

Homelessness and hardship in Moscow

Alyona (figure), aged 35 years, is one of Moscow's thousands of homeless people. When she is lucky she finds shelter in the hallways of blocks of flats to shelter from the freezing temperatures of winter. This winter she lost all the toes in her left foot to frostbite.

Every year, hundreds of homeless people die of hypothermia in Moscow, Russia. Thousands more suffer illness, frostbite, or permanent disability resulting from exposure to freezing temperatures during the winter months. As of Feb 25, 2003, 360 people have died of hypothermia since winter began, bringing the total number of deaths on Moscow's streets in the past 4 years to 1697. Temperatures regularly fall below -20°C between October and mid-April, and the number of deaths is expected to rise over the next few weeks.

Médecins Sans Frontières (MSF) has been providing medical and social assistance to Moscow's homeless population for the past 10 years, during which time the organisation has undertaken more than 197 000 medical consultations, providing medicines and bandages, and referral to hospital when needed. Amputation is often required—most homeless people seen at the MSF clinic have lost at least a digit to frostbite. Over 61 000 social consultations have been made, in which social workers give advice on how to get work, accommodation, and pensions, as well as providing direct assistance such as clothing.

These figures are a reflection of needs unmet by the Moscow authorities. Despite constant lobbying over the past decade, there are no outpatient medical services available for homeless people, and hospital services are expensive and only available for people without documents in emergencies.

According to Moscow's Social-Economic Studies Research Institution around 100 000 of Moscow's 12 million population are homeless. One in ten people seen in MSF's programme are asked about the reason for homelessness. In 2001, the main reasons among the 2100 people questioned were given as: prison sentence (27%), loss of home (26%), loss of job (16%), family prob-

lems (12%), and personal choice (7%). These causes have remained proportionally consistent during the past 7 years. People remain homeless for long periods; in 2001, one in five (22%) people who attended the programme had been homeless for between 6 and 10 years. Many of the people reported to MSF that they lost



Alexander Ghadalev/MSF

their home through housing fraud associated with rapid privatisation in the early and mid-1990s.

That former prisoners comprise a quarter of the homeless population is mainly a result of lack of support on release from the penitentiary system. Contrary to Russian law, prisoners are often not provided with essential identification papers (registration and passport) at the end of their sentences. Without these papers it is practically impossible to gain employment, accommodation, or social assistance. Prisons are at the centre of Russia's tuberculosis epidemic; case rates and death rates among prisoners are ten-times higher than in the civilian population.¹ This rate is reflected in the high prevalence (11%) of the disease among homeless people in MSF's programme.

Among other common medical problems, of 6026 consultations in 2001, 27% were for trophic ulcers and infected wounds, 13% for burns and frostbite, 8% for respiratory disease, and 6% for skin disease. However, lack of documentation, together with stigmatisation of homeless people as alcoholics, vagrants, criminals, and disease-carriers results in medical assistance often being denied.

In spite of vulnerability to disease, hunger, and freezing temperatures, the Moscow government has stated that homeless people represent only a small proportion of the population,

and are therefore not a priority. Moscow's night shelters and hostels have a total of only 750 beds and there are hardly any emergency measures when temperatures drop below freezing.

In January, 2003, MSF began a campaign, *Indifference Equals Murder*, with the aims of reducing stigma and of increasing homeless people's access to medical and social assistance. The campaign has met with some response: a telephone hotline has been set up by the Moscow City Government for homeless people in need of help and for passers-by who notice problems. This action was reinforced by a television campaign that urged people not to walk past as homeless people died.

There have been other positive changes recently, including the passing of an order to make emergency shelter available for everyone without documents, and a poster campaign by the Moscow City council aimed at encouraging homeless people to seek shelter against the winter conditions. A medico-social centre for homeless people will be opened in the next few months. However, the response remains inadequate: fewer than half (752) the promised places were actually made available, they were located in the outskirts of the city, and no attempt was made initially to inform homeless people that these places existed.

If deaths are to be avoided next winter, registration must be organised so that people can access medical and social services, and the number of these services must be increased for homeless people. But even if these improvements are made, they will come too late for the thousands who have died, and the tens of thousands of homeless people who have undergone amputation, disfigurement, and debilitation.

Nathan Ford, *Nicolas Cantau, Hedwige Jeanmart
Médecins Sans Frontières,
124-32 Clerkenwell Road, London
EC1R 5DJ, UK (NF); and *Médecins Sans
Frontières, Shmitovskij Proezd dom 3, 12310
Moscow, Russia (NC, HJ)
(e-mail: msfbmos@aha.ru)

1 WHO. Global tuberculosis control. Geneva: World Health Organisation, 2002.