, cigarettes, buns, old paperbacks, a tiny portable TV, and human beings beyond saving. One, with sores all over his face and a towel wrapped round his head, groans loudly as mounting intracranial pressure causes him unbearable agony. His feet churn the bedclothes. The man in the adjacent bed is perturbed to see me kneeling on the floor; he motions me to take a proper seat. An old lady, who has been tenderly massaging her son's hand, gets up to show me a spread of clean newspaper I can sit on. In the corridor, patients squeeze their

spinal fluid. She won't defy the odds for ever.

One cell-like room has been allocated to those about to die. I sit on a bed stripped down to the bare metal wire and look upon a human skeleton in a blue nappy. He stares at the wall. His heart beats in his withered chest. There is nothing to say. His roommate, Igor, less close to death, motions me to a chair. I want to ask Igor something, but by the time an interpreter is ready, I've no longer got what it takes. So, with only a mute gesture of farewell, I leave this polite, patient man to get on with his day's activities: waiting to feel worse, listening to the sounds of laboured breathing and the cars passing outside. Dr Thissen vacillates between expressing his frustration with the system and worrying that I'll leave with too grim an impression. He's optimistic about the HIV situation in Ukraine, he assures me. This hospital is as bad as it gets; other places are much better. He's full of praise for the Aids clinic in Mykolayev, about 100 kilometres from Odessa. Not only are the buildings cleaner and better maintained, but the Ministry of Health staff are dedicated and open-minded.

He describes the training sessions that MSF conducts in the southern part of the country. "It's incredible, it's fantastic. We'll have an audience of 40, 50 doctors, and they literally suck up the information that we share with them. We did a session in an industrial city called Krivoj Rog. There were 60 people in the classroom, in impossibly hot conditions. They didn't even want to break for refreshments, they just wanted to keep going, they wanted to know it all."

In Odessa, however, the struggle has been uphill. MSF has often felt itself only ➡➡➡



grudgingly tolerated. But on the day we visit the hospital, Thissen's despondency is lifted by a wonderful coincidence, or perhaps a sign of things to come. A new Ministry of Health doctor has turned up for duty – a woman. Thissen and Telnov can't believe how much time she's spending with each patient, and how humanely she treats them. Instead of shutting herself in the office and scribbling reports, she's engaging with individuals, touching them. "She cares, you can tell," says Thissen. "A doctor like that would make a huge difference here."

In the immediate future, so much depends on the difference these home-grown individuals can make – how many of them emerge, and how many of them stick around to change the status quo. MSF is an emergency-relief organisation designed to save lives while the local authorities wake up to their responsibilities; it was never meant to be a parallel health-care system, a sort of touring NHS. Good sense and sound ideological vision dictate that MSF should leave as soon as the emergency is manageable.

But on the ground it's not that simple. Staff feel a moral obligation to the patients whose trust they've won, while HIV-positive people, educated to understand the importance of strict adherence to drug therapy, are worried about future supplies being blocked by bureaucratic inefficiency or corruption. Oxana knows what an interruption of ARV treatment would mean

to her and her child. Julia is terrified about MSF's departure, and not just because she will lose a decently paid job in a country where decently paid jobs are scarce. "Who will take care of our patients?" she asks. "Just when we've worked out the best ways to tackle the problems, we have to go. We need more time, just a little more time. I'm afraid that everything will collapse as soon as we leave. This model we've created, it's too weak, the governmental health-care system isn't ready to adopt it." Like a newborn child that's not ready to leave its mother, I suggest. Julia smiles. "Exactly. It's our baby."

But the baby has to be handed over. And it will be, soon. With any luck, the world will be watching to see what happens next, and Ukraine's health system will take charge, earning our admiration. Let's just hope there's money left after the country has hosted the next Eurovision Song Contest. In Kiev, a city already owing \$350m in foreign debt, work has begun on new five-star hotels for the expected influx of visitors.

Of course, Ukraine has come under the world's media spotlight already, many months before the glitterati arrive and the foreign doctors depart. My companions in Odessa were right in predicting a rigged election, wrong in assuming the nation would meekly accept the result. During my visit to Ukraine, old Ludmila was the only person I heard making a fuss. Now thousands have raised their voices. What next,

though? Does their roar of democratic protest herald a brave new era or a vicious crackdown? I asked MSF for an opinion and got a typically optimistic response. Perhaps, the spokeswoman mused, the sudden realisation among ordinary people that they have political power may help break inertia and fatalism in other areas, like the fight against Aids. For the moment, MSF, the Ministry of Health and the world's deadliest virus are all carrying on as normal.

Maybe Ukraine's current state is summed up best not by an aid worker but by the amiable American entrepreneur who rented us accommodation. "It's a great country," he said, ushering us into a bedroom whose leopard-skin decor suggested it might be useful for his wife's dating agency. "Great people. Great opportunities. Unless you live here, right? Then it's not so great. But it's getting there. You gotta admit, it's getting there." ■



In The Sunday Times Magazine's continuing series of articles, renowned writers bring a fresh perspective to the world's trouble spots. The international medical-aid organisation MSF has helped our correspondents reach some of these inhospitable areas. To donate to MSF, visit www.uk.msf.org, or call 0800 200 222.