Regional Politics and Health Care Reform in Post-Soviet Russia

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Under the Direction of Kathryn Stoner

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A CDDRL Undergraduate Honors Thesis

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Abstract

In 1997, the Russian government passed the *Federal Health Care Conception Plan* that mandated each federal subject to adopt a series of health care reforms within their respective region. In the chaos of the post-Soviet period, these reforms were meant to reshape and modernize the Russian health system throughout the entirety of the federation. However, between the years 1997-2001, drastic variation in implementing these policies across regions in Russia can be observed. *What explains this variation? Why did some regions reform? Why did some regions not reform?* Previous literature has focused almost extensively on the influence of economic conditions in Russian regions. Yet, little attention has been paid to the role of political institutions and regional regime characteristics in determining this variation. Using a series of regression tests and a comparative case study between the regions of Novgorod and Kostroma, this paper identifies a number of potential political factors – namely, levels of civil society - that drove health care reform during this time period. This paper also explores avenues for further research on this topic.

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To my Mom, Dad, and two Brothers

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FHCCP – Federal Health Care Conception Plan
NED – National Endowment for Democracy
NGO – Non-Governmental Organization
MOLR – Multinomial Ordinal Logistic Regression

Chapter 1: Collapse and Reform

With the collapse of the Soviet Union in 1991, Russia's system of social services descended into turmoil.[1] As the statist political economy became undermined by hyperinflation and bureaucratic infighting, the provision of goods and services slowed down while the process of reform remained stagnant. As a result, poverty, inequality, and mortality rates grew in almost all regions of Russia.[2] The ensuing chaos of the decade-long economic decline had a significant impact on social services and the subsequent development of the population within Russia. The dissolution of the economic and political system was far reaching, ultimately leaving no facet of Russian society untouched.

One area of society that was significantly influenced during this time of difficult transition was Russia's health care system. Already by the 1980s, the Soviet Union started to experience a wide range of issues within their own healthcare system. The low levels of medical-technology, chronic underfinancing, and bureaucratic rigidity all led to a series of failed reforms that contributed to the deterioration of health conditions amongst the Russian population (Cook). Cracks in the system became apparent to everyone, as its outdated and ineffective system could not handle more complicated treatments such as cancer and cardiovascular disease (Cook). This trend continued well into the 1990s, as these problems were only exacerbated by the collapse of the political and economic system. By the middle of the decade, salaries for most health-care workers had fallen below the subsistence level contributing to low performance and frequent job changes within the market. Pharmaceuticals were scarce in hospitals, and the outdated Soviet

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[1] The chaos of transition was overwhelming for the new Russian government and the Russian population. Given the erosion of social institutions across all levels of society, the difficult of reform for various regions is not surprising. As Michael McFaul writes in *Consolidating the Third Wave Democracies*, "Russia simultaneously had to create a new state, a new political system, and a new economic system."

[2] According to Linda Cook in her book *Postcommunist Welfare States: Reform Politics in Russia and Eastern Europe*, the official poverty rate grew to 25 per cent of the population.

health care infrastructure deteriorated without continual and proper financing for maintenance and organization. Estimates indicate that health care financing for the nation fell by approximately one-third (Cook, Pg. 5).

As Russia's health care system descended into turmoil, the health of the population declined in tandem. Numerous studies indicate that the lack of a viable health care system contributed to the decline of key health indicators (Danton). The stress, uncertainty, decline of living standards, and poor diet exacerbated the demand for health care, which was largely unmet for a majority of the population. As demand increased, supply declined leaving citizens with very few alternatives. As a result, infectious diseases reemerged and spread, mortality surged, and alcoholic related deaths became more common. Childhood immunization programs even collapsed for a brief period in the wake of the crisis (Cook, Pg. 1). According to the United Nation's Development Program 2001 report, levels of tuberculosis doubled across Russia in the 1990s (See Figure 1.1). The growth rate of HIV surged during this period as well. According to some estimates, between the years 1993- 2005, deaths exceed births by 11.2 million, as the population declined by about 700,000 per year (Putin, 2005). Male life expectancy in Russia also declined to below 60 years (See Figure 1.2), a level not otherwise seen in peacetime developed economies (Cook, 2015).[3] Within a global context, these figures hover below some countries in sub-Saharan Africa (Lincoln, Wittgenstein, McKeon, 1996). The main causes of this mortality were cardiovascular disease, cancer, accidents, and poisonings (often alcohol-related). The youth demographic suffered as well, as murders, suicides, and accidents skyrocketed. The immediate effects of this crisis may have gone unrecognized to most observers, but there were serious consequences for Russia's future.

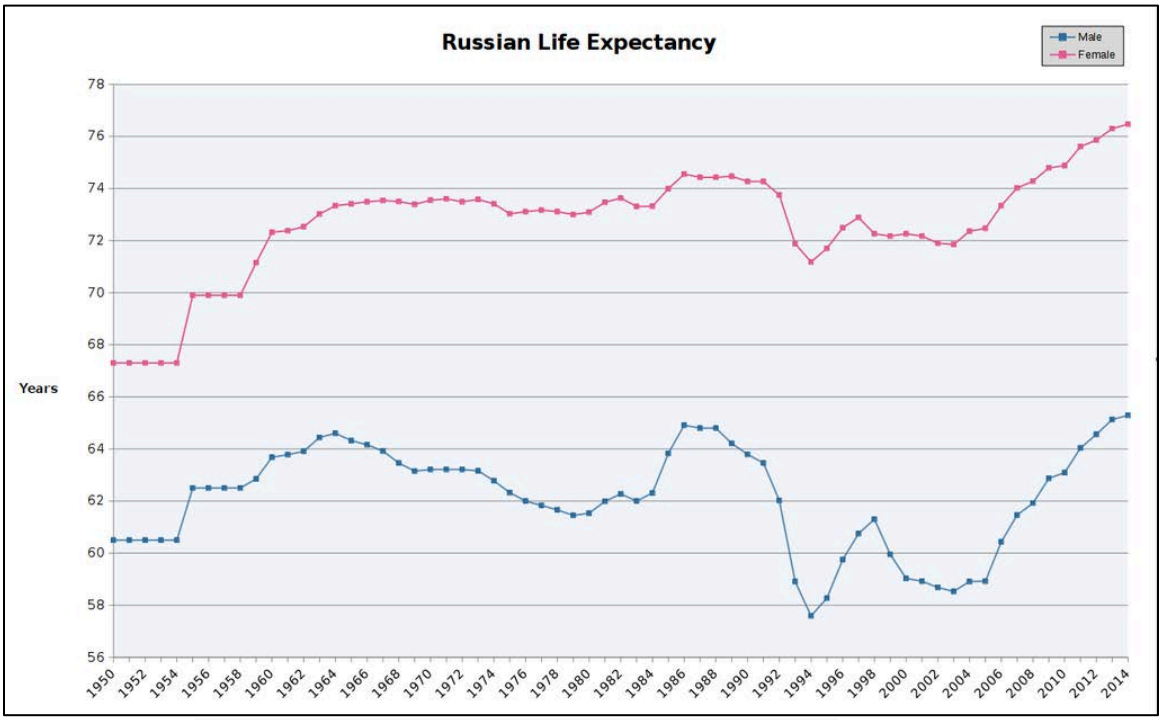
[3] Between the years 1990 and 1994, life expectancy for men dropped from 64 years to 57 years. Life expectancy for women fell from 74 to 71 during this period as well. For a country that for most of the 20th Century projected itself as a world power, this is staggering. Today, this puzzle remains a topic of exploration for a number of scholars.

Figure 1.1 Reported incidence of TB in Russian Federation, 1990-2001

Source: DaVanzo, Julie and Clifford A. Grammich. Dire Demographic Trends Cast A Shadow on Russia's Future. Santa Monica, CA: RAND Corporation, 2001. http://www.rand.org/pubs/research_briefs/RB5054.html.

The larger picture of this health crisis is staggering, but perhaps more revealing are the day-to-day experiences of citizens who lived through this time of struggle and transition. The chaos and destruction of the health care system touched many, if not all lives in post-Soviet period. There are numerous stories from individuals and groups that experienced the tragedy of this system's demise. One woman described how she was "afraid" to give birth in a hospital do to the uncertainty of the care she and her newborn would receive (Rivkin-Fish). For the emerging orphan population during this period, the lack of proper health care, immunization, and nutrition led to severe physical trauma. Reports indicate that groups of orphans who did not receive proper care, failed to develop linguistic and social capabilities (Garret). The tragedy and the suffering for those who endured cannot be emphasized enough.

Figure 1.1 Russian Life Expectancy 1950-2014



Source: Demoscope.ru. http://demoscope.ru/weekly/archives.php

As a response to the health crisis, Russian government officials pursued a wide range of policy reforms in order to revamp their withering health system. Seeking help from a wide range of domestic and international advisors, the Yeltsin government sought to salvage Russia's health care system through a broad range of marketizing and liberalizing reforms. Like other facets of Russia's transition from the Soviet Union, the health care system was introduced to "shock therapy." In a series of swift procedures, Moscow attempted to decentralize the health care system, and move towards a mixed system of insurance and privatization. The movement towards a mixed system of private and publicly funded medical care was designed to foster competition between parties. It was thought that through liberal markets and competition that both quality and efficiency of health care would improve. Despite these drastic series of reforms, the Russian government kept its commitment to free health care for its citizens. Universal health care was written into the new Constitution of the Russian Federation and remains an important

aspect of the system in theory, but is very uneven in practice.

In November 1997, in an attempt to further implement these liberal market reforms, the Ministry of Health in Moscow published the *Federal Health Care Conception Plan* (FHCCP*).* This was a series of health care system reform programs for Russian regions. In this time period, most regional governments were aware of the federally mandated priorities for reform (Twigg, Pg. 204). Given the significant levels of independence following large-scale decentralization, much of the responsibility for implementing these reforms then fell into the hands of regional governments. In this setting, power over financing strategies and implementation of policy was given from the federal government to the respective 89 regional health committees. In short, responsibility fell into the lap of regional governments. The degree to which health care reforms were pursued and manifested across Russia in this regard, varied greatly across region. As a result of this variation in health care reform, it is no exaggeration to say that, Russia had 89 different systems of health care (Twigg).

It is this variation across regions in the immediate post-Soviet period that is the central puzzle of this investigation. Why did some regions pursue reform during this period? Why did some not? What factors enabled greater reform in the regions of Russia? And which factors blocked or facilitated these series of reform? This paper pays special attention to the nature of political institutions and the role politics played in the regions of Russia and how they might have influenced the process of reform during the years between 1997 and 2001.

For purposes of this paper, it is important in light of this research topic to explicitly define what a region is in the context of Russia. During the Soviet period, Russia was divided into approximately 89 regional *subekty* (regional subjects). This division was based on considerations of critical borderland areas, ethnic concentrations, and the needs of a Soviet

planning system (Koehn, Popson, Ruble). These regional subjects ultimately remained after the collapse of the Soviet Union and currently, the Russian Federation used these formal divisions to compose the 89 regional subjects. Given the focus on the political and administrative capacities of each respective region, these federal subjects will serve as the main units of investigation and comparison.

Furthermore, it is important to address the timescale of this research. The years 1997-2001 are chosen for a number of reasons. First, the beginning of these reforms in 1997 signals a rupture to the Russian health system that "shocked" the structure out of its withering Soviet model, and onto its current path of development in which it exists today. This period of reform was not clean or pretty, but it nonetheless marks in important period of Russia's social service development. In this regard, the depth and drastic nature of these reforms cannot be emphasized enough and they demand further investigation. Second, this period allows us to test and study for the immediacy of these reforms and how the federal and regional governments responded. Finally, the richness of data and evidence during this period has been influential in choosing the timescale. After the collapse of the Soviet Union, scholarship in the regions of Russia flourished. A number of studies have produced an abundance of data for both the dependent and independent variables that will be used in this study. This investigation would not have been possible without the great work of scholars who have studied this time, period, and place before me. In this regard, I am very grateful.

This paper will be outlined as follows. First, I will review the current literature on regional health care reform in Russian regions and identify the gaps within them in order contextualize this research. Second I will propose a hypothesis and outline the research methodology. In the chapters that follow, I utilize both qualitative and quantitative methods in

order to investigate the relationship between various political/social institutions and health care reform. Specifically, I conduct a large-N statistical study of the Russian regions against various measures of political characteristics during the period between 1997-2001. This is then followed by a comparative case study of *most similar design* between the regions of Novgorod and Kostroma. This comparative method allows for the isolation of a chosen independent variable under investigation. Given the nature and scope of this paper, only one independent variable is chosen in the comparative case study, that being, civil society. Finally, I will review the merits and shortcomings of this research and conclude by identifying the key takeaways and a number of potential avenues for further research.

Chapter 2: Hypothesis and Research Design

In this Chapter, I first explore the current literature on the central question of this thesis (Section 2.1): *What explains the variation in the degree of health care reform in post-Soviet Russia between the years 1997-2001?* Ultimately, the literature review identifies a significant gap in current scholarship, that being, a lack of detail and nuance in each explanation – in terms of political influences - for each region's respective development of health care policy between the years 1997 and 2001. Indeed, there is a substantial lack of detail and exploration of a political explanation for the variation across regions during this period. From here, I propose a hypothesis in 2.2 that will be tested empirically in Chapter 3 and Chapter 4. I review my research design in section 2.3, and then conclude this chapter with a discussion of the academic and policy relevance for this paper.

2.1 Literature Review:

A small body of literature exists around the cross-regional variation of health care development in Russia. Most of the compelling research comes from Judyth Twigg, a professor from the Virginia Commonwealth University. Although Twigg produces a rich data set of Russian regional reform, Twigg's research falls short in answering this paper's initial question: *Why has health care system reform proceeded with such variation across Russia's regions?* In order to explain the drivers of reform, Twigg investigates variables such wealth, urban/rural distributions, and the development of insurance markets. Her explanation of this variation across the regions the current literature focuses almost exclusively on an economic explanation, that being the level of development and the private sector. And indeed, there is evidence that regional GDP per capita (levels of wealth in the region) are associated with higher degrees of reform.

This is to be expected, given the significant upfront costs of some of these reforms. Urban-Rural distribution was also a distinguishing factor in the investigation that was correlated with greater degrees of health care reform during this period. Regions with higher population density in urban regions tended to experience more reform. This relation is also associated with wealth as discussed earlier, given that more rural areas in Russia tend to be the ones with the lowest levels of development. Despite these explanatory variables, there are a variety of contextual factors and drivers that might contribute or facilitate the process of health care reform that have not yet been considered.

Although Twigg admits politics is important and deserves attention, she does not look at political variables as a driver of regional health care reform for methodological reasons. She claims that her methodology does not, "permit the construction of a reliable variable for quality of…policy". In this regard, this paper will attempt to fill this gap in the literature and investigate how politics and various political institutions may have influenced the degree of health care reform across Russian regions.

Furthermore, Twigg's quantitative model also leaves out a number of nuances that are important for analysis. For instance, she utilizes a Tau-b correlation, which assumes a binary relationship when in reality, the drivers of reform exist in a more complex space. Indeed, Tau-b only tests the relationship between 2 variables without any method of control for spurious ones, and subsequently Twigg's paper does not include any multivariate possibility in her quantitative analysis. A better model for the data set and the problem at hand would be a Multinomial Ordinal Logistic Regression (MOLR). This MOLR model is ultimately used in this study.

Another perspective, one that has influenced the political/administrative analytical approach for this paper comes from Linda Cook. She briefly postulates in her 2015 paper that

local politics and bureaucratic infighting is the main driver of the varied regional development. As Cook describes it: “The deteriorating health system of the 1990s was further pushed into a difficult position as bureaucratic infighting blocked and slowed the implementation of various reforms.” Regional governments during this period of reform often times harassed or blocked the implementation of various insurance mechanisms, an integral part of reform. Given their significant levels of autonomy over regional social service development, some regional leaders kept the Soviet model of direct funding to medical institutions under their jurisdiction (Cook, 2005). They resisted many reforms – namely, privatization and insurance- as it may have threatened their position of power. Cook’s explanation of this topic however, only skims the surface with her broad over simplification of each region’s experience. There are likely more political actors and variables at play, as her analysis lacks the detailed machinations supported by examples of case studies.

No study to date however has attempted to investigate how regional-political development and the subsequent political institutions that arose in this period influenced the degree of reform.

2.2 Hypothesis:

The significant levels of autonomy that local elites gained over their constituent economic and political regime, that being, after the movement towards decentralization, invites speculation into a regional social-political explanation for the variation across regions. In the chaos of transition, power shifted from formal political institutions to informal networks of influence among individuals who had political connections or economic resources at their disposal (Rutland, Pg. 86). According to Dininio and Orttung:

> *"The collapse of the Soviet Union…gave the eighty-nine Russian regions the opportunity to travel different trajectories in political and economic terms. From the mid-1990s until the end of 2004, voters in the regions directly elected governors who largely set the tone for their regions. The result has been a divergence in political and economic regimes. (Pg. 32)"*

In this regard, I hypothesize that each region's respective political structure and institutions dictated their course of health care development in the post-Soviet period. Additionally, current scholarships suggest that the level of autonomy and control of regional governments extended into the realm of health-sector reform in Russia. As Irina Rozhdestvenskaya and Sergei Shiskin observe, statist and elite actors dominated most health care negotiations. In their own words: "As things stand now, there is a near equilibrium of forces in the health service between special interest groups: regional elites, health bureaucrats, and health insurance organizations." (Pg. 598) Attempting to understand what exactly these regional political institutions are and what influence they have upon the development of policy is the focus for this paper.

From a regional political perspective, I hypothesize those regional regimes with more *democratically related characteristics* pursue greater amounts of healthcare reform. These characteristics, or qualities, include such measurements as political pluralism, independence of the media, levels of civil society, and voter participation in regional elections. In short, these are some of the many independent variables this paper that I test for in my Large-N statistical study. I hypothesize that each characteristic that is associated with liberal democracy will be correlated with greater degrees of reform.

In theory, representative democracy is generally understood to produce competition for popular support among elites who are trying to maintain or win elected office. Democratic institutions might therefore relate to health through, alleviation of social issues (health) that result from greater political voice and participation. In summary, constituents pressure elected officials to reform through a variety of channels and political institutions (Voorhoof, Ruger).

By contrast, the absence of representative democracy and related political intuitions provides few incentives for political elites to compete for votes. In theory, this would result in less political responsiveness. Furthermore, it presents fewer incentives for social and human development. In this regard, it can be theorized that authoritarian regimes suppress political competition and tend to have an interest in preventing human development, because improved health, education, and economic security mobilizes citizens to advocate for greater participation and more resources (Ruger).

In Chapter 4, the independent variable of civil society will be studied in further detail through a comparative case study. In this light, I hypothesize that regions with greater levels of civil society will have pursued more reform. This theory is based on the seminal work by Robert Putnam. He argues that civil society helps construct social capital, facilitating trust and shared values, which then map onto the political sphere. This ultimately pushes society towards interconnection and the interests within it (Putnam). For the case of Russia, civil society would facilitate the political process towards the mutual interest of a better health care system, enhancing quality, access, and affordability for its constituents. Thus, we expect to observe greater amounts of reform in regions with higher levels of civil society in across Russian regions. Ultimately, this hypothesis is confirmed in the correlative tests in Chapter 3. In the case study, we expect and observe similar results. By directly controlling for a number of potential spurious

variables, we observe that civil society might have directly pressured policy makers to pursue more health care reform between the years 1997 and 2001.

Defining civil society is of course difficult, as there are of course many interpretations and theories. The aim of this investigation is to look at civil society as defined the level of civic activism as represented through the presence of non-governmental organizations, referenda, various forms of unauthorized activity by the public, including rallies which includes demonstrations, strikes etc. Civil society in this context is understood as the realm of society that is autonomous, existing between state institutions and the constituents within it. Russian civil society is understood to produce an effective balance against the state, and advocate on behalf of the people. As Almond and Verba described it, it develops "participatory" citizens and avoids the consequences of "subject" citizens (1965).

The case of civil society in Russia is also distinct and worth studying as it existed relatively weak and practically non-existent before Gorbachev's perestroika. Prior to these reforms, there was a severe and sustained effort of the Soviet state to prevent independent formation of a civil society (Sundstrom, Pg. 4). Many organizations that did exist during this period were often times mandated, unlike the voluntary nature of most organizations today in Russia. The emergence and development of civil society in Russia during this period can prove to be a valuable case, as new political institution entered a social system that did not previously exist.

In the immediate Post-Soviet period, a large number of new social, economic, and political actors emerged that existed outside the state apparatus – both in law and in reality. We can observe the growth of civil society in the post-Soviet period through the number of NGOs that emerged during this period. Indeed, NGOs are critical to the development of civil

society. The number of NGOs that operate in Russia increased substantially, from about 8,479 in 1993 to over 270,000 in 2001 (USAID 2001). NGOs still faced many legal obstacles during this period, but the growth in numbers is worth noting.

Despite contemporary notions surrounding Russia's disregard for civil society, there is a body of literature that suggests third party actors outside of the state apparatus influenced policy reform at some points in the post-Soviet period. For example, in the region of Novosibirsk, government affiliated environmental NGOs – who were closely aligned with political officials or the bureaucracy – "enforced government regulation or help government pursue environmental protection" (Henry, 221). As would be expected, many workers within NGOs often times sit on the board of local councils and regional governments. Another study, by Stephen K. Wegren, argues that civil society has developed in Russia within the number of rural regions, and calls for an optimistic outlook on its influence on local policy. This body of literature ultimately demonstrates that NGOs, and perhaps elements of civil society, can have influence upon the construction of policy in the context of post-Soviet regional policy reform.

Although it is clear that Russia has suffered to effectively democratically consolidate in the last 25 years, numerous studies suggest that Russia during this period did not suffer from a lack of civic activism and social capital (Marsh, Gvosdev). Civil society was important in the post-Soviet period in the bureaucratic fight for liberalization, especially against anti-reformists and hardliners (Marsh, Gvosdev, Pg. 3). From these findings, this paper ultimately hypothesizes that regions with higher levels of civil society influenced regional governments' decision making, resulting in greater degrees of health care reform across regions.

It is important to recognize however, that there are scholars who study regional political development in Russia who deny the vibrancy and influence of civil society on policy making.

Kathryn Stoner, in her influential work, *Local Heroes*, attempts to identify the influence of civil society in regions of Russia, but finds evidence lacking. Rather, she argues that policy is passed and implemented through the process of elite collusion. Another notable scholar of Russia, Michael McFaul, in his comprehensive study, *The 1996 Russian Presidential Election*, he identifies a weakness of civil society in post-Soviet period (Pg. 87). He argues that structural changes in society and the economy, delayed the development of pluralistic institutions, especially representative ones which is an important element of civil society.

Having taken this debate into consideration, this paper attempts to contribute to the scholarly discussion concerning the existence and potential influence of civil society in the federal subjects during the post-Soviet period Russia. By testing with empirical data from 42 different regions, this investigation hopes to examine the nature of politics in Russia on a wider scale than what that is normally considered.

2.3 Research Outline:

In order to understand the variation in health care reform across regions this paper will employ a mixture of both quantitative and qualitative methodology. I use a Large-N study that is then accompanied by a comparative case study of "most similar design". In order to initially test the relationship between the degree of health care reform across regions (dependent variables) and a number of explanatory variables, I utilize a Multinomial Ordinal Logistic Regression. This model leads the investigation towards as narrower list for the variables of interest.

However, the correlations that will be run in this investigation can only lead us so far in explaining the outcome we observe. Indeed, despite the presence of strong correlations in a well fitting model, it is inappropriate to infer casualty. In order to infer some semblance of causality

between the variables of investigation, this paper will employ a comparative case study. Using methods of most similar design I chose the regions of Novgorod and Kostroma in order to best control for possible spurious variables in Chapter 4.

In terms of case studies, I employ the method of "most similar" design. This allows for a systematic matching and contrasting of cases, which can isolate key distinguishing variables while controlling for the others. This method is ultimately based on the belief that a number of theoretically significant differences will be found among similar systems and that these differences can be used in explanation (Pzreworski, Teune 1970).

2.4 Academic Relevance:

This study is important as it attempts to elucidate the origins and driving factors that pushed the healthcare systems across regions in Russia in different directions beginning in the post-Soviet period. From an academic perspective, this can be important in shedding greater light on how and why these respective health care systems exist as they do today. Although the immediate post-Soviet period occurred more than 20 years ago, it still has a profound influence on academic writing and research in the regions today. From an academic context, this paper also hopes to contribute to the story of Russia's troubling transition in the immediate post-Soviet period. Second, this paper also serves as another test for various theories within the cannon of political science that concerns itself with political institutions such as civil society, corruption, elections, democratic development etc. For example, questions such as, "what influence does civil society have on political reform" and "how does corruption influence policy making?" will be investigated.

2.5 Policy Relevance:

Understanding this variation of regional health care reform has a wide set of implications that are pertinent not only for the Russian Federation, but for the development of societies and health care systems around the world. First, this paper attempts to understand how the Russian government attempted to solve public health issues on a regional level, and what influenced their decision-making processes. Russia, in many ways, is still experiencing a health crisis. Although, it is considered a First World Country (by levels of GDP/Capita), Russia still has a male mortality rate that matches most developing countries in Africa. Second, this investigation can provide insights into how health care systems grow to meet the needs of citizens and in what capacity they can best be reformed. In a broader context, this study can lead us to consider what forms of policy can be used in various societal designs. Third, this paper attempts to explore the nature of the relationship between politics and social services, specifically, the institution of health care. Finally, although these series of reforms occurred more than 15 years ago, it still has a profound influence on the day to day of life of Russia's citizens and how they receive and experience healthcare. This period of Russian history also tends be associated with difficulty and the failure of Western models of development (liberalism, markets, democracy). The historical memory surrounding this topic is powerful, and tends to influence political thought of Russia's contemporary leaders and citizens alike. Understanding this issue can help inform Western foreign policy makers position their country's posture effectively towards Russia's changing political landscape. Civil society actors within Russia, whether associated with the health sector or not, also stand to gain insight into the historical development of the health care system and how it has influenced the Russian population. In summary, to quote Thomas Hobbes: "No man

can have in mind a conception of the future, for the future is not yet. But of our conceptions of the past, we make the future."[4]

[4] Hobbes, Thomas, Ferdinand Tönnies, and Thomas Hobbes. *The Elements of Law, Natural and Politic*. London: Cass, 1969. Print.

Chapter 3: Empirical Analysis

3.1 Road Map of Empirical Study:

As discussed in the previous chapter, this study attempts to investigate the influence of political institutions and factors upon health care reform in Russia between the years 1997-2001. In section 2.1, I discuss the degree of reform – the dependent variable – and how it is operationalized in a previous study and how it will be subsequently used in this investigation. The next section, 2.2, outlines the independent variables used in this study and how they are operationalized, followed by a description of my control variables in 2.3. A MOLR is performed using these variables and the results are displayed in figure 2.2. The results of the MOLR provide valuable insight into whether a correlative relationship exists between the dependent and independent variables. For purposes of this paper, only correlations that are statistically significant are listed and subsequently investigated. All other correlation data between the variables under investigation are listed in the Appendix (Chart 4). Finally, I discuss the key results from my findings in 2.4, before moving into a controlled case study based on my statistical analysis.

3.2 Regional Variation: Dependent Variable*:*

The variation data I attempt to explain originates from Judith Twigg's paper *Russian Health Care Reform at the Regional Level* (2005). In this paper, Twigg observes significant levels of variation in the amount of health care reform across Russian regions between the years 1998-2000 (See Appendix, Chart 1). Although her paper is impressive in its operationalization of data, Twigg's research falls short in her ability to use this data to explain the variation of health care reform across regions. Indeed, there are a variety of contextual factors that might contribute

or facilitate the process of health care reform that have not yet been considered in the current literature.

To measure variation across the regions, I identify 12 variables that subsequently map onto 12 different sub policies. These policies are already operationalized with an ordinal score, ranging from 1-5. A score of 1 indicates a high degree of reform, while 5 indicates little to no reform pursued (See Appendix, Chart 1). These variables encompass a wide range of structural health care reform efforts in the regions of Russia (a description is detailed below in a list). Furthermore, I place my dependent variables into typologies for analysis. The initial set of typologies indicates whether the reform influences heath care quality, access, and/or affordability. The typology scores used in the regression analysis are derived from the simple summation of the various reform ordinal scores. An explanation of the reforms and their respective typologies (quality, access, affordability) are indicated below. All these nuanced descriptions of each policy would not have been possible without the research of Judith Twigg.[5]

1. **Provider reimbursement mechanisms:** The Soviet system of health care had become notorious for being wasteful. Overtreatment of patients was a common practice for hospitals. This was largely due to that fact that there were incentives that rewarded hospitals according to numbers of beds occupied on any given day. In order to fix this warped incentive structure, quality-promoting, efficiency-enhancing provider reimbursement mechanisms were instituted. I typologize this reform as increasing *quality* of health care.

[5] These descriptions and information of each respective policy is taken from Judyth Twigg's paper, *Russian Care Reform at the Regional Level* (2005). For purposes of this paper, the information is condensed and simplified in order to explain the typology applied to each respective reform.

2. **Payment of Health insurance taxes:** This reform increase taxes on employers to help pay medical insurance for those who are unemployed. This policy would provide a form of subsidy for those who had trouble paying for new medical services. I typologize this reform as allowing greater *affordability* for citizens in the region of Russia.

3. **Inpatient-to-outpatient:** One consequence of the Soviet provider reimbursement system was that it encouraged polyclinic physicians to refer their patients to inpatient care, rather than treat them on an outpatient basis where medically appropriate. This practice reduced efficiency and increased costs. The hospitals colluded in this system, since they were rewarded for a higher patient occupancy rate. This subsequently reduced overall quantity, in favor for satisfying quality in the health care space. I typologize this reform as improving healthcare *quality*.
4. **General Practitioners:** Soviet medical care also emphasized specialized inpatient care. Reformers have encouraged the adoption of new medical education and subsidized programing to establish a new generation of family doctors. In some areas, general practice is being conceptualized in the form of three-physician teams: internist, obstetrician/gynecologist, and pediatrician. This variable gauges regions' efforts in this direction. This reform in theory improves *quality*.
5. **Global Budgeting:** Since the Soviet period, health budgets have been contingent upon repayment mechanisms. Hospitals delivered an amount and type of medical service, and payers (state or insurance) have compensated them according to prevailing reimbursement mechanisms. This mode of operation has inevitably resulted in a mismatch between the cost of care provided and the resources available to pay for that care. The books have been balanced on the backs of two groups: health care workers and

patients, who are forced to dip into their own pockets to pay for health care. Under the Russian Constitution however, this should be guaranteed as free of charge. This reform would ultimately improve *access*.

6. **Co-pays/voluntary insurance:** When health care is free of charge, consumers may feel free to seek care even when it is not medically necessary. They have argued that a co-payment at the point of service will discourage this overuse of the system. Although this payment should be sufficiently small that it does not restrict poorer peoples' access to clinics and hospitals. I typologize this reform as improving *quality* for Russian citizens.
7. **Elimination of excess capacity:** Hospitals during this period have been known to overemphasize quantity over quality. This has led to an excess capacity of resources in hospitals. If these beds continue to lie idle in still partially occupied inpatient wards, however, the cost savings will be minimal, since resources for staffing and utilities will still have to be expended. This would improve *quality*.
8. **Salary variation:** Since Soviet times, health care workers have been paid based upon government-determined salaries. Under this system, a doctors' and nurses' pay varied by years in service, as well level of education and training. Stratifying services based on pay, in tandem with market mechanisms, distinguished the market in terms of quality of care. In terms of typology, this would influence *quality*.
9. **Performance/quality reviews:** Performances and quality assessments of health care facilities are standard most health care systems in the world. These reviews vary widely in scope and format. More reviews would likely place pressure on the clinics to improve their performances and thus enhancing quality of care. I typologize this reform as influencing *quality* of health care.

10. **Comprehensive insurance benefits:** The nationwide compulsory insurance system guarantees coverage of a confusing list of medical benefits. Some regions specify the medical services that fall under the compulsory insurance policy more precisely than others. While some others, go even further by deliberately adding benefits beyond what is federally mandated. This reform would standardize the process, and allow many to get free treatment that they would not get before. This reform would improve health care *access.*
11. **Subsidies to the poor:** Most regions have set aside at least a few pools of funds to target specific needy populations or to combat particular diseases. By setting aside a greater amount of subsidies for the poor, this reform would improve health care *affordability*.
12. **Geographic coverage:** Russia is an enormous country. Spanning 11 times zones and existing as the largest country in the world, Russia and its geography has been a challenge in terms of development and governance. In terms of health care, distribution of resources and reaching the entirety of the population has been difficult. Under the Soviet system, the central planning of the health care system ensured that a mid-level health care worker was available to residents even in the most remote villages. Since the post-communist transition however, development and migration has threatened to abandon many isolated rural areas without the most basic health services. This variable captures the regional governments' efforts to maintain funding and personnel in low-population- density areas. By ensuring greater amounts of care for populations that, during this period, lacked any possibility of care, this reform would enhance healthcare *access*.

By typologizing the variables into the three categories (access, affordability, quality), we can see how the federal government, as well as the regional governments, perceived and prioritized these separate health care issues. The large emphasis on quality speaks to the systemic criticism often associated with the inherited Soviet Health care system. Observers of the Soviet health system often noted that it was too concerned with quantity rather than quality of health care. This led to an overabundance of supplies that were low quality throughout Russia. Thus, the response of the federal government was partly a reaction to this criticism and the declining heath status of the Russian population. Enhancing quality of health care within the system was understood to be the practical policy measure to treat the devastation of health standards. The typology for each dependent variable is summarized in the table on the next page (Figure 3.1)

3.3 The Drivers of Reform: Independent Variables

The various explanatory (independent) variables I use to test my variation come from the Carnegie Endowment for International Peace.[6] The Carnegie Endowment's Moscow Office produced a wide range of descriptive data detailing various political, social, and economic characteristics of the Russian regions that match onto the timeframe of interest (See Appendix, Chart 2). These regional scores, range from 1 – 5. According to the Carnegie Endowment, these aggregated scores are representative of each region from the years 1991-2001. For a detailed list of these variables and what factors are considered in their scoring criteria please see next page:[7]

[6] "Political Variable Scores by Russian Regions." *Social Politics*. N.p., n.d. Web. Data can be found at http://atlas.socpol.ru/indexes/index_democr.shtml

[7] These descriptions (Translated from Russian) are taken from the Carnegie Endowments Data Set. That can be found at: http://atlas.socpol.ru/indexes/index_democr.shtml

Table 3.1 Summary of Typology of Regional Health Reforms (1997-2001)

Variable Typology	**Access**	**Affordability**	**Quality**
Policy	• Global Budgeting • Comprehensive Insurance Benefits • Geographic Coverage	• Payment of Health Insurance Taxes • Subsidies to the Poor	• Provider Reimbursement Mechanism • In-patient to Out-patient • General Practitioners • Co-pays, Voluntary Insurance • Elimination of Excess Capacity • Salary Variation • Performance/Quality Reviews

A. **Regional Political System:** This variable attempts to characterize the regional political system based upon gathered data and subsequent analysis concerning the real balance of power, elite assignability, degree of independence of the judiciary, and restrictions and violations of the rights of citizens.

B. **Openness:** This score captures the closeness of political life between regional elites and the Federal Capital, Moscow. This measures how transparent and involved the regions are with national agendas.

C. **Democratic Elections:** This takes into consideration the presence of national, regional, and local elections in each federal subject. Scores are determined based on how free and fair elections are at all levels, their competitiveness, the role of "administrative factors", including the direct intervention of the authorities, courts, etc., the presence of constraints in the implementation of active and passive suffrage rights violations at the elections.

D. **Political Pluralism:** This variable is an aggregate measures whether there are stable parties in the regions, whether there are factions in the local legislatures, and coalitions in the government during elections and after them.

E. **Independence of the Media:** This scores indicates the level of consumption and readership of independent media, the role independent media plays in local political life, and the amount of pressure it places on the authorities.

F. **Corruption:** This index aggregates various measures that describe the merging of economic and political elites, and the number of corruption scandals

G. **Economic Liberalization:** Economic Liberalization is measured by the degree of privatization, the culture of regional law and practice, and various scandals about property.

H. **Civil Society:** This score takes into account the presence of non-governmental organizations, referenda, various forms of unauthorized activity on top of the public, including rallies, demonstrations, strikes etc.)

I. **Elite Quality:** This is determined by the reproduction/turnover of elites (changing of leadership, carried out by means of elections and do not lead to the dismantling of the entire power system, the diversity and effectiveness of the elites as they align their interests).

J. **Local Government:** This variable takes into account the degree to which elected officials are given local authority with significant influence. Although on paper each regional authority has the same power, this variable measures the relative degree of authority that each local authority possesses, and their ability to wield it in order to achieve various ends.

2.4 Control Variables:

Since I am not using a randomized controlled experiment in this study, control variables are necessary in the analysis. I use a number of control variables – also in the form of empirical data – that account for economic characteristics across the regions. This study uses the following as control variables: level of development, urban-rural distribution, and level of natural resources. For a detailed table of control variables by region see Appendix, Chart 3. By including these variables into my analysis, the possibility of an omitted variable bias is limited as I attempt to measure whether political institutions and regional arrangements influenced health care sector reform.

In order to control for the level of development across regions, I use the measure of GDP per capita from the year 2000. As already discussed in the literature review section, levels of economic development have been suggested to contribute to greater reform in the regions. The drastic up-front costs to reforming the health-care system, especially in a time of turmoil, were important barrier for instigating reform. Indeed, as Judith Twigg shows in her paper, poorer regions often times pursued less reform and regions with the requisite wealth showed a greater commitment to reform. However, the extent that development restrains reform is still debatable and remains outside the scope of this paper. Controlling for development is important however in order to isolate the variables under examination.

Urban-rural distribution is also used as a control variable for this study. As current literature already states, more urban areas tend to have a more progressive stance towards reform (Twigg, 2005). This relation is also associated with wealth as discussed earlier, given that more rural areas in Russia tend to be the ones with the lowest levels of development. Controlling for

this variable also takes into consideration issues of population density as mechanism that would spur on reform.

Finally, the level of natural resources in each region is also taken into account as a control variable. Certain regions in Russia have large deposits of natural resources that come to dominate the local economic and political structure. Rents from these resources are often fueled into the pockets and budgets of bureaucrats and political/economic elites (Desai, Freinkman, Goldberg). By controlling for this variable, this study is then able to focus more on the political institutions associated with democratization during this time period in Russian history.

3.5 Discussion of Data:

A strong correlation across a wide-range of reforms is associated with the level of civil society in each respective region. The statistical tests shows that the higher levels of civil society that existed in each respective region are correlated with greater reform. Referring to Table 3.2, civil society is correlated with the following reforms: Payment of Health Insurance Taxes, Provider Reimbursement Mechanisms, Global Budgeting, Co-Pays Voluntary Insurance, Eliminating Excess Capacity, Subsidies to the Poor, and Geographic Coverage. Furthermore, the tests with the typologies of these reforms reveal that civil society is correlated with a higher degree of reform of health care quality improving policies (Table 3.3). The relationship civil society appears to have on the degree of reform across the regions confirms the hypothesis posed in Chapter 2. A more nuanced and detailed discussion of civil society can be found in Chapter 3.

Another interesting take-away from the statistical analysis is the greater number of significant correlations between corruption and reform across a number of policies. The data suggests that areas with greater degrees of corruption in their regional political systems pursued

less reform. Referring to Table 3.2, civil society is negatively correlated with the following reforms: Provider Reimbursement Mechanisms, Global Budgeting, Comprehensive Insurance Mechanisms, and Geographic Coverage. Corruption however fails to correlate with any of the typological groupings. Given the substantial academic literature on corruption in the Russian federation in the immediate Post-Soviet period, this comes to no surprise. A body of literature suggests that these regional governments and leaders often times funneled the money away from welfare programs into their own projects (Desai, Freinkman, Goldberg). We can hypothesize that there is a similar result from our correlations. In this setting, regional leaders may have been able to extract rents from these reforms. This may be the case given that health care financing would come from two sources: Federal and Regional Budgets. The regional authorities furthermore control spending of these budgets, and may have found ways to redirect this funding for their own personnel gain.

Economic liberalization is also correlated across a number of policy reforms in the region. This includes: Copays for Voluntary Insurance, Elimination of Excess Capacity, and Quality Reviews. These correlations invite us to speculate that the economic structure created by local authorities may have influenced the degree of reform. As it remains, areas that were more economically liberal at this time, not only possessed reformist politicians, but also had more developed markets as well. This confirms the research of earlier investigations that found that economic development was important for determining the degree of reform. Regions that have more developed market systems can hold and absorb new neo-liberal policies and institutions. It may have been, for many regions, a precondition for the regional economic system to fit these capitalist market driven policies into their own system.

Political pluralism is also correlated across a significant number of reforms. It correlates at a significant level with three reforms: Performance quality reviews, subsidies to the poor, and payment of health insurance. Perhaps more interesting, the levels of political pluralism during this period, is positively correlated with higher degrees of reforms for all three typologies: quality, access, and affordability. This correlation across policies suggests that more reform was pursued in areas that had higher degrees of political pluralism. By assuming that political pluralism enhances the competitiveness of elections, the correlative data situates itself cleanly into the argument that democratic competition influences higher degrees of reform. It stands to reason that a greater plurality of political parties in the regions forced politicians to compete for votes, thus pushing the elected official to reform as a means to stay in office. However, many studies show that in the immediate post-Soviet period, political parties were not clearly defined or institutionalized in Russia (Ross).

The variable of local government, defined as the relative power of local executives within their respective region and their ability to wield it, is also correlated across a number of reforms. As discussed earlier in section 3.3, this variable –constructed by the Carnegie Endowment- takes into account the degree to which elected officials are given local authority with significant influence. Of these reforms that are statistically significant, three of the four reforms are positively correlated indicating that regions where their executives have more relative power, pursue greater reformed. In many ways, this runs counter to my original hypothesis. The data suggests that regions with a higher concentration of power in the executive (more authoritarian) pursued more reform that enhances human development. Again, these reforms that are statistically significant correlate in the same direction, except for one: Global Budgeting. This is

brings up in interesting contrast and plausibility about the nature of this study in terms of data reliability.

Surprisingly, a handful of independent variables did not correlate with the dependent variable. From the statistical test, levels of media independence, elite quality, and openness did not significantly correlate with any of the policy reforms. Although all three correlated in similar directions, none were identified as significant. Given that these political variables are related to the other ones that successfully tested for significance, this brings into question the validity of the data and methodology of this research. The operationalization of political concepts into ordinal data points has its limitations, and this serves as a reminder to be modest with the conclusions of this research.

Finally, from the correlative tests, it should again be noted that causation cannot be directly inferred form this statistical test. However, the robustness of a few correlations across a wide range of reform types suggests possible relationships between the variables under investigation. In order to correctly isolate these variables, a comparative case study test is required. In the next chapter, I conduct a case of most-similar design between the regions of Kostroma and Novgorod in order to isolate a single variable – civil society.

Table 3.2 Descriptive Statistics of Variables

Variable	Observations	Mean	Standard Deviation	Minimum	Maximum
Dependent Variables					
Provider Reimbursement Mechanism	41	3.09	1.01	1	5
Payment of Health Insurance Taxes	41	2.82	1.15	1	5
Inpatient-to-outpatient	41	2.65	1.13	1	4
General Practitioners	41	3.29	1.05	1	4
Global Budgeting	41	3.26	1.11	1	5
Co-pays/voluntary insurance	41	3.6	0.86	1	5
Elimination of Excess Capacity	41	3.1	1.17	1	5
Salary Variation	41	3.65	0.61	2	4
Performance Quality Reviews	41	2.84	1.03	1	4
Comprehensive Insurance Benefits	41	2.8	1.2	1	5
Subsidies to the Poor	41	3.29	1.00	1	4
Geographic Coverage	41	3.24	1.13	1	5
Independent Variables					
Regional Political System					
Openness	89	3.09	0.76	2	5
Democratic Elections	89	3.17	0.94	1	5
Political Pluralism	89	3.04	0.86	2	5
Independence of Media	89	3.12	.81	2	5
Corruption	89	3.02	0.93	2	5
Economic Liberalization	89	2.82	0.8	1	5
Civil Society	89	3.12	0.85	1	5
Elite Quality	89	2.92	0.84	2	5
Local Government	89	2.75	0.79	1	5
	89	3.09	0.73	1	5
Control Variables					
GDP Per Capita (Roubles, 1998)	89	13,836.6	6456.77	3,609	33,887.40
Urban Population	89	1,653,614	1,584,044	6,000	8,717,000
Natural Resource (% of regional output)	89	27.6	16.46	8.3	71.5

Table 3.3 Correlations of Political Variables and Health Care Reform

Variable	**Payment of Health Insurance Taxes**	**Provider Reimbursement Mech.**	**Inpatient to Out Patient**	**Global Budgeting**	**Copays Voluntary Insurance**	**Eliminate excess capacity**	**Quality reviews**	**Comprehensive insurance benefits**	**Subsidies to the poor**	**Geographic coverage**
Openness	-0.967	-0.827	0.718	-0.297	1.294*	0.404	-0.349	-1.302**	0.819	-0.387
	(-0.644)	(-0.719)	(-0.668)	(-0.715)	(-0.782)	(-0.608)	(-0.727)	(-0.644)	(-0.847)	(-0.638)
Democratic Elections	0.677	-0.0857	0.949	0.366	1.614*	0.0598	0.0127	2.045***	-0.731	-0.673
	(-0.663)	(-0.618)	(-0.705)	(-0.719)	(-0.837)	(-0.695)	(-0.685)	(-0.687)	(-0.745)	(-0.693)
Political Pluralism	2.262**	0.982	1.598	1.27	0.157	1.579	4.317***	1.514	2.124*	1.534
	(-1.105)	(-1.08)	(-1.092)	(-1.113)	(-1.282)	(-1.146)	(-1.374)	(-1.01)	(-1.142)	(-1.073)
Economic Liberalization	-1.358	-0.338	-2.369	-0.251	-2.109*	-2.176**	4.174***	-0.659	-0.739	-1.238
	(-0.866)	(-0.894)	(-1.012)	(-0.973)	(-1.134)	(-0.851)	(-1.406)	(-0.838)	(-1.103)	(-0.9)
Civil Society	-1.684*	-2.437**	-1.57	-1.967*	-2.143*	-1.477*	-1.546	0.00847	-2.380*	-1.510*
	(-0.973)	(-1.044)	(-1.017)	(-1.05)	(-1.111)	(-0.836)	(-1.05)	(-0.819)	(-1.246)	(-0.88)
Political System	0.986	2.116**	0.5	2.049**	0.852	0.498	0.329	-0.31	0.584	0.714
	(-0.887)	(-1.073)	(-0.806)	(-1.01)	(-0.958)	(-0.815)	(-0.919)	(-0.818)	(-0.899)	(-0.843)
Corruption	0.513	2.200***	0.336	0.918	0.846	1.297**	0.855	1.339**	-0.684	1.400**
	(-0.53)	(-0.702)	(-0.527)	(-0.659)	(-0.919)	(-0.596)	(-0.635)	(-0.568)	(-0.627)	(-0.645)
Local Government	-0.468	-1.224	1.679**	-1.968**	0.652	0.0139	1.630*	-0.688	1.297	1.696**
	(-0.707)	(-0.851)	(-0.789)	(-0.862)	(-0.883)	(-0.745)	(-0.929)	(-0.712)	(-1.041)	(-0.794)

Table 3.4 Typology Correlations

Variable	**Quality**	**Access**	**Affordability**
Political Pluralism	1.596*	2.081**	2.584**
	(-0.95)	-0.962	-1.016
Economic Liberalization	2.663***	-1.284	-1.181
	-0.97	-0.851	-0.879
Civil Society	-1.918**	-1.047	-1.364
	-0.935	-0.785	-0.739
Corruption	0.934*	0.342	0.41
	-0.5	-0.535	-0.535

Notes: Each Cell represents a separate regression.
Standard errors in parentheses.
***Significant at the 1 percent level.
**Significant at the 5 percent level.
*Significant at the 10 percent level

Chapter 4: Civil Society in Two Regions

4.1 - Comparative Design:

In the previous chapter, my regression analysis concludes that reform across the regions in Russia is correlated with a number of politically descriptive variables. Noticeably, regions with greater levels of civil society seem to have influenced the degree of health care reform pursued during this period. In this section, I plan to focus on this relationship between civil society and health care reform through a comparative case study. The decision to pick civil society as the primary independent variable and the main source of investigation is chosen due to the richness of the data available and the relative robustness of the correlations found either across a wide variety of reforms. This is not to suggest that the other independent variables analyzed in the quantitative section are not important. Rather, given the scope and timeline of this paper, it is best to narrowly investigate one of these variables.

In order to isolate the variable of civil society, I employ a comparative case study of "most similar design" between the regional Oblasts of Novgorod and Kostroma. The case of Novgorod is chosen due to its extreme independent variable – the notable levels of civil society and civic participation in the region. The region of Novgorod is renown among Westerns and in the Russian NGO communities for having an especially active NGO sector (Sundstrom, Pg. 129). Two scholars of Russian regional politics, Nikolai Petro and Lisa Sundstrom, have written extensively about this region in their respective books *Crafting Democracy* and Finding Civil Society (2004). This chapter will draw extensively from both scholars' research concerning civil society in Novgorod. Furthermore, in order to draw the bridge between civil society and healthcare reform during this time, documents from meetings between the local officials and

stakeholders in the health community will be analyzed as well as reports in the media during this time.

Table 3.1 Comparative Indicators for Novgorod and Kostroma Oblast

	Novgorod	**Kostroma**
Population	743,000	806,000
Urban Density	70.9%	66.3%
Population Density (per sq. km.)	13.4	13.4
GDP (million roubles)	4,407,900	5,918,200
GDP/Capita (roubles)	5,923,800	7,330,800
Number of Administrative Districts	21	24
Number of Cities	10	12
Land Development (Area Developed)	39%	26%
Tax Retention Rate	70.7%	69%
Budgetary Transfers	24.6%	29%

In contrast, Kostroma will be the comparative case as it controls for a number of other variables between the regions (See Figure 3.1). Importantly, Kostroma differs with regard to its levels of civil society – the independent variable. The variables of control include population level, urban/rural density, degree of development, geographic administrative design, number of urban centers, and budgetary/tax modeling. From these similarities across a wide number of indicators, I assume that the political and institutional design of Kostroma is similar to that of Novgorod's. The minimal variation between Kostroma and Novgorod's Carnegie political scores serves as another indicator that these regions serve as a well-suited case for the most similar design test. The scores across all measures from the Carnegie Data Set diverge by no more than one for each variable, with a sum "Democratic Score" of 31 for Kostroma and 30 for Novgorod. For both these regions, this is considered to be relatively high. This suggests that the political environments in each region are similar in terms of democratic institutions. Kelly M. McMann and Nikolai Petrov also place these two regions on similar places in terms of their democratic nature in their article, *A Survey of Democracy in Russia's Regions*. In a ranking scheme of their

own, they place Novgorod as the 9th most democratic region, while Kostroma is ranked as the 19th most democratic. Although there are differences, the regions are relatively close and are suitable for the a case of most similar design.

The measurement for civil society however, diverges significantly in the literature and other measures, but not the Carnegie Score. This indicates a possible flaw in the methodology of accurately depicting the political nature of these regions in the Carnegie data. Although Kostroma is not a perfect fit due to the presence of natural resources and historical difference's in terms of political and social development, it still provides a steady and valuable point of comparison.

4.2 The Case of Novgorod Civil Society:

Many observers of Russian regional politics have brought attention to the unique case of Novgorod and its vibrant civil society during the post-Soviet period. Despite having a small population and relatively low levels of development when compared to other regions in Russia, Novgorod had high levels of civic activism. Some scholars write that Novgorod's civil society rivals most southern regions of Western Europe (Rube, Popson). Furthermore, a number of observers of Russian regional development at the Eurasia foundation have also noticed this region's energy and enthusiasm of civic groups (Petro). Data reflects this observation as well, as between the years 1991 and 1996, the number of civic organizations increased sixteen fold, and over a thousand NGOs were registered by 2000 (Petro).

The regional government also facilitated the impressive mobilization of citizens in Novgorod into factions and interest groups. The Novgorod government at times provided subsidized office space and basic office materials for various NGOs. The regional government

also established direct channels of communication and forums for collaboration between civil society and policy makers.

Indeed, many scholars have written about what is perhaps the most significant political institution in Novgorod that enables such an active civil society: the regional Social Chamber (*obshchetstennaia palata*). The social chamber, as it still exists today, allows for a direct line of communication and collaboration between the regional government and the governed within Novgorod Oblast. The social chamber exists a monthly meeting where the regional administration proposes potential policy to the attendees, and receives feedback. According to Article 2.1 of Novgorod's Regional Parliamentary Constitution, "The Social Chamber…(brings) together all social forces interested in non-crisis development, in search of mutually acceptable decisions… in their timely correction." It is thus a forum for organizations and stakeholders to discuss their own interpretation and put pressure on the regional authorities.

Social Chamber meetings occur during the last Thursday of every month and are often described as "vibrant and inclusive" (Petro). These meets are well attended, as the number of attendees during these monthly arrangements range from about 30-50 members. Furthermore, the number of organizations represented during this time is typically around 30. These meetings typically last from about three to four hours as well.

The Social Chamber is also perceived and utilized as both an efficient and effective political institution in Novgorod. Both the executive and legislative branches of Novgorod's regional government sponsor the Social Chamber. It thus has grown to become an integral part of the deliberative process (Petro). In this setting, the Novgorod Duma requires that all legislation be discussed and reviewed by the Social Chamber. This essentially establishes the Social Chamber as a lower house of parliament that is composed of civic society actors.

In addition to the social chamber, every year, Novgorod sponsored a substantial number (twenty to thirty) of seminars that brings together regional politicians and various stakeholders in regional governance issues. This included members from the small business community, local activists, doctors, and professors. As Nikolai Petro describes, these seminars provide, "a forum to compare notes on problems" (Pg. 31). Along with the Social Chamber, these frequent forums served as another institution that reflects the local government's willingness to work with groups and its citizens towards common good. Former First Deputy Governor of Novgorod, Valery Trofimov describes this process as "politics of the round table" (Zhovannik). That being, a strong network and collaboration centered process between local business owners, academics, activists, and the policy makers themselves.

Civil society was also incredibly active with regard to the status of NGOs in the Novgorod. Lisa Sundstrom provides a comprehensive study of NGO life in Novgorod in here book *Finding Civil Society*. Within Novgorod, she makes a number of valuable observations concerning the relationship between the local administration and NGOs. For instance, she finds that the local government provided material support for the NGOs, such as allowing office provisions. There was also a formal department constructed within the Novgorod regional government –outside of the Social Chamber – that is meant to facilitate institutional dialogue with NGOs. Sundstrom also demonstrated the existence of NGO allies that exist within the administration. Furthermore, the amount of conflict between the NGO sector and the regional government is described as "non-existent". Novgorod also has a high density of NGOs compared to other cities. According to some estimates, it has approximately 4.8 NGOs per thousand residents (Sundstrom, Pg. 160).

The basis for these political institutions, as guaranteed and facilitated by local politicians, allowed for civil society to flourish in Novgorod during the post-Soviet period. Elite attitudes have molded into a social consensus around the role of civil society in Novgorod as well. In an interview, the longtime governor, Mikhail Prusak once stated:

> *"Introducing elements of civil society into everyday Russian life is my number one task…Furthermore, I am convinced that a civil society can be constructed even at the regional level, if desired…" (Stremidlovsky)*

The support for civil society at the top is well identified. Local leaders during this period believed that the channels between the local administration and civil society should be organized, systemized, and legitimate. In the words of Mikhail Prusak, civil society is, "a resource for ideas and civic man-power that local officials can no longer afford to ignore" (Prusak).

Civil society not only emerged out of government leadership coupled with the propensity for foreign investment. Foreign investment in NGOs in Novgorod and the commitment to funding this base of civil society no doubt played an important role. Indeed, Novgorod is often cited as the poster-child for the effectiveness of foreign aid for NGO development. In 1997, through the Russian-American Program, Partnership for Peace, NGOs in the region received almost fifteen-fold increase in funding (Petro). Comparatively, Novgorod received a substantial amount of funding when contrasted to other regions. This no doubt played a role in bolstering civil society, as NGOs became large influential players in regional politics.

Turning back towards the question of health care reform, there have been a number of examples in which civil society actors were active in the region and promoted a desire towards health care reform between the years 1997-2001. For example, in March 2000 there was a local movement and public protests for the reorganization of health care wages. According to the Novgorod Administration online reports, protestors demanded higher wager and repayment of debts on these wages. In an effort to support these policy changes, doctors picketed the mayors building, as well as the offices of regional administrations and local legislatures. Although interviews with the previous policy makers would be needed to confirm the protests influence, data reveals that Novgorod actively pursued reforms that raised wages for those in the medical industry.

There are also numerous instances that would suggest that members of civil society pressured regional government officials to pursue greater health care reform during this period. In an online database, there are minutes and reports from Social Chamber meetings and other forums that involve stakeholders in the medical community. Documentation reveals that salary, staffing, issues of overcapacity, and budgeting in hospitals were a primary concern in many of the discussions between the government and the governed within the health care space. For example, a meeting held on December 20, 2001 between the Deputy Head of City Administration, Galina Semnova, and the labor collective of the Central City Clinical Hospital focused primarily on the issues of salary[8].

It might be inferred from these reported discussions, that the activity of civil society influenced the regional policy makers to fix the salaries and decrease excess capacity as the Novgorod Oblast pursued these reforms as evidence in report. Indeed, the online reports indicate

[8] Documents for this research come from an online database of the Novgorod Regional Government. The documents can be found here:
http://www.adm.nov.ru/lpage.xhtml?nid=352&uid=2A4FE9C78DC8BBDFC3256B26002AE0FB?OpenDocument

that non-governmental organizations and medical professionals were very active in reporting and urging policy makers to restructure the system. They would also frequently recommended a number of programs to improve health care in the current Russian context. Despite these reports, again, interviews are necessary to confirm such suspicion as to what influenced the policy maker's decision. However, the substantial evidence of civil society actors who placed pressure on the regional government to reform, and the government then actively pursuing the respective policy suggests a possible relation.

4.3 Kostroma and Problems Regional Governance:

The story of civil society development in the Kostroma Oblast in the post-Soviet period is remarkably different than Novgorod's. In terms of describing its levels of civil society, political scientists often characterized Kostroma Oblast as being "politically quite" (Trevish, Pg. 326). In short, during the 1990s, in Kostroma there were very low levels of social activism and civic engagement by the populace.

During this period, Kostroma had a relatively repressive response to third party organizations and the development of civil society. For instance, local government officials in 2000 used repressive laws that limited the development of religious organizations and groups that promoted religious freedom.[9] The Kostroma regional administration banned a community of two churches from officially registering, restricting how they distribute religious literature, rent or own property, or invite foreigners to speak. Despite this example, there have been some rare instances of social tension and bubbles of civic activism in Kostroma. For example, textile workers protested to demand higher wages in 1998 in a regional suburb. The protest for higher

[9] http://www.nytimes.com/2000/09/16/opinion/religious-freedom-in-russia.html

wages was proven to be ineffective however. According to one researcher in the Kostroma region, “the very existence of the protest is an exception, not the norm” (Trevish). This protest that subsequently did not last long, was highly uncharacteristic of this region (Trevish, Pg. 326).

Similar to Novgorod Oblast, the development and support of civil society largely comes from the local regional administration. After the initial collapse of the Soviet Union, there was a slight liberal push in Kostroma. However, soon afterward the population was dissatisfied with a series of ineffective liberal reforms. In response, Kostroma citizens opted for a socialist and authoritarian nationalist alternative. In this setting, traditionalists and Pro-Soviet politicians were voted into office and took the reigns of the administration by the middle of the decade. V. A. Shershunov became elected mayor, who was supported by local communists and *derzhavniki* (proponents of a strong state). This new local leadership adopted the traditions of its Soviet predecessors and was not interested in the development of civil society or the reformist efforts. More often then not, they opted for the traditions of a repressive political system.

Furthermore, the region remained loyal to the Communist nomenkaltura in the 1990s. This meant that the local council supported the federal parliament in its 1993 defiance of the Russia President, Boris Yeltsin (Territories). The main political party was the Communist party that secured a dominant voice in the region following gubernatorial elections that took place at the end of 1996. Thus, it could be the case that the division between the regional administration and the center explains the variation. Knowing that the Yeltsin government pushed these reforms forward, Kostroma’s low reform levels may be attributed to the ideological struggle that took place following the collapse of the Soviet Union. This ideological debate occurred between Statists and Reformists, where Statist actors, particularly the Federal health Ministry and its subordinates, resisted privatization and insurance reforms. In this regard, we can speculate as to

why health care reforms, as based upon neo-liberal markets were not adopted in the Kostroma region.

In addition to the ideological antagonism towards neo-liberal reform, the local leadership was constantly swamped in a state of constant emergency. Rather than have an effective local leadership that made room for engaging civil society, the regional administration in Kostroma experienced a chronic state of crisis. As Andrei Trevish describes it, "chaos had…become the norm". During the 1990s, Kostroma's local administration has been preoccupied with day-to-day crisis management. In this regard, it is described as a "depressed region" (Trevish). Local bureaucratic infighting ultimately led to a lack of centralized financial assistance. Regional administration made a lot of promises, sometimes assuming a Utopian character, but little to no populist reforms have manifested itself in reality. In this context, there seemed to be an overreliance on the center to organize social services in region.

The lack of substantial finances to run these reforms potentially decreased the implementation of reform. While Novgorod was able to access another source, which was undoubtedly helpful in their pursuit of health care reform, Kostroma did not have the funds. As Kathryn Stoner writes about Kostroma in *The Russian Central State in Crisis*, "some autonomy for social welfare policy yielded positive results for some governments. But for others, results were much worse." Kostroma attempted to take the reigns over responsibilities, despite lacking the economic capacity to do so. They were responsible for their constituents, but had few resources to act. Kostroma did not receive support in coordinating social regional programs. The Department of Social Welfare, thought they did not have the funds to implement federal law, despite being accountable for their constituents (Stoner). The issue of funding stems from chronic structural tax problems. Kostroma Oblast funds, have suffered from an inadequate tax

base. Around 40% of tax revenue in the decade of the 90s went to the center. Payments and transfer in grants and subsidies however have been delayed, and has been a net donor to the federal budget. (Trevish Pg. 321) The fragile funding system and the low levels of economic capacity in Kostroma supports the hypothesis put forth by Judyth Twigg. The low levels of reform are partly responsible for the lack of financial capital and capability.

The state of managerial crisis, the poor financing structure, and tradition of repressive conditions, as influenced by the regional government, likely hampered the development of civil society and ultimately, health care reform in Kostroma. In terms of future research, interviews need to be conducted between the policy makers and civil society actors. In order to infer some direct form of causality, confirmation in the field from the various actors and interest groups would have to be sought and found.

4.5 Comparative Analysis:

By controlling for a number of variables across economic, geographic, political, and social characteristics across the regions of Novgorod and Kostroma, we are able to isolate the influence of civil society has upon health care reform. From the two cases, we can infer – although with caution – that civil society had a possible influence on the degree of health care reform in these selected instances. Under the conditions of this research methodology, the hypothesis proposed earlier is thus confirmed: regions with higher levels of civil society led to a higher degree of health care reform.

In this study, Novgorod serves as the case where the extreme levels of civil society, along with the acceptance of local elites, likely pushed for greater health care reform in the region. Although interviews would need to be conducted with the actors and interest groups, the data

suggests a possible association. Kostroma on the other hand, with low levels of civil society participation, achieved very low health care reform. Like the case of Novgorod, more research in the field would be necessary to direct draw causality in these cases.

Beyond the influence of civil society, and perhaps, one step further in future research, is the role of elite behavior in creating an active civil society in their respective regions. What the case of Novgorod and Kostroma demonstrate is that the success and/or failure of civil society development in these regions is contingent upon local elite behavior. When politicians constructed a political environment that allowed for the flow of foreign capital and the existence of civil society, greater reform in the name of increasing social welfare was achieved. In the case where there seemed to be low levels of elite social capital and a propensity to dampen the development of civil society, social reform remained stagnant. This find supports the research put forth by Kathryn Stoner in her book *Local Heroes*. As mentioned earlier, although she does not find evidence of civil society in her regions of investigation, she finds that reform and policy is passed through collusion between the political and economic elite.

There are of course many limitations to this method and chapter conclusion that should be noted. Although Novgorod is often the poster child for civil society cases in Russia, it remains a selected instance. Its unique political development is rather an outlier when compared to other Russian regions. Many scholars of Russian regions in the immediate post-Soviet period, rather identify a lack of civil society (Stoner, McFaul). There are other regions, who experience very high levels of reform across a wide range of health care policy, but lacked any notable levels of civil society. For instance, by comparing the Carnegie Data and the dependent variable data set, the region of Samara had relatively higher degrees of health care reform, but had a relatively low level of civil society. Thus, it is difficult to map and project the experience of Novgorod onto the

other stories of regional political development in Russia. In this setting, it can be argued that Novgorod is a selected instance whose story cannot be extrapolated onto the larger picture of health care development between the years 1997 and 2001.

Finally, there are of course obvious epistemological limitations to this method of comparison that should ne noted. Indeed, the method of most similar design does not come without its critiques. This method originates from John Stuart Mill's *A System of Logic,* in which he notes that cases almost inevitably vary in a number of respects other than the variable under examination (Mill). This likely extends to the case of comparing Novgorod Oblast and Kostroma.

Chapter 5: "(Un)happy in Its Own Way"

This paper investigates the drivers of health care reform between the years 1997 – 2001 in the regions of Russia. Previous literature on this topic focused on economic explanations for the divergence in reform across regions while paying little attention to political sources of this variation. This investigation sought to explore this gap in the literature and study how various political factors influence the degree of reform. Ultimately, the presence of a number of political institutions, norms, and elite behavior, influenced the degree of health care reform during this period. The data analysis in this study suggests that civil society was the most prominent, democratically related political institution that positively influenced reform in a number of regions. In regions where there were higher degrees of reform, there were also greater levels of civil society present in the respective regional subjects. This is reflected in the broad range of correlative data and the selected case of Novgorod when compared to Kostroma. Further detail into civil society in a greater number of regions is needed in order to arrive a definite conclusion however.

In addition, other politically related characteristics in each region were important for the process of reform as well. Previous literature has identified the role of development and financial capital in the process of reform, as well as the role ideology has played. This study finds that besides civil society, the most notable drivers of reform were levels of corruptions, the degree of economic liberalization, and political pluralism. In order to get past the statistical hurdle of correlation, case studies of each variable should be employed for future research. As it remains, different political and economic conditions that belong idiosyncratically to each region are determinants for this period of health reform. In this regard, the title of this final chapter is appropriately named after Leo Tolstoy's famous first line in *Anna Karenina*, in order to describe

the trajectory of each region's own political and social development. "Each…family (or in the case of this paper, each region) is (un)happy in its own way."

Some modesty is also warranted in the conclusion of this case study. Although the data analysis suggests a relationship between civil society, and this case study does also, there are still issues as well. In order to definitively draw the casual link between the civil society and the degree of health care reform, interviews of political officials and those civil society actors would have to be performed. This would be the next step in the process to uncovering the direct influence civil society had in Novgorod and Kostroma upon health care reform.

Furthermore, as discussed in the previous chapter, the cases selected tend to be outlier when compared to the average Russian region. In this setting, it can be argued that Novgorod is a selected instance whose story cannot be extrapolated onto the larger picture of health care development during this period. Civil society, although profound in Novgorod, may not the main driver for a majority of these regions' reform efforts.

In terms of looking forward, and to Russia's contemporary political environment, this paper also demonstrates that civil society can potentially play an important role in the development of Russian society. First, it serves as a counter example to the pessimism regarding the development of potential civil society within Russia's social and cultural context. The case of Novgorod demonstrates that the development of civil society is possible within Russia. Given the recent rise of authoritarianism and the explosion of popularity surrounding the current President - Vladimir Putin – many Western observers have grown skeptical of the Russia's political development. Many point to Russia's historical legacy, or inherent culture and its inability to adapt to institutions of civil society. This paper argues for a newfound optimism. Often times, too much attention is paid to the political stories of Moscow and Saint Petersburg, while the

stories of Russia's vast and diverse regions are left behind. Often times, certain stories of individual cases are used to generalize and project the story of Russian political development. As it remains, the story of each political society comes with its own set of nuances and idiosyncrasies, which should not be overlooked.

Second, it is clear that NGOs and civil society can help benefit Russian at large. But first, an effective space and acceptance by political leaders in Moscow and others regions needs to be created. Russian regional leaders should be more flexible and accept the potential growth for civil society. By doing so, these administrators stand to only benefit their own region. Novgorod should serve as an example of the effectiveness of NGO development through foreign assistance, and how it is possible to positively influence society within Russia.

In this regard, the recent crackdown on NGOs and civil society by the current President, Vladimir Putin, can only be harmful to Russia's long-term development. Indeed, in recent years, the Russian government has taken a series of actions that has come to harm and ultimately weaken civil society. For example, there has been a sustained and tactical effort to dismantle media independence. Independent media is considered to be an important aspect of civil society, as it serves as a watchdog and counter force to governments, while expressing a pluralistic representation of the people (Diamond). The Russian government however, has consolidated large media outlets into state owned conglomerates throughout the 2000s. This process has only tipped the balance of power between civil society and the state in favor of the increasingly authoritarian government. Journalists and independent publications are often times unlawfully taken over, or threatened with violence. The online publication, Lenta.ru, which was previously openly critical of the Russian government, was taken over, with many members banished to start their own media enterprises abroad. Within the media sphere, there have been numerous

instances where Russian journalists, who are critical of the Russian government, are murdered. Perhaps the most notable example comes from the late Anna Politkovskaya, who was assassinated for her criticisms of Russia's involvement in Chechnya. The media in Russia has subsequently been transformed into a propaganda machine that sets the agenda for government.

NGOs and those groups and individuals attempting to deliver foreign assistance to Russia have experienced their own fair share of issues in recent years. In 2012, the Russian government passed a law that requires all NGOs who receive foreign assistance to register and declare themselves as "foreign agents" (Mendelson). The law became strongly enforced in 2014, delegitimizing organizations' status and effectiveness within the country. These organizations are often times placed under extensive surveillance and audits, making it difficult for NGOs to operate effectively towards their goals. As a result, most foreign non-governmental NGOs have left Russia.

In response, Western countries should continue to support non-governmental organizations, civil society actors, and those who fight to build a counter-weight to the growing authoritarian nature of the Russian state. This assistance can come in a variety of reforms. One would be to bolster international aid programs to civil society organizations within countries of the Former Soviet Union – especially Ukraine - by selectively sponsoring activists, independent journalists, and non-governmental organizations. An example of an organization that exists outside of Russia, but attempts to serve as a critical media outlet within the country, is Meduza. These organizations that are outside of the Russian government's grasp but have the potential to develop civil society internally should be directly supported. Funding not only supports the individual initiatives of these actors, but it has the potential to develop civil society in broad terms. Aid organizations should be selective in their sponsorship, following the examples of

Novgorod where foreign assistance has a structural base to be most effective. A lot of aid has stopped flowing to this region of the world, but if opportunity costs allow, there are strategic and mutual interests for the both the United States and Russia.

Second, western leaders and international organizations can live up to their charters and punish Russian government officials for violating human rights and harming civil society. This can be done by means of hard-pressed negotiation, or enlisting new sanctions. This not only sends a message to the Russia government, but also could make it more costly for Russian officials to clamp down on developments within civil society. As this paper demonstrates, civil society activism can elicit productive cooperation between the government and the governed, even in Russia. It stands to positively influence the passing of much needed reforms in all aspects of society, with the ultimate aim of enhancing the well being of the population.

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Appendix 1

Chart 1) Regional Scores on Health System Variables. Source: *Judyth L. Twigg (2001) Russian Health Care Reform at the Regional Level: Status and Impact, Post-Soviet Geography and Economics, 42:3, 202-219*

Region	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**
Amur	4	5	4	4	4	4	5	4	2	4	4	3
Astrakhan	4	4	3	4	4	4	4	4	2	4	4	4
Bashkortostan	2	2	3	4	4	4	2	4	2	2	4	4
Chelyabinsk	4	4	4	3	4	4	4	4	4	4	4	4
Chita	4	4	4	4	4	4	3	4	4	4	4	5
Chuvash	3	4	2	3	4	4	4	4	2	3	1	1
Jewish Autonomous Oblast	1	4	4	4	4	4	4	4	3	1	2	2
Kalingrad	2	2	3	4	4	4	3	4	2	2	4	4
Kalmykia	4	4	3	4	4	4	4	4	2	4	4	4
Karachy-Cherkess	3	4	4	4	4	4	3	4	4	4	4	4
Karelia	2	4	2	1	2	4	2	4	4	2	2	1
Kemerovo	1	1	1	3	1	3	1	3	1	1	3	4
Khabarovsk	3	4	3	3	4	4	3	4	2	3	3	4
Khakassia	4	2	2	4	3	4	2	4	3	2	4	4
Khanty-Mansi	2	4	4	4	4	4	4	3	2	2	4	3
Komi	2	4	4	1	4	4	4	2	2	3	1	1
Kostroma	2	3	1	4	3	4	3	4	4	2	3	2
Krasnodar	4	3	3	4	4	4	4	3	4	2	4	4
Krasnoyarsk	1	2	2	3	2	4	3	3	3	2	4	4
Kursk	4	4	3	4	5	4	5	4	2	4	4	4
Moscow City	1	3	1	2	3	1		4	2	1	3	1
Murmansk	4	4	2	3	4	3	4	3	4	3	4	4
Nizhegorod	5	3	3	4	3	3	4	3	3	5	3	3
Novgorod	1	1	2	4	1	2	3	4	1	1	2	2
Orenburg	4	4	4	4	4	4	4	4	4	4	4	2
Penza	2	3	1	1	2	4	1	4	2	2	4	4
Perm	2	4	4	4	3	3	2	4	3	3	4	2
Rostov	2	2	2	4	2	4	2	4	2	2	3	4
Ryazan	4	3	4	4	4	5	4	4	4	4	4	4
St. Petersburg	3	2	2	2	4	3	3	4	2	2	2	2
Samara	1	2	1	1	1	1	1	2	1	1	2	4
Saratov	3	2	2	3	4	3	2	4	2	3	4	2
Stavropol	4	3	2	4	4	4	3	3	4	4	4	5
Svedlovsk	3	3	4	4	1	3	4	3	4	1	4	4

Tambov	3	4	1	4	4	4	3	4	4	3	4	4
Tomsk	4	4	3	3	3	5	1	4	4	4	2	4
Tula	2	2	2	1	2	3	5	4	3	2	1	3
Tver	2	2	1	2	1	4	1	2	2	2	2	2
Udmurt	4	2	4	4	4	4	4	4	4	5	4	4
Vladimir	4	2	4	4	4	4	4	4	4	5	4	4
Vologda	2	4	1	4	4	2	2	4	2	3	4	3

Chart 2) See next page. It begins on next page for formatting reasons. Control Variable data. The data was acquired from a number of sources. Data on urban population and GDP per Capita is from Russia Regional Territories (1999). Resource Production, Budgetary Transfers, and Tax Retention rate are fromL Desai, Raj M. and Freinkman, Lev and Goldberg, Itzhak, Fiscal Federalism and Regional Growth: Evidence from the Russian Federation in the 1990s (September 2003). World Bank Policy Research Working Paper No. 3138. Available at SSRN: http://ssrn.com/abstract=461861

Region	GDP/Capita	Resource Production	Tax Retention Rate	Budgetary Transfers	Urban Population
Amur	15,103.7	48.3	70.9	33.5	690,000
Astrakhan	10,172.2	60.8	60	24.1	687,000
Bashkortostan	13,745.0	48.4	75.1	1.4	2,638,000
Chelyabinsk	12,152.2	13.4	74.7	6.9	3,007,000
Chita	9,650.2	45.6	71.5	23.2	820,000
Chuvash	8,328.9	16.3	67.9	15.6	822,000
Jewish Autonomous Oblast	3,609	9.2	75.5	46.4	6,000
Kalingrad	8,783.5	27.5	63.9	9.2	723,000
Kalmykia	4,899.8	71.5	33.5	45.9	121,000
Karachy-Cherkess	6,391.3	14.2	63	38.6	207,000
Karelia	15,055.1	10.7	79.1	14.4	586,000
Kemerovo	14,326.3	42.6	69.8	14	2,673,000
Khabarovsk	19,517.6	31.3	64.4	16.9	1,282,000
Khakassia	14,496.9	25.6	78.2	11.6	424,000
Khanty-Mansi	28,059	64.3	55.6	1.2	1,213,000
Komi	26,798.7	8.3	63.3	45.4	90,000
Kostroma	10,971.7	35.8	69	29	535,000
Krasnodar	10,063.7	22.2	62.2	16.1	2,712,000
Krasnoyarsk	22,937.6	12.8	73.7	2.2	2,298,000
Kursk	11,909.9	26.8	65.6	12.6	808,000
Moscow City	33,887.4	16.6	45	3.1	8,717,000
Murmansk	23,233.5	18	71.7	21.2	986,000
Nizhegorod	12,936.8	10.8	56.7	4.9	2,912,000
Novgorod	12,860.3	11.8	70.7	24.6	528,000
Orenburg	12,296.5	51	62	16.9	1,426,000
Penza	6,940.6	18.9	64.4	23.7	1,002,000
Perm	17,955.2	31	60.6	4.1	2,311,000
Rostov	8,455.0	30.5	62.8	17.6	3,010,000

Ryazan	10,000.6	41.8	56.8	16.8	903,000
St. Petersburg	18,024.9	10.3	57.4	2.3	4,838,000
Samara	20,439.5	16.7	52.7	1.8	2,646,000
Saratov	10,186.4	33.1	62.1	16.5	2,025,000
Stavropol	10,363.8	34.7	61.7	22.1	1,423,000
Svedlovsk	15,825.7	13.5	66.5	2.7	4,119,200
Tambov	7,866.9	18.6	64	20.9	757,000
Tomsk	19,078.5	38.7	64.1	11	705,000
Tula	10,084.8	14.6	64.7	17	1,485,000
Tver	10,655.2	32.5	67.4	17.2	1,196,000
Udmurt	11,807.2	31.1	59.4	16.2	1,147,000
Vladimir	9,350.2	15.3	62.8	18.5	1,319,000
Vologda	18,080.3	8.5	74.5	6.6	2,001,000

Chart 3). Carnegie Regional Political Source (1991-2001): *The Carnegie Endowment for International Peace*. Data was obtained from on online publication released by Carnegie's Moscow Office. Similar to the polity score, these scores attempt to measure the democratic nature and structure of each Russian federal subject. For access to the full data set please see: *Social Politics*. N.p., n.d. Web. http://atlas.socpol.ru/indexes/index_democr.shtml

Region	Open	Dem. Election	Pol. Plural	Indep. Media	Econ Lib	Civil Society	Political System	Elite	Corrup.	Local Gov.
Amur	2	3	2	3	3	2	3	2	3	3
Astrakhan	3	2	3	2	3	3	3	2	3	3
Bashkortostan	2	2	2	2	2	2	2	2	1	2
Chelyabinsk	4	4	4	4	4	3	3	3	3	4
Chita	2	3	3	2	2	2	3	3	3	3
Chuvash	3	3	3	3	3	3	4	3	5	3
Jewish Autonomous Oblast	2	2	2	2	2	2	3	2	3	3
Kalingrad	4	4	4	4	4	3	4	3	2	3
Kalmykia	3	2	2	2	2	2	2	2	2	1
Karachy-Cherkess	3	3	3	2	2	2	2	2	2	2
Karelia	5	4	4	4	4	4	4	3	5	4
Kemerovo	3	2	2	3	3	3	2	2	2	3
Khabarovsk	2	2	2	3	3	2	3	2	3	3
Khakassia	2	2	3	2	3	2	2	2	2	3
Khanty-Mansi	4	3	3	3	4	3	3	3	3	4
Komi	4	5	4	3	4	3	3	4	3	3
Kostroma	3	3	3	3	3	3	3	3	3	3
Krasnodar	3	2	3	3	3	2	3	3	2	3
Krasnoyarsk	5	4	4	5	4	4	4	4	3	4
Kursk	3	2	2	2	2	2	2	2	3	2
Moscow City	4	3	4	4	4	3	2	3	2	2
Murmansk	3	3	3	3	3	3	4	3	3	3
Nizhegorod	4	5	4	5	4	4	4	4	3	4

Novgorod	4	3	3	3	4	3	3	3	4	4
Orenburg	3	3	3	3	3	3	3	3	3	3
Penza	3	3	2	3	3	2	3	2	3	3
Perm	4	3	4	4	5	5	4	4	4	4
Rostov	3	2	3	2	3	3	3	2	2	3
Ryazan	3	3	3	2	2	3	3	3	3	3
St. Petersburg	5	4	4	5	3	5	5	3	3	3
Samara	4	4	5	4	5	4	4	5	3	4
Saratov	3	2	3	2	3	3	3	2	2	3
Stavropol	2	3	3	3	3	3	3	2	2	3
Svedlovsk	5	4	5	5	4	5	5	4	3	5
Tambov	3	3	3	2	3	2	3	3	3	3
Tomsk	3	3	3	3	3	3	3	3	3	3
Tula	1	2	2	2	1	2	2	1	2	2
Tver	3	4	3	3	3	3	3	3	2	3
Udmurt	3	4	3	3	3	3	3	2	3	3
Vladimir	3	4	4	3	3	3	3	3	4	4
Vologda	2	3	3	3	3	3	3	3	3	3