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REPORT

HEALTHCARE IN THE OCCUPIED CRIMEA



The report presents an overview of changes in the health care system in Crimea since 2014, determined by the introduction of the Russian standards and approaches in the peninsula. The report is based on the results of our monitoring visits and interviews with the workers of the medical sphere, patients of the medical establishments, as well as on the information published in the open sources. The aims of the present report are general overview of the innovations and the assessment of the character of changes in the sphere of health care in Crimea since 2014.

The analysis of the collected information makes it possible to conclude on the serious difficulties in access to free and timely medical aid in Crimea, as well as on the low quality of medical services and pharmaceuticals.

THE OBLIGATIONS OF THE RUSSIAN FEDERATION AND UKRAINE IN CRIMEA IN THE SPHERE OF HEALTH CARE IN COMPLIANCE WITH THE INTERNATIONAL STANDARDS

For the period of occupation, the international law obliges the occupying state to provide for and support the activity of the health care institutions and public hygiene, including taking preventive measures for the struggle with the dissemination of transmissible diseases¹, as well as to ensure provision of the population of the occupied territory with sanitary materials². This includes non-interference in the existing health care system, and the obligation not to decrease the state of the health care system. In case of necessity (if the existing clinics and hospitals are demolished) the occupying state, together with the local authorities, is obliged to take all possible steps to set up the functioning of the medical institutions³. All hospitals, medical institutions, and medical staff should remain under a special protection from attacks. All medical staff should obligatorily wear the emblem of the Red Cross, Red Crescent or Red Crystal, as well as all medical institutions and medical transport should be marked with the aforementioned emblems.

The regulation of this sphere by the international humanitarian law is limited to the listed requirements. However, at a time of an armed conflict and occupation, the international human rights law is continued to be applied, so the obligations in the sphere of the right to health care should be realized in Crimea in full scope.

The International Covenant on Social and Economic Rights ensures the right to the highest attainable health standard⁴, with regard to which the following obligations of the state are implied: *to respect, protect* and *implement*. The obligation *to respect* requires the states to refrain from any direct or indirect infringement of the right to health and the existing system and practices of health care. The obligation *to protect* requires the states to take measures to prevent the third parties' infringement of the right to health, and interference with the health care system. The obligation *to implement* requires the states to take corresponding

1 Geneva convention related to treatment of prisoners of war dated August 12, 1949, part 3, article 56. URL: <https://bit.ly/1Q2IOmd> (access date 23.05.2018).

2 Geneva convention related to treatment of prisoners of war dated August 12, 1949, part 3, article 55. URL: <https://bit.ly/1Q2IOmd> (access date 23.05.2018).

3 Commentary of the International Committee of the Red Cross to article 56 of the Geneva Convention IV 1949 URL: <https://bit.ly/2u5bTL2> (access date 23.05.2018).

4 International Covenant on Economic, Social and Cultural Rights dated December 16, 1966, part 3, article 12. URL: <https://bit.ly/2zoqdU2> (access date 23.05.2018).

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legislative, administrative, budgetary, judicial, stimulating and other measures for the full implementation of the right to health.⁵

The United Nations Committee for Social, Economic and Cultural Rights recommends the following criteria, which a health care system should comply with:

- ✓ *Availability*: Functioning public health and health-care facilities, goods and services, as well as programmes have to be available in sufficient quantity within the states;
- ✓ *Accessibility*: Health facilities, goods, and services have to be accessible to everyone without discrimination, within the jurisdiction of the State party. Accessibility has four overlapping dimensions:
 - non-discrimination
 - physical accessibility
 - economic accessibility (affordability)
 - information accessibility
- ✓ *Acceptability*: All health facilities, goods, and services must be respectful of medical ethics and culturally appropriate;
- ✓ *Quality*: As well as being culturally acceptable, health facilities, goods and services must also be scientifically and medically appropriate and of a good quality.⁶

Despite Russia's de facto control over the territory of Crimea, Ukraine preserves sovereignty over the territory of the peninsula, including positive obligations in the human rights sphere. The obligations listed above – to respect, protect and implement – are applied also to Ukraine, within the framework of the possible. Ukraine should not escalate the situation in the sphere of the right to health in Crimea, should facilitate Crimean residents access to health care and services in this sphere to the inhabitants of the peninsula as long as it is possible.

⁵ UN Committee on Economic, Social and Cultural Rights, General Comment No. 14: The Right to the Highest Attainable Standard of Health (article 12 of the Covenant on Economic, Social and Cultural rights), August 11, 2000, E/C.12/2000/4.33. URL: <https://bit.ly/1OG8Cmj> (access date 23.05.2018).

⁶ UN Committee on Economic, Social and Cultural Rights, General Comment No. 14: The Right to the Highest Attainable Standard of Health (article 12 of the Covenant on economic, social and cultural rights), August 11, 2000, E/C.12/2000/4, - P. 12. URL: <https://bit.ly/1OG8Cmj> (access date 23.05.2018).

THE HEALTH CARE SYSTEM OF THE RUSSIAN FEDERATION AND ITS IMPLEMENTATION IN CRIMEA

The system of state health care in Russia is free and based on the compulsory state insurance. Insurers are employers (in the form of 3,6% deductions from the single social tax) and the budgets of the local institutions of the Russian Federation (for non-working citizens). When an insurable event occurs (any disease), the expenses are covered by this fund (the Federal Fund of the Compulsory Health Insurance (CHI) and territorial funds of the CHI in the regions).

The system of compulsory health insurance guarantees that all the citizens of the Russian Federation have equal opportunities to obtain medical aid, provided at the expense of the financial assets of the CHI in the scope and under conditions conforming with the programs of the compulsory health insurance (CHI). The basic program of the CHI is standardized by the Federal Law “On Compulsory Health Insurance in the Russian Federation” dated November 29, 2010 326-FL. The said law declares the cash collateral of doctoral services, the list of insurable events, possible variants of medical aid, the scope and availability thereof. The list of diseases covered by the Basic program of the CHI includes:

- ✓ infections and infestations;
- ✓ neoplasms;
- ✓ diseases of the endocrine system;
- ✓ nutritional and metabolic diseases;
- ✓ diseases of the nervous system;
- ✓ diseases of the blood and blood-forming organs;
- ✓ certain disorders involving the immune mechanism;
- ✓ diseases of the eye and adnexa;
- ✓ diseases of the ear and mastoid process;
- ✓ diseases of the circulatory system;
- ✓ diseases of the respiratory system;
- ✓ diseases of the digestive system;
- ✓ diseases of the genitourinary system;
- ✓ diseases of the skin and subcutaneous tissue;
- ✓ diseases of the musculoskeletal system and connective tissue;
- ✓ injury, poisoning and certain other consequences of external causes;
- ✓ congenital malformations/birth defects;

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- ✓ deformations and chromosomal abnormalities;
- ✓ pregnancy, labour, post-partum period and abortions;
- ✓ certain conditions of children originating in the perinatal period;
- ✓ mental and behavioural disorders;
- ✓ symptoms, signs and deviations not related to diseases and conditions.

Inpatient treatment, which includes free medicines and nutrition, is provided free of charge. Ambulatory and polyclinic services include provision of assistance both in the polyclinic and at home, diagnosis, and measures of prevention and dispensary supervision. However, in the case of outpatient treatment, the patient buys pharmaceutical preparations independently.⁷

Apart from that, regulating the scope of rendering medical aid is exercised by the Territorial programs of the CHI. The actual territorial CHI program in Crimea was adopted by the de facto Council of Ministers on December 26, 2017 – Resolution 715 “On the Territorial Program of State Guarantees of Free Medical Assistance to Citizens in the Republic of Crimea for 2018 and the Planning Period of 2019 and 2020”.⁸

After the annexation of Crimea in March 2014, the Russian Federation announced a transition period, which affected also the sphere of health care, till January 1, 2015. According to claim 6 of Article 11 of the Federal Constitutional Law dated March 21, 2014 6-FCL “On the acceptance of the Republic of Crimea to the Russian Federation and formation of the new subjects in the the Russian Federation – the Republic of Crimea and the city with federal status Sevastopol”, the system of state medical insurance has been applied since January 1, 2015. Apart from the transition provisions, which referred to the change of health care system, a separate program of modernization of the health care system of Crimea was adopted.⁹

According to the data provided by the Federal Service of the State Statistics of the Russian Federation, the number of hospital organizations in Crimea in 2014 amounted to 61 units, in 2016 – 58. At present moment, there is no independent open information with regard

⁷ The full list of free treatment provided in the framework of the CHI is presented on the official website of the CHI fund: www.ffoms.ru (access date 23.05.2018).

⁸ Resolution of the Council of Ministers of the Republic of Crimea of December 26, 2017 No. 715 “On the Territorial Program of State Guarantees of Free Medical Assistance to Citizens in the Republic of Crimea for 2018 and the Planning Period 2019 and 2020”. URL: <https://bit.ly/2uhJ5hB> (access date 23.05.2018).

⁹ Resolution of the Council of Ministers of the Republic of Crimea of July 7, 2015, No. 379 “On Amending Resolution of the Council of Ministers of the Republic of Crimea of September 11, 2014 No. 335”. URL: <https://bit.ly/2zsJYdc> (access date 23.05.2018).

to closing down or opening new hospital establishments. It is known that for three years the number of ambulant clinics in Crimea decreased twofold, from 108 to 54¹⁰, and the number of hospital beds decreased by 13% (by 2159 in-patient beds),¹¹ compared to the year 2013.

According to the information provided by the press-center of the de facto Ministry of Health of Crimea, “in the beginning of 2017, the Multi-Profiled Republican Medical Center in Yalta was put into service. In the framework of the federal targeted program, the construction of the Multi-Profiled Republican Medical Center State Budget Health Care Institution Republican Clinic Hospital “Crimean Republican Clinic Hospital named after Semashko” is being carried out, which is planned to be completed in 2019. The total scope of financing from the federal budget is RUB 9 billion.”

“Now a new equipment is being purchased, in our 7th city hospital, for instance, a CT apparatus, a supersonic diagnostic apparatus are purchased. There is the equipment that was provided for modernization (by the Ministry of Health), there is equipment that the hospital purchased independently for the expense of the CHI. The repair is being carried out, our hospital was in a deplorable condition, they conducted a good repair in several units”¹²

Also, according to the information provided by the press-center of the de facto Ministry of Health of Crimea, “for three years, the high-technology medical aid was rendered to 20,3 thousand Crimeans. 13,3 thousand patients received medical assistance at the expense of the CHI assets, all the rest – at the expense of the federal budget. The number of residents of other regions of Russia who came to the Republic for the high-tech medical care grew by 17 times”.¹³ Thus, judging from the official information, the number of citizens coming from mainland Russia for obtaining high-tech medical care is growing with each year.

There is various information with regard to the number of medical workers in the health care system. According to the data of the Office

10 Республика Крым в цифрах. 2016: Краткий статистический сборник. Симферополь: «Крымстат», 2017. P. 52-53. URL: goo.gl/ZP6Wu5 (access date 23.05.2018).

11 Евгения Горюнова. Крым: социальные итоги трех лет российской власти. URL: <https://bit.ly/2N1OTUh> (access date 23.05.2018); Statistical Compilation «Регіони України» 2017. (edited by I.Verner). K.: The State Statistical Service of Ukraine, 2017. P.195-211. URL: <https://bit.ly/2zmOOZk> (access date 23.05.2018).

12 Interview CrimeaSOS, M6.

13 Елена Гусакова. Такого раньше не было. В регионе в разы увеличилось количество высокотехнологичных операций. URL: <https://bit.ly/2m33enZ> (access date 25.05.2018).

of the Federal State Statistics Service of the Republic of Crimea and the city of Sevastopol, the number of medical personnel at the end of 2016 was 28,944 people (of them doctors of all specialties – 8447, nurses – 20,497),¹⁴ which surpasses the indices of the year 2014. According to other sources, as of the beginning of 2017, Crimea lacked one fourth of qualified medical specialists – about a thousand doctors and no less than 800 nurses and hospital aides, the biggest shortage was of anesthesiologists, pediatricians, phthisiatricians, therapists, anatomical pathologists.¹⁵ The Kremlin-controlled Minister of Health of Crimea Oleksandr Holenko said at different times that the deficit of doctors in the health care institutions of the annexed Crimea makes about 900 people,¹⁶ the ambulance is staffed with doctors only by 50%,¹⁷ while the provision of state medical institutions with doctors amounts only to 37,7 doctors per 10 thousand people, which doesn't even reach the average level in Russia (45,9).¹⁸

One of the programs aimed at solving this problem in the rural medical institutions is the federal program “Zemsky Doctor”, adopted in Russia in 2011. In the framework of this program all doctors who are ready to go to work by specialty to villages and district centers receive a one-time allowance from the state for the sum of RUB 1 million under the condition of working at the new place for 5 years. According to the press-center of the de facto Ministry of Health of Crimea, 125 people attended to this program in Crimea in three years.¹⁹ However, there have been reports that doctors terminated contracts under this program. Thus, on July 14, 2017, a member of the Association of Doctors of Sevastopol (in the past – the head physician of the ambulance station) Yuri Malko told that more than half of the out-of-town doctors who had been involved left Sevastopol. “32 doctors from other Russian regions were invited who received their million, but more than 20 of them have resigned”.²⁰ In 2018, the program was extended to cover small towns.²¹

14 Territorial body of the Federal State Statistics Service in the Republic of Crimea. Basic indicators of health of the Republic of Crimea at the end of 2016. URL: <https://bit.ly/2zEd0z> (access date 25.05.2018).

15 Олег Батулин. Крым. История болезни. URL: <https://bit.ly/2zUyVL> (access date 23.05.2018).

16 В больницах Крыма не хватает почти тысячи врачей. URL: <https://bit.ly/2KXsTwn> (access date 25.05.2018).

17 СВ Крыму не хватает врачей и фельдшеров скорой помощи. URL: <https://bit.ly/2L3xVEe> (access date 25.05.2018).

18 Государственные медучреждения Крыма укомплектованы врачами на 81: – Голенко. URL: <https://bit.ly/2u53abP> (access date 23.05.2018).

19 В Крыму 125 врачей получили по 1 млн. рублей по программе «Земский доктор». URL: <https://bit.ly/2m1aiBg> (access date 23.05.2018).

20 Геннадий Кравченко. «Бездружная машина»: что происходит с крымской системой здравоохранения. URL: <https://bit.ly/2NwdP7r> (access date 23.05.2018).

21 Елена Гусакова. Миллион за переезд. В Крыму программу «Земский доктор» распространили на малые города. URL: <https://bit.ly/2KYnrt5> (access date 23.05.2018).

The reports on the complaints about the low level of wages of the medical workers, with which the shortage of specialists and the staff turnover are believed to be connected, remain regular:

- ✓ In 2015 Crimean doctors repeatedly addressed to the state bodies with complaints about the decrease of wages. In March 2015 the medical staff of the Pervomaisk central district hospital called the hotline with de facto Prime Minister of Crimea Sergey Aksionov complaining that the wages had been cut down, in April they sent a letter to de facto prosecutor of Crimea Natalia Poklonskaya. For the period from March till October 2015 the salaries of medical workers decreased by 30% on average. The medical staff got laid off, and this resulted in the significant increase of load on each specialist.²²
- ✓ In September 2016, the staff of the City Infectious Diseases Hospital of Sevastopol filed a complaint to the de facto Prosecutor's Office of Sevastopol because of the failure of the hospital's administration to comply with the Russian legislation on payment of salaries. Some employees, who under the employment contract are registered for one wage-rate, in reality, have to work out one and a half, and in some cases, two wage-rates. The hospital management promised to pay for their work in accordance with the Labor Code of the Russian Federation. However, when people were given their pay-sheets, it was found out that for each duty in the hospital they received only 300 rubles (slightly more than 100 UAH) for overtime. When the staff appealed to the management of the hospital, they were informed that the hospital did not fulfill the plan, so there was no money for a payment.²³
- ✓ In September 2016 the workers of the ambulance, at the meeting with the de facto Health Care Minister Oleksandr Holenko demanded increase of wages for paramedical staff and drivers. As of autumn 2016, the salary of an ambulance vehicle driver amounted to RUB 7590, of a nurse – RUB 11138, of a paramedic – RUB 11830, and did not comply with the scope of work performed. However, the meeting brought no fruit and the questions of the medical workers remained without proper answers.²⁴

²² Крымские врачи жалуются на снижение зарплат и недоедание пациентов.

URL: <https://bit.ly/2KZn3qS> (access date 23.05.2018).

²³ Сотрудники инфекционной больницы Севастополя готовят обращение в прокуратуру.

URL: <https://goo.gl/bNSgc3> (access date 23.05.2018).

²⁴ Обращение трудового коллектива отделения анестезиологии и реанимации Городской больницы №1 Севастополя. URL: <https://goo.gl/urMoj4> (access date 23.05.2018).

Nevertheless, the Russia controlled authorities in Crimea claim achievements in the sphere of health care: the press-center of the Health Care Ministry of the Russia-controlled government of Crimea regularly reports on the reduction in mortality:

- ✓ In February 2018 the de facto Health Care Ministry claimed the reduction in children's mortality in Crimea by 25% for three years.²⁵
- ✓ According to chief stand-in specialist-oncologist of the Health Care Ministry Olena Chirva, in 2017 the incidence of oncology diseases was lower than in the previous year. The incidence of cancer in Crimea in 2017 made 390 cases per 100 thousand people, while in 2016 it was 415 cases of cancer per 100 thousand people.²⁶
- ✓ According to Deputy Minister of Health Care Anton Shaklunov, the total mortality of the cerebrovascular accident in Crimea in 2017 decreased by 3,4%.²⁷

According to the same de facto body, in 2018, the death rate per 1000 population for January-September of 2017 decreased by 3,9% and amounted to 14,6 (15,2 in 2016, respectively).²⁸

25 Пресс-служба Министерства здравоохранения РК. Детская смертность в Крыму за три года снизилась на 25%. URL: <https://bit.ly/2JaU2qQ> (access date 23.05.2018).

26 Пресс-служба Министерства здравоохранения РК. Специалист Минздрава Крыма: уровень заболеваемости онкологией в 2017 году снизился. URL: <https://bit.ly/2N1i2i6> (access date 23.05.2018).

27 В Крыму за год снизилось число умерших от инсульта на 3,4%. URL: <https://bit.ly/2m3zYNF> (access date 23.05.2018).

28 Крымские власти заявляют о снижении смертности на полуострове. URL: <https://bit.ly/2N275Nr> (access date 23.05.2018).

OVERVIEW OF THE RUSSIAN HEALTH CARE SYSTEM IN CRIMEA AND THE CHANGES TO THE SYSTEM OF RENDERING MEDICAL SERVICES WHICH EXISTED BEFORE THE ANNEXATION

Medical aid, the same as inpatient treatment, is provided in Crimea free of charge in the state medical institutions. However, there are a number of shortcomings which often lead to a violation of the right to health and sometimes even jeopardize a patient's life. Below are the most systematic problems in the sphere of health care in Crimea:

RENDERING MEDICAL AID ONLY UNDER HEALTH INSURANCE CARD

Obtaining a CHI card is compulsory for the further applying for medical assistance. The CHI card is also necessary when a citizen gets employed, or enlist a child to a kindergarten or school. Without the CHI card, it is only possible to get emergency medical assistance in the medical institutions, all the other types of medical services are available only in private clinics.

All citizens of the Russian Federation have a right to receive the CHI card from birth and without age restriction, as well as foreign citizens permanently or temporarily residing at the territory of the Russian Federation and having the corresponding status, or citizens having a refugee status. However, in order to obtain a health insurance card, foreigners must have appropriate documents confirming the legality of their presence at the territory of the Russian Federation. This led to a situation where in the medical institutions of Crimea you can see ads about what a doctor only sees patients with a CHI card, the passport of the Russian Federation and the insurance number of the individual ledger account (INILA). In this case, the CHI card is issued only if there is a Russian passport or a document confirming the status of a person's stay in the Russian Federation.²⁹ The citizens of Ukraine who denounced the Russian citizenship in the framework of a set procedure, or simply by not taking the Russian passports or not formally establishing the residence permit either, without any procedure, now found themselves in the situation when it is impossible for them to obtain a health insurance card, which means, no medical services. The situation was the sorest in 2015, and is still sore to a lesser extent.

²⁹ Правозащитники выявили ряд проблем с получением бесплатной медицинской помощи в Крыму. URL: <https://bit.ly/2NyKdWO> (access date 23.05.2018).

12 | Overview of the Russian health care system in Crimea and the changes to the system of rendering medical services which existed before the annexation

The cases of denial of medical care in a critical state of health are not single, including those with subsequent deaths. Below are the facts that were covered in the open sources:

- ✓ in December 2015 an elderly woman was denied hospitalization due to the absence of the Russian citizenship (she preserved her Ukrainian one), and the lady died afterwards;³⁰
- ✓ on January 24, 2018, pregnant woman Tetyana Pimenova died as a result of the denial of hospitalization due to the absence of passport and CHI card;³¹
- ✓ on January 27, 2018, in Yevpatoriya a 13-year-old boy with a fracture was denied medical aid because he had no CHI card on him.³²

The denials to render medical aid or benefits due to the absence of the above-mentioned documents of the Russian sample are confirmed by the results of the interviews, conducted in the course of preparation of this report:

“No doctor will see you without the CHI card, the only exception is private hospitals. Given that we were in the same structure, we got used to the fact that we are the ones who provide this kind of assistance: I cannot leave a person in the street when they are in pain. However, they adapt quickly: no insurance? Goodbye then”³³

“For 7-8 months after they had diagnosed and recorded disability, we did not receive the pension, because I have a Russian passport, but my child did not have any (a minor)”³⁴

³⁰ В Крыму украинка умерла из-за отказа в медпомощи. URL: <https://bit.ly/1YlRQTg> (access date 23.05.2018).

³¹ Иван Жилин. Идентифицировать человека. В Крыму беременной женщине отказали в госпитализации из-за отсутствия паспорта и медполиса. Она умерла. URL: <https://bit.ly/2J7zKhM> (access date 23.05.2018).

³² В Евпатории медики выгнали ребенка со сломанной рукой на мороз из-за отсутствия полиса. URL: <https://bit.ly/2NCWNVk> (access date 23.05.2018).

³³ Interview CrimeaSOS, M4.

³⁴ Interview CrimeaSOS, M1.

“We record the hospital chart basing on a patient’s words – this is also a document, then we obtain consent for treatment, and report to the police so that they identify the person. A temporary CHI card can be made within several hours. Such procedure is available for those who denounced citizenship. The ambulance which delivers a patient, or the admission department report to the police, and the police come and identify this patient by checking their database. There are lazy doctors though, who say things like, no CHI card – get lost”³⁵

THE STANDARDS OF TREATMENT

According to Part 1 of Article 37 of the Federal Law dated 21.11.2011 323-FL “On the Fundamentals of Health Care of Citizens of the Russian Federation” (hereinafter – Law 323-FL), medical assistance is organized and rendered in accordance with the procedures for the provision of medical care, at the territory of the Russian Federation by all medical organizations, and also on the basis of standards of medical care. The standards for the provision of health care are published on the website of the Ministry of Health of the Russian Federation.³⁶ As stated above, the annual “Program of the state guarantees of the free rendering of medical assistance to the citizens” and the “Territorial programs”, adopted by the government of the Russian Federation, contain detailed information about the forms and conditions of the medical aid; diseases and conditions, categories of citizens for whom the medical aid is rendered free of charge. Moreover, they also contain the information on the average norms of the scope of rendered medical aid, average normative financial expenditures per unit of the medical assistance scope, average per capita funding standards, as well as the order and structure of the formation of tariffs for medical care and ways of paying for it. Thus, the treatment and prescription of medications are performed by a physician based on the standards of medical care.

The conducted research showed that the system of rendering medical assistance under the unified standard has a number of considerable flaws. In the first place, strict control by the insurance companies and hospitals over rigorous abiding by standards makes an individual approach to a patient impossible. Such requirements are extremely

³⁵ Interview CrimeaSOS, M13.

³⁶ The established standards can be found here: <https://bit.ly/2KYp6LT>; <https://bit.ly/2zkhWR1>; <https://bit.ly/2KKoptK> (access date 23.05.2018).

formalized and created without considering individual peculiarities of the clients' health, and this means that a person addressing for medical help does not always have an opportunity to choose the best way of treatment. The fear of the medical staff to be punished for non-fulfillment or deviation from the set standards in some cases force the medical workers (mostly doctors) to follow the instructions, ignoring an opportunity of faster and more reliable cure of a patient.

For each insurable event, there is a certain treatment algorithm and certain amounts that can be allocated for treatment. According to the results of the interview, the respondents reported that treatment that goes beyond this algorithm or amount is not provided by public medical institutions, or is provided on a fee basis:

“The insurance covers everything but only the things included in this very standard. There is a standard of the management of a certain disease, there is a set standard of examinations which can be conducted when certain diseases occur, regardless of the possible complaints or the necessity to conduct some extra test. When a patient is discharged, their charts are submitted to the CHI service, and they pay for this case later. If they find an odd test, or lacking test – this case remains unpaid. On this depends a hospital’s budget, incentive rewards, doctors’ wages. This limits the doctors’ opportunities, prevents them from obtaining a more detailed information about the patients. There are cases when an extra examination is needed but as this may bring undesirable consequences, the doctors “refrain” from such a necessity. A doctor takes over responsibility if they see that the life of a person that they treat depends on this”³⁷

“Everyone gets a CHI card, and a certain list of services which the state is obliged to provide free of charge. The list of services is rather profound but it is not always implemented in Crimean realms, as, for example, some medicines are just not delivered. There is a precise protocol of treatment with regard to any illness, and this protocol is not always of a European level”³⁸

³⁷ Interview CrimeaSOS, M6.

³⁸ Interview CrimeaSOS, M3.

“In the insurance medicine, there is a diagnosis, and, no need to study, a standard what to prescribe. The standard includes no more than 5 medicines which a doctor has a right to prescribe for one patient, and, depending on the list – the dosage. No individual approach. A doctor says “This is the prescription list, I wrote this, I am supposed to write this, I will be fined later, but this, this should not be done, it could provoke repeated attack”³⁹

«You had a chemo, you spent, for instance, 10 days in hospital, and they count 31 days since the day you were discharged, and only after this it is possible to prescribe another course. The treatment is interrupted. There is no use of such chemo, you only kill your immune system by this. An individual approach should be practiced here: some people need two courses of chemo, some – three, but they should come after a certain period of time. For example, you took a chemo course, and the doctor says, the next one should be in 15-18 days. You need a chemo in 18 days, and the insurance company tells you – we will not pay for that, the medicines are expensive, so go buy them yourself, or wait for 31 days. One sick lady went to the insurance company and started arguing with them, and they told her: “You should understand, all this is because we need to save the budget assets, we cannot do anything.” She went to the lawyers and made a complaint. Now, when people come to our department, they show them this complaint, and everyone copies it and files, but nothing seems to be changing”⁴⁰

Medications that are not listed in the treatment standards can not be prescribed by the attending physician. Often, patients are denied treatment, in some cases doctors allow to buying certain medicines at their own expense.

“It’s like in the Soviet times – you know that there is a good medicine but you don’t have a right to prescribe it. There happen very serious patients, so they manage to find the needed medicines for them somehow. Sometimes they call everyone they know and thus find what they need, and rescue a patient. They say the medical care is free but it is not effective”⁴¹

³⁹ Interview CrimeaSOS, M11.

⁴⁰ Interview CrimeaSOS, M11.

⁴¹ Interview CrimeaSOS, M2.

“What they say in the legal terms, that “our medicine is free” – it looks this way: they provide medical care free of charge at hospitals, but doctors are afraid to even prescribe any imported medicine for money, as they are afraid that the people would say: “They claim the medical aid is free but ask to buy something”. So, they inject the pharmaceuticals that they have – totally ineffective ones”⁴²

As for the outpatient treatment, there is a set term, does not exceed 7-10 days, and after this the patient cannot be provided with medical services in the hospital. Also, treatment of complications or other diseases revealed during treatment is not envisaged:

“Previously, clients often paid for medicines, but there was an individual approach, and the quality of medical care was much higher. Moreover, there’s one curious peculiarity about the CHI: the CHI card covers the treatment of one basic disease. However, it is a rare occurrence when a person comes with just one pathology – there are accompanying diseases”⁴³

“There are set terms of staying in hospital: 7-10 days at the maximum. For example, a person had their coxofemoral joint replaced, was discharged in 7 days, but complications occurred, the joint did not establish, inflammation started. There are many such cases. Someone was helped, and for the other things only got much worse”⁴⁴

“The CHI card gives a right to a free treatment provision. However, it means the following: if you were in a hospital for no more than 14 days (which is a standard length of treatment) within a year, you will not be able to apply for free treatment again. If you do come to hospital again – everything goes on a fee basis. Maximum 21 days a year, and if you stay in a hospital overtime – you will have to pay for it. When my sister was hospitalized for a bed rest to prevent miscarriage for the first time, and there was another risk to lose a child in a month, they told her – we cannot put you in hospital again under your CHI card, because there are certain limitations, you can go to hospital, but you will have to pay for the bed etc, it will be on a fee basis”⁴⁵

42 Interview CrimeaSOS, M9.

43 Interview CrimeaSOS, M3.

44 Interview CrimeaSOS, M4.

45 Interview CrimeaSOS, M9.

17 | Overview of the Russian health care system in Crimea and the changes to the system of rendering medical services which existed before the annexation

A free surgery may be denied regardless of it's being on the list of obligatory services, if the Health Care Ministry's annual quota has been exhausted. They also can deny free rehabilitation. It is allowed in case of anemia in severe forms – postoperative complications, patient disability, venereal diseases, hypertension, drug addiction, alcoholism, severe mental disorders, oncology.⁴⁶

According to the standards of medical care, a hospital orders a certain number of medicines for a certain period of time, and if they run out prematurely or need other analogs, they simply can not prescribe them, or the medicines will have to be paid for:

“I used to know that in case of this or that disease, certain meds would help and some other antibiotics wouldn't. I was able to prescribe one medicine today and the other tomorrow, but now we have standards which we must abide by. There was the same in Ukraine, but we did not stick to this as an individual approach should always be applied. There are orders – inner orders at a hospital, all-state orders, inside the region orders. Any odd initiative is punishable. You prescribed a preparation which you were not supposed to prescribe under the standard of rendering medical aid – the whole department gets fined. The fines are big, thousands, hundreds. I don't know for sure but I heard that some department was fined for incorrect filling out a chart for RUB 2 million. 2 million becomes a burden for the hospital, it means no incentive rewards, doctors will live on salaries alone”⁴⁷

BUREAUCRATIZATION OF THE MEDICAL CARE SYSTEM

The modern system of insurance medicine also generates a large number of documents – complex multistage systems of document verification and obtaining permits. This leads to a large number of queues for appointment confirmations to get to the doctor. So, to make an appointment with the right doctor, you must first defend yourself in the living queue in the registry to receive an appointment confirmation to a therapist, who, in turn, will appoint consultation with another specialist:

⁴⁶ Бесплатные операции рамках действия полиса ОМС: что нужно знать.
URL: <https://bit.ly/2ufU4rO> (access date 23.05.2018).
⁴⁷ Interview CrimeaSOS, M4.

“In 2015 we got sick: I went to the pediatrician, they wrote a prescription in my chart, I went to Deputy Chief of Medicine for a stamp, and then I went to the operator who gave a free prescription. Then I needed to return to the pediatrician with this prescription, for a stamp and a signature, and only after this I could go to the chemist’s. Given all the queues, it took about half a working day”⁴⁸

“...the pains got gross. The left leg stopped functioning. I called the ambulance again, and again there appeared just Analgin on my table. I was outraged and insisted on hospitalization. The medical workers explained they had nothing in their bags apart from Analgin and Ketanov. They left, and I remained in an even severer condition. Scraping my last efforts, I managed to dial the number of the Chief of Ambulance. The doctor didn’t introduce herself but answered all the questions: that is, the medical staff acted in the framework of the legislation of the Republic of Crimea, signed by the Ministry of health care. The law says: the citizens with a cerebrovascular accident, a stab wound or a head injury have a right to hospitalization by the ambulance line. Other citizens are hospitalized under the ambulance line only with a permit of the district physician, that is, all the emergency situations are simply not taken into account. “Be prepared in advance,” – the Chief of Ambulance said, “so that you wouldn’t bother us later on”. On Sunday, I concussed twice because of pain, and no one bothered to answer the phone in the admission department of the city hospital. I had to call the ambulance again. They arrived with the same Analgin and denied hospitalization (not the case). The medical staff did not tell their names and acted hard, they were very rude”⁴⁹

“The paperwork – you cannot get down to treatment until it’s done. And this complicates the population’s access to medicine. Many go to the admission department instead of polyclinic in order to avoid standing in a queue for appointment confirmations to fill in. Previously, it was possible to see a person without the appointment card, if there was such a need. Now the appointment card, the examinations and the tests are obligatory”⁵⁰

48 Interview CrimeaSOS, M1.

49 У керчанки отказала нога, но медики не хотят ее госпитализировать. URL: <https://bit.ly/2J8cBM7> (access date 23.05.2018).

50 Interview CrimeaSOS, M2.

“I never address to polyclinics as, when we say “complicated” with regard to what happens there, it’s nothing. Horrible queues, those appointment confirmations! I simply go to a private medical center if my family needs something urgently. Or we address to our doctor, as otherwise it is very-very complicated”⁵¹

“Recently, I suffered from pains in my spine. I went to the hospital in Simferopol, and stood in a long queue to get an appointment confirmation to the therapist. It took me great effort and a whole week, but I finally got to see the doctor. He examined me and gave me an appointment card for an ultrasound. There appeared a queue for a month ahead. I could not wait this long, so I had to go to a private clinic. I paid the money and they examined me at once and prescribed the course of treatment. They said the situation was serious and a surgery was required”⁵²

“I think that free medical care in Crimea is just a scorn over the sick people. I had a hypertensive crisis. However, our district therapist could not provide me a consultation of a neuropathist. I spent three hours in a queue to the neuropathist but could not see the doctor because he only admitted patients with appointment confirmations, and the sick people kept coming under appointment. I was sitting there waiting for no one knows what. I had a pain in the head, my arms got numb, all I wanted is to lie down and not to think about anything at all. I had to leave without the consultation”⁵³

These problems are recognized in the Kremlin-controlled Ministry of Health of Crimea. The officials explain them by the inadequacy of the healthcare system. Russian officials made statements about the introduction of a direct entry to focused specialists in polyclinics.⁵⁴

At the initial visit to the medical organization, all the necessary documentation is executed for each patient (including an outpatient card, passport data, policy data, insurance medical organization).⁵⁵ To check compliance with all standards the doctors keep all documentation very accurately – a chart should be of a set form, as well as all the

51 Interview CrimeaSOS, M7.

52 Виктория Веселова. «Проще умереть, чем попасть к врачу»: что происходит с медициной в Крыму. URL: <https://bit.ly/2KEUcvY> (access date 23.05.2018)..

53 Victoria Veselova. Mentioned text.

54 Ирина Лоскутова. Минздрав РК предлагает изменить ФЗ, чтобы уменьшить очереди в поликлиниках. URL: <https://bit.ly/2JaURQs> (access date 23.05.2018).

55 FAQ по медицинскому страхованию в Крыму: типичные проблемы и способы их решения. URL: <https://bit.ly/2MZXQNO> (access date 23.05.2018).

accompanying documents.⁵⁶ Thus, after the implementation of the Russian medical standards' paperwork takes most of a doctor's working day, as this is a necessary condition of the administration of a medical establishment for the provision of treatment.

“I used to fill in a chart automatically, just put down everything I saw, and now I have to check every single word. Apart from me, there goes the chief, the observer, the chief of medicine, the CHI, then a group of medics is created under the aegis of the insurance company, and they check whether such preparations are allowed for a patient with such nosology. The procedure repeats with regard to each patient. It's unrealistic to check 11 thousand charts. They say: “Give us 100 charts from a certain department for a certain time period”. You can find faults in any chart. Sometimes they get totally marasmic, check the grammar constructions”⁵⁷

“More journals. If there were 3 journals to keep, now, I am trying to count – there are 16. You need to report on every ampoule, syringe or cotton ball, to write it all off to somebody”⁵⁸

Thus, surgeries are performed under an appointment confirmation. To obtain it, one needs to collect a complete set of documents, which includes: extract from the minutes of the commission of physicians, extract from the medical chart with grounding of the necessity to conduct treatment, passport, passport copy, application from the citizen who intends to use the service, the CHI card and the copy thereof, certificate of disability (if applicable), and the pension insurance card with a copy thereof (if applicable).⁵⁹

⁵⁶ Олег Батулин. Mentioned text.

⁵⁷ Интервью КримSOS, М4.

⁵⁸ Интервью КримSOS, М11.

⁵⁹ Бесплатные операции рамках действия полиса ОМС: что нужно знать. URL: <https://bit.ly/2ufU-4rO> (access date 23.05.2018).

“Admissions are practically unlimited – the department is never full. Sometimes there is a need to hospitalize a person, but you send them away: go get some more examinations’ results and then come here. There was a case when a patient was delivered by car, he had an appointment confirmation, it was in the afternoon. The diagnosis was circulatory collapse. “Why did you go straight to the surgeon, without an appointment card, without examination? Under the laws we are currently working, I cannot hospitalize you. Previously, the situation was different, I could put you in hospital, but now I can’t, as you are a chronic patient”. Under the law, chronic patients can be hospitalized only after the examination in the planned regime. Previously, we could hospitalize patients anytime, and conduct examination already here”⁶⁰

In the Territorial program of state guarantees for free provision of medical care to citizens in the Republic of Crimea for 2015, the deadlines for waiting for medical assistance are set. According to the Annex 13 of the program, a waiting period for providing primary health care in an emergency form is set – no more than 2 hours from the time of appeal. However, in practice this is not universally observed. It is informed that patients in an emergency condition wait in a queue for several hours.

- ✓ On January 2, 2018, 50-year-old director of the Privetnoye branch of the PJSC Massandra federal state unitary enterprise Oleksandr Kulikov died suddenly because of the doctors of the State Budgetary Health Care Institution of Alushta Central Municipal Hospital, who rendered no medical aid for 4 hours. Local residents state: they keep sick people in the admissions department for hours and deny hospitalization, referring to the lack of medicines and room.⁶¹
- ✓ *“The woman I know in Sevastopol had acute pain in her kidneys, she could not stand it any longer and her husband took her to the hospital. They started bullying the couple in the admissions department, like, why have you brought her by yourself, why didn’t you call the ambulance? They accepted her to this hospital only two hours later with this pain, she was crying. So she was*

⁶⁰ Interview CrimeaSOS, M2.

⁶¹ В Алуштинской больнице умер пациент, горожане винят медиков.

URL: <https://bit.ly/2udo9s4> (access date 23.05.2018);

В Крыму умер мужчина, пролежавший 4 часа без помощи на кушетке в больнице. URL: <https://bit.ly/2NyMmlk> (access date 23.05.2018).

hospitalized, received treatment, and discharged. Two days later, the pain returned, and she called the ambulance. The ambulance delivered her to the hospital, and then comes: “Why did you call the ambulance?” She said, when I got here two days ago, you shouted at me for not having called the ambulance. Then her attending physician came, and said: “What have you done, couldn’t you come here by yourself? Now they will deprive me of my bonus, because you called the ambulance!” Later, the doctor calmed down a bit and said she was upset because she would be deprived of incentive payment”⁶²

- ✓ *“My younger child had a rash. At 7.30 am, I came to the admission department, and they said – we are having a break, go to office N. So I did, it was closed. It was 8.15 already, all other offices were working, but not this one. We beat the child’s fever, gave him some sedatives, and he fell asleep in my arms. I said, “Let your doctor see him in the admissions department”. They replied with “There’s no such doctor here in a daytime, we cannot help you.” At the reception desk they told us we waited in the wrong queue, we should have gone to another office. So I came to this other office, and there was a huge queue over there. We stood there waiting for half an hour, the sedatives started to wear off, my child (about 1-year-old) started crying, and the doctors took someone to the office without waiting in line. I went to the doctor, and he started shouting, like, you’re only temporizing by your talking. 2 hours passed. Then it was our turn to come in, and I realized by the doctor’s reaction that it was something serious. He says the child had either food poisoning or intoxication. They sent us hastily to the pediatric department. And then this bureaucracy started, it was already 10.30, they didn’t see us for half an hour, and then they did their paperwork for some more 40-50 minutes. It was 11 something, and we were in that hospital with my child since 7.30, and they didn’t see him, and, most important, they didn’t do anything for him for all that time”⁶³*

In Crimea, there is also the possibility of using highly qualified medical care in other regions of Russia, but in this case, there are difficulties.

⁶² Interview CrimeaSOS, M5.

⁶³ Interview CrimeaSOS, M5.

“There is the HQMA – the high quality medical assistance outside the borders of Crimea. If the case is severe, the Ministry of Health Care of Crimea issues an appointment confirmation and the patient is sent to the mainland. They were shouting out loudly that it was free. The HQMA is allegedly included in the CHI. However, it turned out that it wasn’t. When our patient arrived, and they told her the sum, it’s good she had someone there, they took a loan, and she paid for the surgery”⁶⁴

In some cases, it was reported that the demanded sum was necessary for moving forward in a queue.

MEDICATIONS

The state medical institutions buy medications on their own. The purchase is conducted on the tender basis.⁶⁵ Because of the unstable work of the Kerch ferry crossing, the question of the supply of medicines from the territory of continental Russia to Crimea is particularly acute.⁶⁶ At the moment, it is not possible to verify the compliance of medicines purchased under the tender with international quality standards. However, the authors of the report are aware of the use of low-quality medicines, the shortage of medicines in hospitals (especially in the last months of the year), the inability to replace unsuitable medications. The majority of respondents reported that the most reliable way to get a quality medicine is to transport it from the mainland Ukraine.

“The man got into a road accident, and had his spleen removed: for two days everything seemed good, he talked, everything was normal, but on the third day the stitches went apart, the intestines were falling out, and he died. The sewing materials were outdated. Internal stitches are made with catgut – the threat which dissolves by itself. It should dissolve in 7-10 days, but this one was outdated. The doctors said, we cannot work with this suture, it breaks in the process. They sewed, the suture dissolved, and the intestines started falling out. They repeatedly put the nets, but in vain, he died. No one talks about it, the man just died and that’s it. This is what they say: “What can I do? Work with what you were given”⁶⁷

64 Interview CrimeaSOS, M4.

65 Information about distributors is available here: <https://bit.ly/2u4xnaK> (access date 23.05.2018).

66 Маргарита Яворская. Страхование медицина в Крыму: бесплатное питание и всем одни и те же лекарства. URL: <https://bit.ly/2JaQt3E> (access date 23.05.2018).

67 Interview CrimeaSOS, M11.

“As far as I understand, they are taking the worst from the whole Russia here, to Crimea. My laboratory assistant told: “Yesterday, they delivered a whole load of reagents for general blood tests. We took a look and saw there was just a month till the end of the term of validity.” And this was a supply of reagents for half a year. Naturally, the tests are carried out with such reagents, and it’s not a set fact that they show different figures every time when taken. The administration knows all this, but they only make a helpless gesture. The doctors tell this to the Chief of Medicine at every staff briefing, but all they get is “I cannot do anything, there is no money, let’s wait for them to make a bridge”⁶⁸

“There were no gloves in the admissions department for a long time, we told the Chief of medicines, but he didn’t give a damn about it. One of the girls found a website on which it was possible to write anonymous letters to Putin. The commission was there in a week. The day before the arrival of the commission, medications and syringes were delivered, and we were almost out of syringes, only 10s remained. So they delivered syringes, Ketanov, something else – so, allegedly, the medications were there. The next day the commission came – “everything is here.” We ran out of Ketanov in exactly four days, but no one voiced this. The next day the commission came: “There are all the necessary things in the pharmacies – gloves, painkillers, what a beautiful redecoration you have had recently, you have a great hospital, why are you complaining? You haven’t seen hospitals in Russia, apparently”⁶⁹

68 Interview CrimeaSOS, M11.

69 Interview CrimeaSOS, M11.

“As for medications, it’s easier to tell what we have than what we don’t have. There is saline, and then – in summer not many surgeries were performed because there was no saline in half a liter containers. We also have no Ketanov – they give several packages per department periodically. And we have vitamins (B, C). Now there is still ceftriaxone, an antibiotic, levofloxacin. That’s it. With this minimum, there is nothing you can do. The girls buy a brilliant green solution for the dressing room themselves, the same with ammonia, because there is nothing. There’s no buttercloth, but there is cotton. As for droppers the systems are somehow weird, liquid pours out, it is impossible to work. We have run out of normal droppers – they brought us some dubious batch of these new ones, so we are suffering till this batch is over. In the beginning, they tried to uphold good name. In 2014-2015 there were expensive antibiotics, the price for which even once reached 1000 hryvnias – sometimes they were prescribed for the patients in severe condition”⁷⁰

“The doctors are given the pharmacy of our department, and we work with what we have. For example, they give us methronidazole, the validity term of which expires in several months, and say – you need to work it all out on an urgent basis. So you have to work with it whether it’s needed or not. It should be written off. No medications should remain – it would mean you work badly otherwise. It’s very beneficial for the pharmaceutical companies to work with the state structures. For example, heparin is a diluting drug, we controlled its effect through clotting of blood, and realized: it absolutely does not work. And no one speaks about it. We know this in our doctoral circle, but imagine: a person has a life-threatening disease, and the drug does not work”⁷¹

“The quality of medications is much lower than in Ukraine. Everyone seems to be saying: “What can I bring from Ukraine, what they have, and we don’t have here”. There are probably many counterfeit medicines. There were many cases. The Moscow region, which produces Sumamed (antibiotic), although it is actually made in Czechoslovakia”⁷²

⁷⁰ Interview CrimeaSOS, M11.

⁷¹ Interview CrimeaSOS, M11.

⁷² Interview CrimeaSOS, M4.

“The medications are bad because they don’t bring the desired result, compared to the preparations that we had before. For example, antibiotics: 5 days – and there was an effect. Here, 5 days, 10, or one month – no results at all. So we jump from one low quality antibiotic to another. Those patients who have stronger immune systems recover. Some we have to discharge, having treated them a little, as there is a certain period of staying in hospital prescribed for each disease. For example, pneumonia – up to 17 days of inpatient treatment. Of course, they will not discharge a patient in a severe condition, but I think a patient in “tolerable” state could be discharged and transferred to pills. The patient would take pills for 2 or 3 weeks and return to the hospital with pneumonia in a month. The patient who has been cured should not return, in theory, but they get back in 1-3 months. According to the legislation, it is prohibited to prescribe medications which the hospital doesn’t have and could not provide”⁷³

“I receive 9 packs of test strips for 3 months. 3 packs are usually outdated (the period ends in a month). I refuse to take them, they are not replaced. This means, I once again have to go through this entire procedure, so that they can replace them and give me fresh ones. So I have to buy test strips at my own expense”⁷⁴

“This does not come as a surprise to anyone that the medications are absolutely ineffective. The doctors say it’s all chalk. When asked which preparation to take, they say “take imported one”. These Russian medicines are ineffective in the actual fact. Not all Ukrainian preparations are available, and imported ones are sold, but they are very expensive”⁷⁵

⁷³ Interview CrimeaSOS, M6.

⁷⁴ Interview CrimeaSOS, M1.

⁷⁵ Interview CrimeaSOS, M9.

“At first, they brought the medicines. There were interruptions, but everything was filled. Then there were constant interruptions. There was a time, we just injected saline and said that it was painkillers (there were no painkillers in the hospital). The insurance company provides the cheapest medicine, only the most necessary (there is a list of essential medicines). At the moment, the hospital has not received Analgin for a year, because in their understanding this is not a vital medication. The fact that fever in no way should be subdued with diphenhydramine does not worry anyone. As soon as Ukrainian medicines were over, Russian preparations came: the same promedol, morphine. Anesthetists say that it is difficult for people to recover from anesthesia when the said medications are used. The second-third day – begins a violation of the respiratory system, lack of oxygen, complications, the patients often die. No one says anything about this”⁷⁶

All private pharmacies at the territory of medical institutions were closed, and only state-owned pharmacies remained, in which not always there are necessary medical preparations or only their Russian counterparts. The problems with social pharmacies have also been reported.

“They have been promising these (social – add.) pharmacies for about three years. After the occupation began, 30 social pharmacies were closed, only one remained. This pharmacy gets closed from time to time, the staff remain unpaid or their salaries are delayed, the people call an ambulance to the pharmacy doors. Often, there are no life-saving medications, for example, for the people suffering from diabetes or cancer”⁷⁷

⁷⁶ Interview CrimeaSOS, M11.

⁷⁷ Социальные аптеки в Крыму: соцсети заговорили о «филиале ада». URL: <https://bit.ly/2NAzmM0> (access date 23.05.2018).

THERAPY/TREATMENT OF CERTAIN CONTAGIOUS DISEASES

There is information about a serious increase in the number of people with certain types of contagious diseases, in particular, tuberculosis, hepatitis C and HIV infections.

“The statistics on the HIV is frightening. Crimea was never a favorable region in this regard back at the times of Ukraine. In Ukraine, infectious disease specialists worked with antiviral drugs of a newer generation. After 2014, they returned to the drugs they worked with 15 years ago. The effect falls many-fold. We do not die of HIV, but from concomitant pathology, because of immunodeficiency. Now they do not hold back this layer. Previously, everyone went through the Disability Determination Services – they have a disability, and before this they were examined by focused specialists. Now this doesn’t happen. Many specialists were laid off in the Center on the Rosa Luxemburg street. And the patients were recorded in terms of statistics, as they went to one center – they were known. Now they go to all the hospitals. They are lost, the birth rate is increasing. We do not even know many of those who are HIV-positive. Tuberculosis is scary. These are 2 infections that go with 7-mile steps. Therapy has become much weaker than it was”⁷⁸

According to the Russian AIDS Prevention and Control Center, in August 2017, 22,000 new infections were detected, while in January there were 16,000. According to the statistics in 2013, there were 28 HIV positive in Crimea per 100 thousand people, and in 2016 – 40 cases for the same 100 thousand. As of October 2017, more than 10,000 people were registered in the HIV dispensary in Crimea, but only half of them received antiretroviral therapy.⁷⁹

In March 2017, the Russia-controlled authorities in Crimea reported a decrease in the incidence of tuberculosis by 10,1%⁸⁰. The total incidence of tuberculosis in 2016 was 64.2 per 100 thousand people (in 2015 – 71.4 per 100 thousand respectively), on average in Russia – 53.3 per 100 thousand people. The incidence in Crimea exceeds the all-Russian index by 20%. In 2016, 243 people died of tuberculosis on the peninsula. However, in September 2016, Liliia Mamotenko, the chief non-staff

⁷⁸ Interview CrimeaSOS, M4.

⁷⁹ В Крыму исключили лекарства от ВИЧ из перечня жизненно необходимых.
URL: <https://bit.ly/2LOJWdG> (access date 23.05.2018).

⁸⁰ В Крыму зафиксировали снижение уровня заболеваемости туберкулезом – власти.
URL: <http://bit.ly/2KYsAkT> (access date 23.05.2018).

phthisiatrician of the Moscow-controlled Crimean Ministry of Health claimed that the incidence rates for tuberculosis in Crimea continue to be high, and the peninsula is experiencing an increase in the spread of multidrug-resistant tuberculosis and tuberculosis HIV infection.⁸¹ The spread of tuberculosis in Crimea after the occupation is connected also with the lack of high-quality antibiotics, which were used before annexation. Russian antibiotics are much inferior in quality to those of Ukraine, and tuberculosis is rapidly developing resistance to such drugs, which causes new forms of the disease that need to be treated with new and stronger antibiotics.⁸²

THE AMENDMENTS OF THE HEALTH CARE SYSTEM IN CRIMEA AS A RESULT OF THE INTRODUCTION OF THE RUSSIAN LEGISLATION

The introduction of the Russian health legislation in Crimea led to the transformation of the entire sector. Thus, health care institutions have their own funds, which they receive from insurance companies, and they can use them as they like. However, in practice this leads, among other things, to savings on the provision of quality treatment and payment for the work of doctors. In turn, the deterioration in the quality of medical care provided by public health institutions leads to the strengthening and development of the private sector through the outflow of patients.

“I see the policy of connivance, negligence everywhere: the obvious mismanagement, the local bosses have every opportunity to steal. I don’t know what the aim of all this is, they probably know who takes what and for which sum. What was there since the Soviet times, it’s still there. They will put a fence for a decoration, but they wouldn’t equip the surgery rooms (the bosses who were sitting here acted this way) when a man arrived from somewhere, the first thing he did was equipping the surgery room, but he has no specialists – he’s from St.Petersburg or from Moscow”⁸³

81 Бороться с туберкулезом в Крыму намерены листовками и интервью. URL: <http://bit.ly/2KXvxCj> (access date 23.05.2018).

82 The New Profile of Drug-Resistant Tuberculosis in Russia: A Global and Local Perspective: Summary of a Joint Workshop. National Academy of Sciences, 2011. URL: <http://bit.ly/2MZ3I9W> (access date 23.05.2018).

83 Interview CrimeaSOS, M13.

“Cardiological department is rather interesting for the hospital, because the medications are very expensive. The CHI allocates RUB 11-30K for each patient (finished case). If they allocated RUB 16K but I managed to cut it and cured him or her for RUB 8K, then 8K remains in the department. Meanwhile, a cardiological patient is allocated RUB 20K, and if they can narrow the treatment and cure the patient for RUB 10K – the hospital earns 10K. A hospital within a state is a separate state which will earn for itself. Republican medical institutions remain on the balance of the state, other state hospitals work for themselves, earning for themselves through the CHI cards. If a hospital earned revenues, it would not take money from the state, and by new equipment”⁸⁴

“It’s beneficial for somebody to develop private structures, maybe somebody is the owner/co-owner/investor of such private structures. Such things are already happening in Crimea. There is someone in the Ministry of Health who owns a private clinic”⁸⁵

“Today, all this going from one doctor’s office to another is arranged by the insurance system deliberately, so that the people would say “we want paid medicine” sooner”⁸⁶

“Many private doctors’ offices appeared. Doctors quit from hospitals, open private offices, so people are forced to go to these private structures. The standard fee for a visit to a doctor there is about RUB 800-1000”⁸⁷

Moreover, insurance medicine seriously affects the financial situation of doctors. Doctors receive a basic rate, as well as allowances in the form of incentive payments. The base rate is rather small, and the basic income is based on incentive payments, which are assigned to the discretion of administrations of medical institutions. Such system creates broad opportunities for pressure on employees from the management of hospitals, and also allows to apply the selective approach to employees. In addition, insurance medicine in Russia suggests that since 2013, doctors are no longer receiving money from the budget, but are funded from the Compulsory Health Insurance Fund. Therefore, the salary of a doctor directly depends on the number of patients treated.⁸⁸ As a result, wages depend on the budget of the hospital itself.

⁸⁴ Interview CrimeaSOS, M4.

⁸⁵ Interview CrimeaSOS, M4.

⁸⁶ Interview CrimeaSOS, M10.

⁸⁷ Interview CrimeaSOS, M5.

⁸⁸ Маргарита Яворская. Mentioned text.

- ✓ On October 11, 2016, the de facto Administration of the Investigatory Committee for the Republic of Crimea reported initiation of a criminal case against Chief of Medicine of the Simferopol Clinic Hospital named dafter Semashko Olena Soboleva. She was charged under Part 1 of Article 285 of the Criminal Code of the Russian Federation “Abuse of official powers”, which is up to 4 years of imprisonment. According to the investigators, the suspect, having taken advantage of her official authorizations, issued orders in accordance to which financial bonuses were illegally established and paid to the workers of the administrative-managing staff for rendering high-technology medical assistance. The damage caused to the interests of the Republican Clinic Hospital named after Semashko was assessed as over RUB 17 million.⁸⁹
- ✓ *“A decrease of incentive payments is apparently going on in our hospital. I heard that there are hospitals where they are not conducted at all (...) for several months (the decision of the hospital administration is not to make incentive payments – add.) The rate was changed a little, raised by RUB 1000-1500. In 2014, nurses were paid 80% of the wage rate with incentive payments, in 2015-2016 – 100% incentive payments, since the second half of 2016 – 50% for nurses, 60% for doctors, 70% for heads of departments, and 30-40 % for hospital attendants. If there are violations from the side of the employees, the incentive payments are either not paid at all, or decreased”⁹⁰*
- ✓ In September, the doctors of the Alupka polyclinic 3 stated that the Russian reforms are demolishing Crimean health care system. *“They created the conditions which are unbearable, it’s impossible to work. We receive only wage rates, without any bonuses. I work at a rate and a quarter. They pay a quarter of a wage rate for my services in Gaspra, where there are 11 thousand of population, plus tourists, plus sanatoriums. My wage rate amounted to RUB 23K approximately. Previously, I got RUB 43K per month in spring.”* The nurses of this medical establishment also complained about the cut of incentive payments, due to which their wages made RUB 10-12K. *“The people are forced to quit. At present moment we have no ENT, no neuropathologist. The oculist works at 0.25 rates – the doctor of the highest category receives a salary of five thousand rubles”⁹¹*

⁸⁹ Иван Жилин. Денег нет, но вы держите. Против главврача в Крыму возбудили уголовное дело за повышение зарплат. URL: <http://bit.ly/2KTCnc1> (access date 23.05.2018).

⁹⁰ Interview CrimeaSOS, M6.

⁹¹ Виктория Веселова. Mentioned text.

- ✓ *“In 2014, salaries increased. Since 2015, they gradually began to decline. In 2014 it was 30-35 thousand rubles, in 2015 – 20-25 thousand, in 2016 – about 22-24 thousand rubles. Nurses and hospital attendants receive even less. Many doctors, especially the ones of retirement age, because of the sharp increase in the loads just go away. And we have about 30% of doctors of retirement age. It’s a catastrophe in anesthesiology and intensive care”⁹²*
- ✓ *“Periodically (every six months) there is a check from insurance companies, they take the charts for an inspection. The first time we had a fine for the fact that the charts were not properly executed – they are finding faults with the little things. This is a separate story. “You have the right to prescribe 5 medications, why 6? So you have spent this medicine inexpediently, you are paying for it.” They take this money from our salaries. The second fine was for the following – “you do not fulfill the plan,” and we had surgeries every day, the hospital worked normally. “You have not fulfilled the plan with regard to sick people, you have to treat more. More surgeries are needed”, – get a fine. After that check we began to do it massively: 4 surgeries, everyone was treated, operated. Now they say at the check: “Why are you overspending your funds, how could you do so many surgeries?” If a patient comes urgently, they have appendicitis, I will not send them home. “You have exceeded the plan by almost 100%, you spent a lot of budget funds, here’s a fine for RUB 500,000 for your hospital to pay.” So they fined us and allegedly because of this did not provide incentive payments”⁹³*
- ✓ *“The boss can appoint bonuses at least every month to special employees and even to himself. Any incentive payments remain an element of manipulation and pressure. Even if you were rewarded for working well, it’s also a manipulation. Everyone knows that if something starts to do “wrong”, then you will have to talk to the “gentlemen in epaulets”⁹⁴*

This situation leads to a shortage of staff: doctors massively leave the public sector, which in turn becomes the cause of untimely and poor quality of medical care. An important issue is also the confirmation of the medical category, as well as the impossibility of re-certification in the mainland Ukraine, since the documents issued by Crimean medical institutions can not be used.⁹⁵

⁹² Сергей Мокрушин. Диагноз для крымской медицины. URL: <http://bit.ly/2N2WvWD> (access date 23.05.2018).

⁹³ Interview CrimeaSOS, M11.

⁹⁴ Interview CrimeaSOS, M13.

⁹⁵ Врачи из Крыма с российскими документами не будут допущены к аттестации на материковой Украине – Минздрав. URL: <http://bit.ly/2KJYXEH> (access date 23.05.2018).

“We don’t have medications to render emergency medical aid in full scope. We lack the necessary equipment, bougies. The outflow of personnel is the biggest I remember ever happening. There was nothing of the kind even in the most difficult times, under Ukraine. The intensive care department at our hospital is underequipped. It often happens so that anesthesiologists are busy at emergency surgeries, and planned surgeries have to be postponed. This becomes a sort of a norm, but it should not be like that”⁹⁶

“Under Ukraine, a doctor participated in the competition every 5 years, went to the thematic advanced training, and obtained certification for 5 years. Now doctors are supposed to score points: it is needed to accumulate 250 points in 5 years, and no more than 50 in one year. There are lectures, seminars – 102 points, articles – 7 points each, depending on the level. Attending congresses, conferences: Moscow, St. Petersburg, Krasnodar, Ryazan”⁹⁷

CONCLUSIONS

Basing on the analyzed information, the authors of the report made conclusions that the introduction of the Russian health care system at the territory of Crimea led to serious negative consequences for the population of the peninsula, as well as to the non-compliance with the international standards:

- ✓ *Availability*: at present moment, a sufficient number of medical institutions continue functioning in Crimea. However, the quantity and quality of the medicines delivered to the peninsula is insufficient to properly satisfy the demand of the health care system and the population;
- ✓ *Accessibility* of medical services for the population has become seriously complicated:
 - There is **discrimination** on the ground of having CHI cards, which are hard to obtain for the non-RF citizens. This problem is the timeliest for the persons who preserved Ukrainian citizenship and denounced Russian citizenship, residing permanently in Crimea. The cases of denial of medical aid without CHI cards, which ended in subsequent deaths, have been recorded.

⁹⁶ Виктория Веселова. Mentioned text.

⁹⁷ Interview CrimeaSOS, M12.

- Due to the constant low queues for obtaining free medical care, the **timely physical access to medical aid is absent**. Cases of deaths due to the absence of timely medical assistance have been recorded.
 - The only alternative to free public health institutions are commercial institutions, the cost of services in which remains very high and inaccessible to many residents of Crimea. *“On the one hand, if you are dissatisfied with the health care provided by the state, there is an alternative, which is also unavailable.”*⁹⁸ This shows that there **is no economic accessibility of modern high-quality medical services**.
- ✓ *Acceptability*: the control of insurance companies over medical institutions and a number of other factors described above lead to the fact that doctors are forced to follow prescribed standards and norms, rather than medical ethics. Cases of refusals in providing medical assistance or providing poor-quality medical care contrary to medical ethics, which led to the death of patients, have been recorded.
- ✓ *Quality*: the quality of the medical assistance seriously deteriorated under two key reasons:
- rigid standards of treatment which the doctors are obliged to abide by and under which individual approach is nullified;
 - poor-quality pharmaceuticals, medical preparations, and medical supplies. Cases of usage of expired, low-quality preparations supplied to the health care institutions, have been recorded.

The *de facto* authorities of Crimea admit there are problems in the health care sphere. In summer 2017, Sergey Aksionov stated the following: *“There is a problem with the CHI, to get an appointment at doctors, specialists, to wait for this appointment. Unfortunately, the whole system works with complications and is not always effective. This is a federal system, it works all over the country.. This system does not meet the current conditions, I mean the citizens’ state of health”*⁹⁹

The worst outcome is when, as described above, the serious shortcomings of the health care system result in the death of people.

⁹⁸ Interview CrimeaSOS, M9.

⁹⁹ Аксенов раскритиковал российскую систему медстрахования. URL: <http://bit.ly/2KIHtbT> (access date 23.05.2018).

So, in 2015, the woman died as a result of failure to provide quality medical care. Below is a piece of information from her husband:

“I, Dmytro Ivkov, being a spouse of deceased Zarema Ivkova, who died on March 12, 2015 in the state budgetary health institution of Municipal Hospital 1 of Sevastopol, consider that failure to provide timely treatment and gross violation of the treatment standards by the doctors which led to my wife’s death, is the outcome of the total disorganization of the whole Sevastopol medicine by Chief of Management of the Health Care Y.V. Voskanyan. Precisely under his direct instructions the doctors are prohibited to prescribe preparations which are absent in the hospitals, and now the hospitals are running out even of syringes, let alone life-saving medications. Due to the above, inpatient treatment turns into a fiction, which ends in patients’ deaths. I am convinced that Chief of Management of the Health Care Y.V. Voskanyan is responsible for the death of my wife and other patients who did not receive proper medical care. Voskanyan intimidates doctors and nurses and in fact bans them from giving treatment to the sick people, concealing the fact of absence of the necessary medications in the hospital”¹⁰⁰

Regardless of the attempts of the de facto law-enforcement structures to investigate such cases and to subject the guilty to responsibility, the reasons for such deaths have acquired a systematic character. These reasons are determined by the introduction in Crimea of the Russian health care system and the Russian standards, which led to the systematic decline of availability and quality of medical care in Crimea.

¹⁰⁰ Дмитрий Ивков. В Севастополе из-за нехватки лекарств в больнице и указаний Восканяна умерла моя жена – молодая мать только родившегося ребенка. URL: <http://bit.ly/2L1uZlr> (access date 23.05.2018).

The authors of the report have amended the personal data of some respondents for the sake of their personal and professional security.

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