Uchyot and Foucault: Drug Users and Migrants in Post-Soviet Central Asia and Russia

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Abstract

In this paper, we unpack the *uchyot* ("registration") system using Foucault's regime- based approach. *Uchyot* is a Soviet tool for controlling populations by requiring them to register personal information and then sharing this information with the relevant state institutions. This paper explores how *uchyot* is used to control drug users in Uzbekistan and Central Asian migrants in Russia. It argues that social and economic pressures, combined with strict policies, push unwanted citizens and migrants to engage in risky behaviors or into the shadows of informality and illegality.

Keywords

uchyot – *propiska* – drug abuse – HIV – migration – Central Asia – Russia – Uzbekistan

Post-Soviet countries such as Russia and the countries of Central Asia still exhibit some remnants of the Soviet legacy and nostalgic discourses about the past. To a greater or lesser degree, these states continue to rule—including managing their populations—using authoritarian methods, which have not been particularly reformed in response to global demands for democratic change and liberal values. The "Soviet school" (*sovetskaia zakal'ka*) of political

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actors are particularly keen to use Soviet methods to control the population and limit freedom of expression, freedom of movement, and other human rights, believing that these methods are most effective.

One such method of control—and our focus in this paper—is erasing the boundaries between private and public. There is no respect for privacy when it comes to drug abuse, HIV infection, sex work, and unauthorized movement: the moment an individual does something that does not accord with state-defined norms, he or she risks of being caught in the regimes of control. His or her personal information is registered and eventually shared with the relevant state institutions, as well as with family members and community elders (eg., the *mahalla*). In effect, it is a system of blacklisting that is headed by the security organs.

This system, known as *uchyot* (from the Russian meaning "listing/recording"), is well-developed and has proved effective at achieving total control of the population. There are various types of *uchyot*: of narcology, of venereology, of criminals at the police station, of Wahhabis (*Wahuchyot*), of prophylactic registration (*profuchyot*), and of residence change (*propiska*).1 Different post-Soviet countries have elaborated different types of *uchyot*, but all borrow the Russian term. They have also adapted the Russian-language phrases *stoit na uchyote* or *vziali na uchyot* into national variants such as the Uzbek *uchyotga olingan* and the Turkmen *uchyoto goyan*. These describe the "listed" status of an individual in the *uchyot* system, implying negative consequences for him/her. The *Uchyot* system is used to prevent risky and unwanted behavior that may lead to epidemiological and other collective risks. This system, which attempts to control the public health situation by managing bodies and intervening into private lives of individuals who might engage in risky behavior, can be explained applying analytical tools based on the biopolitical principles of governance defined by Michel Foucault. His concept of biopolitics, in particular, is useful here.2 If an individual wants to move, which is also undesirable in the eyes of the authorities, he or she must deal with the system of residence registration (*propiska*), which is restrictive both in Russia and in Central Asia.

1 A number of human rights reports recommend getting rid of such *uchyot* systems as *profuchyot*. See, for example, International Crisis Group, "Dagestan's Abandoned Counter-Insurgency Experiment," July 5, 2018, https://www.crisisgroup.org/europe-central-asia/caucasus/russianorth-caucasus/counter-insurgency-north-caucasus-i-dagestans-abandoned-experiment, accessed January 11, 2021.

2 Michel Foucault, "The Ethics of the Concern for Self as a Practice of Freedom," in *Essential Works of Foucault 1954–1984, vol. 1: Ethics: Subjectivity and Truth*, ed. Michel Foucault and P.D. Rabinow (New York: Penguin Books, 1997), 281–302.

This paper analyzes the mechanisms of state interventions, the context, and other factors that influence the decisions of those affected, including drug users, sex workers, migrants, criminals, religious minorities, opposition members, and many others who are seen as unwanted by authoritarian governments. One case study provides an institutional description of the narcology system for *uchyot* of drug users; another goes down to the individual level, exploring the consequences of the control regime for a female migrant who lives in Moscow without a *propiska*.

The paper is based on qualitative research conducted by two authors with different disciplinary backgrounds—one an anthropologist, the other a public health researcher—working on different topics. The first author has undertaken research in Central Asia since 2005 and in Russia since 2016. Her research concerns migration and identity, as well as, more recently, broader governance models that incorporate post-Soviet state practices. The second author has researched shuttle traders in Central Asia (2006) and drug users and HIV in Uzbekistan (2010–11), as well as conducting fieldwork in Central Asia between 2012 and 2016. Data on drug users was collected in two narcology clinics in Uzbekistan and included 50 interviews with mainly injecting drug users (IDUs) and 17 interviews with medical practitioners, state officials, NGO staff, and family members of IDUs collected in two locations in Uzbekistan.

This paper is structured as follows. First, we briefly provide background information on drug abuse in Central Asia and migration from Central Asia to Russia. We then introduce the empirical material: an outlining of the narcology system in Uzbekistan by the second author and an exploration of migrant experiences in Russia by the first author. These case studies are followed by analysis of the two contexts—namely managing bodies and managing mobility—using Foucauldian theory and Agamben's "bare life" concept. The analysis aims to conceptualize what we term *uchyot regimes*. Finally, we summarize the theoretical arguments and close with concluding remarks.

1 Case Study 1: Controlling the Bodies

Drug abuse in Central Asia took a dramatic turn after the collapse of the Soviet Union.3 During the anarchic transition period of 1991–1993, people sought to

3 Martin McKee, Judith Healy, and Jane Falkingham, eds., *Health Care in Central Asia* (Maidenhead, UK: Open University Press, 2002); Anar Ulikpan et al., "Central Asian Post-Soviet Health Systems in Transition: Has Different Aid Engagement Produced Different Outcomes?" *Global Health Action* 7, no. 1 (2014).

obtain capital, status, and whatever other resources were available for appropriation. As one of the second author's informants stated: "All who could grab things did so then and are now rich."[4]

Local drug users refer to this time period as *beshabashnoe vremia* (from Russian "chaotic times"). Following the loosening of former Soviet borders in the early 1990s, drugs from Afghanistan flooded the region. Although Central Asia—particularly Uzbekistan and Turkmenistan—has long been notorious for drug consumption, a far larger quantity of drugs were available on the black market in the early post-Soviet period, causing a so-called "drug boom."[5] So-called "drug mafias" established drug-cultivation areas in different provinces.[6]

The drug boom caused a number of problems, including an increase in crime and the deterioration of drug users' health.[7] It also led to drugs becoming popular with the younger generation, whereas during the Soviet Union drug consumption had been a sign of belonging to higher class among elderly people or affluent individuals. As youth became involved with heroin in late 1990s instead of the traditional opium favored by the older generation—a shift facilitated by the fact that heroin was cheaper than vodka at that time—drug consumption changed from a prestigious activity (*bangi*, a person who consumes opium) to something negative (*narkoman*, a term derived from Russian, means "a drug addict"). In turn, the term *narkoman* became associated with theft, crime, and a "finished person" (*qutargan*). Drug users came to categorize their fellow users on the basis of social status and financial capital.[8]

Families play a central role in the financial, emotional, and social lives of drug users. Having a drug user in a family is considered shameful, so families often try to keep the drug abuse—and even the existence of this family member—a secret from the rest of the community by confining the user to the house. (In the early 2000s, both authors saw metal cages built for drug users

4 Anonymous respondent, interviewed by Muyassar Turaeva, Urgench, 2010.

5 There are well-researched studies of illicit drug trade and consumption in the Soviet Union. See, for example, Rensselaer W. Lee, "Dynamics of the Soviet Illicit Drug Market," *Crime, Law and Social Change* 17, no. 3 (1992): 177–233; Rensselaer W. Lee, "Soviet Narcotics Trade," *Society* 28, no. 5 (1991): 46–52.

6 V. Kuleshov, "Na skamzhee podsudimykh-narkobanda," *Izvestiia*, February 12, 1990, 6.

7 T. Rhodes et al., "HIV Infection Associated with Drug Injecting in the Newly Independent States, Eastern Europe: The Social and Economic Context of Epidemics," *Addiction* 94, no. 9 (1999): 1323–36; Martin C. Donoghoe, Jeffrey V. Lazarus, and Srdan Matic, "HIV/AIDS in the Transitional Countries of Eastern Europe and Central Asia," *Clinical Medicine* 5 (2005): 487–490; Robert B. Davis, "Drug and Alcohol Use in the Former Soviet Union: Selected Factors and Future Considerations," *The International Journal of the Addictions* 29, no. 3 (1994): 303–323.

8 Muyassar Turaeva, "HIV/AIDS and Drug Abuse in Post-Soviet Central Asia: Soviet Style of Biopolitics and Health Regimes" (research project, Bielefeld University, Germany, 2020).

within private houses.) A coveted alternative is to send the drug user abroad, putting him or her at a safe distance from local social pressures and state authorities. Given the grave consequences of taking a drug user to a narcology clinic—including the risk of the user being listed in the *uchyot* system—a drug user is taken to a narcology clinic only as a last resort.

The narcology system, part of the Soviet penitentiary institutions, is used to punish and control drug users and alcohol abusers. Narcology clinics are loci where the primary registration of drug users takes place. If a drug user was caught by the police, they record this in the *uchyot* system and then hand the victim over to the relevant narcology clinic, if the family cannot afford to free the caught drug user.

Narcology as a discipline, field, institution, and regime is a Soviet creation. Drug users and alcoholics are kept within narcology clinics, which resemble prisons. These clinics conduct blood purification procedures and aversion therapy, as well as compelling forced labor.9 Before narcology clinics were established, drug users were treated in a special ward of psychiatric clinics.10

According to Babayan, the Ministry of Health in the USSR created a new medical position known as "district doctor psychiatrist-narcologist" (*uchast- kovyi vrach psikhiatr-narkolog*).11 Medical institutes re-established internships in psychoneurology, as well as further educating doctors in narcology, creating a "doctor-narcologist" specialization. Ministry of Health Order no. 131 of February 5, 1976, included narcology dispensers within the healthcare agency.12 Narcology services consisted of health institutions (i.e., narcology, psychoneurology) and the security office under the Ministry of Internal Affairs of the USSR.13 Pharmaceutical narcotic drugs were issued only with special prescriptions from doctors and only for medical purposes, whereas prescription

9 Yakov Gilinsky and Vladimir Zobnev, "The Drug Treatment System in Russia: Past and Present, Problems and Prospects," in *Drug Treatment Systems in an International Perspective: Drugs, Demons, and Delinquents*, ed. Harald Klingemann and Geoffrey Hunt (Thousand Oaks, CA: Sage Publications, 1998), 117–123; Timothy P. Rouse and N. Prabha Unnithan, "Comparative Ideologies and Alcoholism: The Protestant Ethic and Proletarian Ethics," *Social Problems* 40, no. 29 (1993): 213–227.

10 See also Levinson's insightful analysis of drug policies in Russia where punitive measures are unsuccessful: Lev Levinson, "Russian Drug Policy: Stating the Problem and Revealing the Actual Picture," in *War on Drugs, HIV/AIDS and Human Rights*, ed. Kasia Malinowska-Sempruch and Sarah Gallagher (New York: International Debate Education Association, 2004), 52–59; Andrey Tolopilo and Leonid Vlasenko, "Drug User Registration: Practices, Consequences, and the Future," 2008.

11 E.A. Babayan and M.H. Gonopolskiy, *Uchebnoe posobii po narkologii* (Tashkent: Meditsina UzSSR, 1988).

12 Ibid., 132.

13 E.A. Babayan and M.H. Gonopolskiy, *Narkologiia* (Moscow: Meditsina, 1990).

documents were issued with serial numbers and were subjected to special registration and control.[14]

Isolation and punitive methods were also employed against HIV-positive individuals in order to keep them away from the rest of the population. This approach persists today in Uzbekistan's fight against drug users and alcoholism. As one narcologist stated:

> If it was up to me, I would send them all to build pyramids as it was before, they all must be treated only with a whip […] it doesn't work otherwise, i.e., they are just idle and blissing out, they can only think of *kef* they consciously [made this choice], [living] on others' expenses […] one should not babysit them (*siusiukat'sia*).[15]

The differences between Soviet narcology and post-Soviet narcology remain only on the surface (institutions may have changed name, for instance), while the methods and principles for addressing these problems continue to be largely drawn from the Soviet experience of using force and managing bodies. The narcology centers and clinics in Uzbekistan today are structured primarily to provide detoxification for opiate users and alcohol abusers; no harm-reduction interventions are offered to reduce HIV and hepatitis among drug users.[16] Regional narcology centers and clinics outside the capital city have not changed their Soviet-style "care." Although narcology clinics have been opened outside the premises of psychiatry clinics, narcological departments within psychiatric clinics are still used for drug users and alcohol abusers who have developed psychological problems or who have experienced epileptic shock. In both institutions, the measures taken against "inmates" and negative attitudes toward them remain the same.

There is one all-republic narcology center, 16 narcological dispensaries, 3 narcology inpatient clinics, and 11 narcology units within mental hospitals.[17] Additionally, there are 18 private narcological clinics.[18] All patients who contact state institutions for help or who are brought to narcology clinics by family

14 Ibid.

15 Anonymous respondent, interviewed by Muyassar Turaeva, narcology center in Urgench, November 2010.

16 V. Mravcik, ed., *National Report on the Drug Situation in the Republic of Uzbekistan (Drug Situation in 2011*) (Prague: ResAd s.r.o. for the national Centre on Drug Control under the Cabinet of Ministries of the Republic of Uzbekistan /CADAP, 2012).

17 Ministry of Health of the Republic of Uzbekistan, *Analytical and Statistical Data of the Ministry of the Health of the Republic of Uzbekistan for 2010–2011* (Tashkent: Ministry of Health, 2012).

18 Azizbek Boltaev, "Needs Assessment on HIV and Drug Policy in Central Asian Countries, Access to Primary Health Care for Drug Users," Open Society Institute, 2004.

members are automatically listed in the *uchyot* system. The lists are then shared among security offices, relevant police offices, and *mahalla* offices.

The District Narcology Center consists of three departments:

- the *majburiy* (compulsory department);
- the voluntary department; and
- the rehabilitation department (which should encompass psychotherapeutic methods, but these have yet to be incorporated into treatment).

The *majburiy* department is where patients arrive following court decisions or police arrests. These patients are people who have caused major problems to both the public and their families and are regarded as threats to society. These departments are always locked with metal doors that are secured by three policemen at all times. Medical personnel and patients share very negative perceptions of the *majburiy*. The security measures taken in this department contribute to this perception.

The informants of the second author remember their time in the *majburiy* department as being similar to life in prison. One is not allowed to go outside to get fresh air. Some inmates of the *majburiy* department recalled the conditions being so bad that they would grow more aggressive, knowing that there was little chance of recovery:19 only in exceptional circumstances—specifically, if they have serious health problems—may individuals in this department be transferred to the rehabilitation department.

The voluntary department is for drug users who voluntarily seek treatment without a court order. The main difference between the *majburiy* department and the voluntary department is that the doors are not guarded by police, but simply locked. Patients are also allowed to go outside at designated times, but only to certain areas (such as the garden) or for brief smoke breaks. Talking to inmates, family members, and narcology personnel, it became clear that the voluntary department was not entirely voluntary: patients are not allowed to leave the facility without official permission. Counter to the claims of a narcologist, who assured the second author that drug users in the voluntary and rehabilitation departments were all anonymous, many family members of drug users indicated that patients' names could only be removed from the *uchyot* system for a small fee.20

The rehabilitation department is officially designated for patients who are sent there by court order or police arrest. During fieldwork, the second author's impression was that residence in this department was limited to those who could afford it. Due to the superior conditions in the rehabilitation department

19 Anonymous respondent, interviewed by Muyassar Turaeva, Urgench, November 2010.

20 Anonymous respondent, personal communication with Muyassar Turaeva, Urgench, October 2010.

compared to the voluntary and *majburiy* departments—there were fewer beds and better service—it was considered a luxury to be able to stay there.21

2 Case Study 2: Controlling Mobility

The economic hardships caused by early post-Soviet turmoil were met with diverse strategies of survival, one of the most popular being migration to Russia. Other migrants moved within their republic, whether to the capital or another major city.

In Russia, the economy demanded masses of migrants willing to provide cheap labor, but these population movements are not perceived positively by the host population. The post-Soviet Russian government therefore had to navigate between economic needs and citizens' demands. The *propiska* regime for registering residence, which was used during the Soviet era to control mobility within the boundaries of the Soviet Union and which persisted in most post-Soviet republics,22 offered a good solution for the control-hungry government. The problem with registration (*propiska*) is that everyone who arrives in Russia must theoretically register at his or her flat. There is no way to register oneself privately unless one is living in a hotel, hostel, or very expensive luxury accommodation that can guarantee legal registration in an actual place of residence. At the same time, it is virtually impossible to register at one's actual flat: either there are too many people already officially registered there or the owner wishes not to make it known that the flat is rented in order to avoid taxes. Thus, migrants tend to get a half-legal registration, officially registering at an address that is either fake or not a residential building. The first author herself, despite making every effort not to be an illegal migrant, failed to secure clean documents that would protect her from the street police, who can always abuse one's insecure status. Everyone in Moscow knows that migrants have fake or half-legal registrations; police prey on this by immediately asking for documents and *propiska* when they stop them on the street.

Historically, *propiska* not only allowed the government to control the population's movements (*pereseleniia*) and record any deaths, but enabled residents to obtain social welfare and other benefits.23 Today, *propiska* has a more nega-

21 Anonymous respondent, interviewed by Muyassar Turaeva, Tashkent, February 2011.

22 Kronid Lyubarskiy, "Passportnaia sistema i sistema propiski v Rossii. Rossiskii biulleten po pravam cheloveka," *Institut prav cheloveka* 2 (1994).

23 Rano Turaeva, "Identification, Discrimination and Communication: Khorezmian Migrants in Tashkent" (PhD diss., Martin Luther University Halle, Max-Planck Institute for Social Anthropology, 2011). See also Fiona Hill, "Eurasia on the Move: The Regional

tive character, restricting movement to capital cities, where the majority of resources are concentrated, and acting as a tool for abusing migrants. In addition, *propiska* makes it possible to locate those who have been under another *uchyot* system allowing control over movements and migration.

Here, we detail the experiences of Inoyat a migrant in Moscow, a 29-year-old young woman who has two daughters (ages 11 and 8). Inoyat shares a room with eight young men near a smaller mosque in the center of Moscow. Since it is not appropriate to have her daughters in the room with these male migrants, they stay in the room where her sister lives (also in Moscow). Her sister lives in a room with her family (husband and 2 small children); another room in the flat is occupied by relatives and other Tajik migrants. Inoyat first arrived in Moscow at the age of 23, as she was no longer welcome at her parents' house— where her brothers lived with their families—following her divorce. At first, she left her daughters with her mother; later, when her mother became sick and could no longer care for them, she had to bring them to Moscow. At that time, her brother and sister were also living in Moscow. Inoyat could not stay in the room her sister shared with her family, but the sister agreed to let the girls stay there. This was a great help to Inoyat, as it meant she could just rent a mattress in a crowded room for herself, which is the cheapest option for migrants without families. Inoyat had to pay all the girls' expenses (chiefly their food); they did not attend school, as they lacked a *propiska*, the residence permit thatprovides limited access to schooling and medical care.

Inoyat herself had to buy a cheap fake *propiska*. A small piece of paper that fits into a passport, it listed an address that Inoyat needed to memorize in case of a police check. The actual place where Inoyat lives is different from the address indicated in her fake registration: it would be impossible to register at the address where she really lives because so many people sleep in this tiny two-room flat. Inoyat herself does not know how many people live there, as mattresses are stacked against the wall after migrants wake up so that other

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Implications of Mass Labour Migration from Central Asia to Russia" (Kennan Institute presentation, September 24, 2004); Mansoor Ali and Quillin Bryce, eds., *Migration and Remittances: Eastern Europe and the Former Soviet Union* (New York: World Bank, 2006); A. Kursad, "Labour Migration and its Potential Consequences for Central Asia," *Central Asia-Caucasus Analyst* 10 (2008): 16; Eliza Isabaeva, "Leaving to Enable Others to Remain: Remittances and New Moral Economies of Migration in Southern Kyrgyzstan," *Central Asian Survey* 30 (2011): 541–554. Russia receives the second-most migrants of any country worldwide, millions of whom come from Central Asia; on the other side, some countries in Central Asia are remittance-dependent economies (See International Organisation for Migration 2020. Migration Data Portal on migration to Russia, avail- able under: https://migrationdataportal.org/data?i=stock_abs_&t=2020&cm49=643 [accessed March 10, 2021].

migrants who work different shifts can put their mattresses down and sleep. Inoyat herself holds several jobs: she works in a café during the day and cleans various drugstores at night. She does not have weekends off, though she does sometimes take a day off to visit her daughters and take them food, money, and anything else they might need.

Since her papers are only half-legal, Inoyat contends with the disadvantages of informal employment. Employers can dismiss her at will and she can be thrown out of her room at any time if she does not behave. Inoyat cannot legally rely on state social support or other social security schemes, as she is not legally registered. Millions of illegal migrants like her are employed informally and therefore not secured.

Propiska is not merely an administrative tool for locating people. It also grants the holder access to social welfare and other benefits, which are withheld from the individual who lacks that document. Without *propiska*, both internal and international migrants become illegal. As such, *propiska* has developed into a complex documentation machine for controlling mobility. For migrants, it produces illegality and precarity: as they are typically unable to register at their actual place of residence, they must break *propiska* rules and carry fake *propiskas*, leaving them open to detention and deportation if stopped by the police.24 The *propiska* regime, which limited Inoyat's choices in the labor market, also makes it difficult for individuals to take advantage of contracts, tax returns, and welfare.

3 The *Uchyot* Regimes

These two examples of controlling populations—controlling unwanted behavior and controlling mobility—are not new to the region. That being said, informants suggest that Soviet economic conditions and social welfare were better organized, somewhat mitigating the impact of these control mechanisms. Nevertheless, these mechanisms continue to serve authoritarian regimes, which seek total control over mobility, bodies, behavior, information, opinions, discourses, and practices—and securitize anything that does not align with state ideals and state-dictated ways of life.

In order to understand the *uchyot* system—or what we, following the Foucauldian regime-based approach, call the *uchyot* regime—it is helpful to understand the methodologies and principles by which authoritarian

24 Nicholas De Genova, "Detention, Deportation, and Waiting: Toward a Theory of Migrant Detainability," *Gender a výzkum* 20, no. 1 (2019): 92–104.

governments' societal and medical challenges are addressed in the post-Soviet era. "Regime" is defined as "the complex of institutional geography, rules, prac- tice and animating ideas that are associated with regulation."25 A regime-based approach to any regulatory system of government allows us to "bring out the relationships among different parts of [a] regulatory system."26 Power is a cen- tral function of any regime; Foucault recommends that we "escape from the limited field of juridical sovereignty and State institutions, and instead base our analysis of power on the study of the techniques and tactics of domination."27 To understand a regime, one needs to look at its context and content. The context of a regime is "the backdrop or setting in which regulation takes place."28 Regime content, meanwhile, includes "the policy settings, the configuration of state and other organizations directly engaged in regulating the risk, and the attitudes, beliefs, and operating conventions of the regulators."29 According to Foucault, the elements of a regime are a *dispositif*—that is, its mechanisms, techniques, and economies that are driven by power and power relations.30

Turning to the *uchyot* part of "*uchyot* regime," the verb form of the noun *uchyot* is *uchityvat*, meaning to "consider," "record," or "note." How does one end up in the *uchyot* system? In the case of drug users, they are either appre- hended by the police or come into contact with narcological dispensaries, putting them at risk of being entered into the database (*uchyotda*). Drug users who can afford treatment in private facilities are then told that they will not be registered, although there is no guarantee of this.

These lists are used for several purposes. According to a narcologist from Uzbekistan, patients who are addicted to drugs or alcohol usually remain registered on the lists of medical institutions for three years. Under *uchyot* requirements, narcologists are obliged to follow up with individual drug users who are on the *uchyot* lists after they leave the narcology clinic. That being said, the doctors are paid just USD$25 per month, which is too little for them to be motivated to make home visits to drug users or report on the current status of every individual on the *uchyot*.

The *mahalla* committee also plays an important role in relation to every kind of *uchyot* (including of drug users and migrants). The *mahalla* has its own

25 Christopher Hood, Henry Rothstein, and Robert Baldwin, *The Government of Risk: Understanding Risk Regulation Regimes* (Oxford: Oxford University Press, 2001).
26 Ibid.
27 Michel Foucault, *Two Lectures. Power/Knowledge: Selected Interviews & Other Writings, 1972–1977* (New York: Pantheon Books, 1980), 102.
28 Hood, Rothstein, and Baldwin, *The Government of Risk*.
29 Ibid.
30 Foucault, *Security, Territory, Population*, 12.

building and its own police officer and volunteers who can be used to control each and every individual living in the neighborhood.31 Neighborhood committees actively cooperate with both the police and narcology clinics to monitor those who are on such lists: they may visit a family to discuss a "problem" member of the family or send a police officer to a flat where residents lack a proper *propiska*. This monitoring often leads to anger and resistance on the part of neighborhood residents.32

In the case of the *uchyot* of drug users, it is difficult to get oneself removed from the list without having been sober (drug free) for three years. Certificates confirming that a drug user has been sober for three years are difficult to obtain and are to be issued only by *mahalla* committees, *uchastkovoi* (neighborhood) police, or *uchastkovoi* (neighborhood) doctors. Other ways to avoid the negative consequences of the *uchyot* system include leaving the country; buying one's way off the list, which can be very expensive;33 and … dying. Drug users who can afford private treatment also have a better chance of avoiding the *uchyot*.34 The consequences of being registered in drug user databases include: the loss of one's driving license, parental rights, right to employment, and right to marry;35 non-admission to higher education; enforced "collaboration" with law enforcement agencies; and the risk of becoming *kozyyol otpushenie* (the victim of police officers' efforts to frame registered drug users for unsolved criminal cases in order to meet their quotas).

Soviet politicians designed the system of *uchyot* to be a coordinated system of strict control over what the state deems risky behavior among "unwanted" citizens. In practice, the system serves officials, doctors, and others who can

31 For insightful studies of mahallas in Uzbekistan, see Rustamjon Urinboyev, "Establishing an 'Uzbek Mahalla' via Smartphones and Social Media: Everyday Transnational Lives of Uzbek Labor Migrants in Russia," in *Constructing the Uzbek State: Narratives of Post-Soviet Years*, ed. Marlene Laruelle (Lanham, MD: Lexington, 2017), 119–148; Rustamjon Urinboyev, "Law, Social Norms and Welfare as Means of Public Administration: Case Study of Mahalla Institutions in Uzbekistan," *NISPAcee Journal of Public Administration and Policy* 4, no. 1 (2011): 33–57.

32 Interviews conducted by Rano Turaeva and Muyassar Turaeva, Uzbekistan, 2005 and 2011.

33 Payments for being removed from the *uchyot* comprise the main form of income for staff (including doctors and police) involved in the *uchyot* system.

34 Daniel Wolfe, Richard Elovich, Azizbek Boltaev, and Dilshod Pulatov, "HIV in Central Asia: Tajikistan, Uzbekistan and Kyrgyzstan," in *Public Health Aspects of HIV/AIDS in Low and Middle Income Countries: Epidemiology, Prevention and Care*, ed. David D. Celentano and Chris Beyrer (New York: Springer, 2008), 557–581; Mravcik, *National Report on the Drug Situation.*

35 Certificates stating that one is not listed in the *uchyot* system are part of the list of documents to be submitted to register one's marriage. A medical certificate indicating that one is healthy, has no history of STIs, and is HIV-negative is also required.

earn additional income from bribes paid by the families of the victims and the victims themselves. Such a system isolates people who need to be supported, not controlled. The system also pushes drug users and other potential victims of the system into the shadows of informality and illegality, often leading to unsafe drug use. Migrants without *propiska* are likewise pushed into the shadows of illegality.

4 Biopolitics of *Uchyot* Regimes

Negative attitudes toward drug abuse, sex work, homosexuals, HIV/AIDS, and other infectious diseases are rooted in the Soviet ideal of a healthy population. Healthy labor mottos and ideologies developed in the context of producing the healthy, clean, and ideal *Homo Sovieticus*.36 The Soviet ideal also defined the unwanted, i.e., those who did not fit that ideal. The unwanted needed to be controlled and ideally corrected, and the punitive methods used to do so reflected a combination of medical and security concerns.

The system of medical surveillance comprised healthcare units, security, and forced labor units, all of which were supervised by the Ministry of Internal Affairs. Forced labor, furthermore, was organized in the form of LTPs (*Lechebno-Trudovaia Profilaktika*—Medical-Labor Preventative Treatment). LTP still exists in its Soviet form in Belarus, a fact that served as the basis for a recent discussion in Russia about reviving this institution.37 Police raids on sex workers and their enforced hospitalization in venereological hospitals with prison-like conditions are standard practice in Uzbekistan and other Central Asian countries; sex workers are forcibly kept in these clinics for at least two weeks regardless of whether or not they have STIs. Today, health problems such as drug abuse, tuberculosis, mental illness, venereal diseases, and infectious diseases are classified as "socially significant and hazardous" and fall under the purview of both public health and security institutions.

In an authoritarian context, the concern is less about "health *care*" and more about "health *management*." The Soviet style of health administration

36 Sergei Gogin, "Homo Sovieticus: 20 Years After the End of the Soviet Union," *Russian Analytical Digest* 109, March 8, 2012.

37 To our knowledge, LTPs were officially abolished after the end of the Soviet Union in all countries except Turkmenistan, Belarus, and Moldova. Russia's parliament, however, was considering reviving LTPs to fight alcoholism and drug abuse. Although on paper govern- ments have had to comply with Western democratic demands and have announced that LTPs do not exist, many drug users from this study confirmed their existence.

and management practiced by post-Soviet states can be explained by applying Foucault's theories of biopolitics and biopower. He defined these terms as:

> a number of phenomena that seem to me to be quite significant, namely, the set of mechanisms through which the basic biological features of the species became the object of a political strategy, of a general strategy power, or, in other words, how, starting from the eighteenth century, modern Western societies took on board the fundamental biological fact that human beings are a species. This is roughly what I have called bio-power.38

Throughout his work on psychiatry, sexuality, punishment, and discipline, Foucault reminds the reader that a diverse set of actors, tools, policies, discourses, practices, and mechanisms contribute to a political regime where human bodies are made into objects in political strategies for managing healthy populations.

In a similar vein, Agamben describes the "intersection between the juridico-institutional and biopolitical models of power."39 He argues that these two important aspects of power should not be separated, stating that "the inclusion of bare life in the political realm constitutes the original […] It can even be said that the production of a biopolitical body is the original activity of sovereign power."40 Agamben goes on:

> Placing biological life at the center of its calculations, the modern State therefore does nothing other than bring to light the secret tie uniting power and bare life, thereby reaffirming the bond (derived from tenacious correspondence between the modern and the archaic which one encounters in the most diverse spheres) between modern power and the most immemorial of the arcana imperii.41

The *uchyot* system turns citizens into bodies that need to be controlled, punished, and treated with methods resembling Agamben's conceptualization of bare life. Agamben provides a detailed account of what he means by "bare life" and his idea of *Homo Sacer*, explaining that individuals' identity papers are

38 Foucault, *Security, Territory, Population*, 1.
39 Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life*, trans. Daniel Heller-Roazen (Stanford: Stanford University Press, 1998), 6.
40 Ibid., 6.
41 Ibid.

first taken away in order to reduce them to nothing but bodies. He gives the example of Nazi concentration camps, where Jews and other minority groups were exploited and killed: their civil rights were taken away and they were reduced to numbers rather than even being referred to by their names.42

The *uchyot* system does not differentiate between listed individuals on the basis of gender, emotions, or personality. Instead, it lumps together all those who are "unwanted." The fact that someone consumes drugs means that his or her details can be registered and shared with other state institutions. The fact that someone works as a sex worker empowers the police to force that individual into medical imprisonment, where he or she is treated as an unwanted body that needs correction. The fact that someone migrates and lives some- where else empowers state officials to abuse a migrant and make him or her illegal. Such a system forces medical treatment and registration onto its citizens, as individuals are defined by their bodily conditions and not by their human rights as citizens. This kind of controlling, cleansing, correcting, and punishing was—and still is—performed to restrict behavior and mobility.

Through the process of biopolitics or acting upon bodies, individual characteristics such as identity, citizenship rights, and human rights become irrelevant or are just ignored. At the same time, the boundaries between public and private are blurred and overstepped: once-private information about an individual becomes publicly available.

5 Concluding Remarks

In this paper, we discussed the Soviet-made *uchyot* system, which is used to register information about unwanted behavior and unwanted mobility as well as to share it with the relevant state institutions. The system of *uchyot* is a securitized one: biopolitics serves the security purpose of controlling populations' bodies. In order to understand how power is used by governments to control biological bodies and mobile bodies, we made use of Foucault's concept of biopower and biopolitics, as well as his regime-based approach to control mechanisms. Biological bodies are those bodies that are targeted by governments for medical correction due to drug abuse, alcohol abuse, and STIs. The Foucauldian regime-based approach enabled us to define the *uchyot* regime as a set of mechanisms that target and seek to correct unwanted behavior using a diverse set of actors, institutions, practices, tools, and policies. Our conceptual framework drew on the works of Foucault and Agamben, who explain

42 Ibid.

central aspects of power through subjectivity, panopticism, punitive systems, and practices for medical management.43 Agamben's concept of "bare life" was also useful for illuminating how individuality, privacy, emotions, and identity are lost within the process of biopolitics and policing bodies and how regimes have been established to control populations and correct them if possible.

On the basis of our empirical material, we argue that Soviet-style control mechanisms do not help to address the problems they purport to solve, such as increased mobility, demographic changes, the spread of diseases, and drug abuse. Instead, strict *uchyot* policies combine with social and economic pressures to push "unwanted" populations—drug users and migrants—into engaging in risky behavior in the shadows of informality and illegality. Drug users try to hide their addiction until emigration is possible to avoid ending up on an *uchyot*; migrants must cope with their illegal status while navigating their lack of access to medical services, education, or employment. Remaining insecurely mobile, living a hidden life, and hiding an addiction all have severe epidemiological implications, not least because such individuals are consistently harassed in the streets and in public spaces44 such as security facilities, clinics, and neighborhoods.

All of this means that the lives of the "unwanted" are difficult to study. Perhaps unsurprisingly, therefore, no systematic research has yet been completed in this field. Soviet-inspired regimes that include *uchyot* ought to be studied comparatively and diachronically.

43 Foucault, *Security, Territory, Population*; Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York: Pantheon Books, 1975).

44 For book-length insights into being HIV-positive in Russia, see Jarrett Zigon, *"HIV is God's Blessing": Rehabilitating Morality in Neoliberal Russia* (Berkeley, CA: University of California Press, 2011).