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and Facing the Future

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# Russia's HIV/AIDS Crisis

## Confronting the Present and Facing the Future

*Sarah A. Grisin and Celeste A. Wallander<sup>1</sup>*

Russia is part of the “second wave” of states being struck by HIV/AIDS, and the epidemic threatens to devastate the country. Although the prevalence of the virus in Russia is currently not nearly as severe as that of sub-Saharan African states, the *growth* of the infection rate in Russia is second in the world only to Ukraine. The World Bank reports that as of May 1, 2002, there were 193,400 registered cases of HIV in Russia.<sup>2</sup> Unfortunately, inaccurate official statistics hide the severity of the crisis. In fact, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that a total of 700,000 people in Russia were living with HIV/AIDS as of the end of 2001.<sup>3</sup> Dr. Vadim Pokrovsky, Russia's leading AIDS expert, puts the number of cases at 1.4 million.<sup>4</sup>

The primary affected group in Russia is intravenous (IV) drug users, but the virus has started to move to the general population with an increasing percentage of infections spreading through unprotected heterosexual sex. Most new cases are occurring in males, ages 18 to 25, which will have catastrophic effects on Russian military service, higher education, and the labor force. The future for Russia looks grim, as this epidemic grows in a state threatened by a demographic crisis of historic proportions, characterized by dramatically low birth rates, high mortality rates, and a growing tuberculosis (TB) epidemic. If preventative measures are not taken, the World Bank's optimistic estimate for Russian HIV cases in 2020 is

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<sup>1</sup> The authors would like to thank Julie Sawyer and Heather Rehm.

<sup>2</sup> Christof Ruhl et al., “The Economic Consequences of HIV in Russia,” World Bank, May 15, 2002, <[www.worldbank.org/ru/eng/group/hiv/](http://www.worldbank.org/ru/eng/group/hiv/)> (accessed June 28, 2002).

<sup>3</sup> “Report on the Global HIV/AIDS Epidemic,” UNAIDS, 2002.

<sup>4</sup> Anna Badkhen, “Global Pandemic: Russia on the Brink of AIDS Explosion,” *San Francisco Chronicle*, July 28, 2002.

5.36 million. The more pessimistic estimate puts the number of infected individuals at 14.53 million.<sup>5</sup>

## History of HIV/AIDS in the USSR and Russia

HIV/AIDS remained at low levels in Russia as recently as the early 1990s when only about 100 to 200 new cases were registered each year. The first official case of infection in Russia due to IV drug use came in 1995, and after this point, the virus started spreading much more rapidly. By the end of 2000, there were 86,000 Russians registered as HIV positive.<sup>6</sup> The number of new infections during that year was higher than all previous years combined.<sup>7</sup> By the end of 2001, the number of registered cases had doubled to 177,000,<sup>8</sup> and approximately 0.9 percent of adults were infected with the virus. The virus spread throughout Eastern Europe and Central Asia, where approximately 1 million people were living with HIV/AIDS at the end of 2001, compared to 420,000 only two years earlier.<sup>9</sup>

The USSR had its first official case of HIV in 1986 when a Soviet citizen is purported to have contracted the virus in Africa and spread it to 15 Soviet soldiers through homosexual relations. Soviets were not ready to deal with this virus, living in an unstable country where homosexuality was illegal and topics like sexual health were taboo. Because of the context of the first case and conservative social restraints, Soviets quickly began to associate the virus with a corrupt lifestyle. The government fueled discrimination, maintaining that homosexuality was a crime until finally removing it from the criminal code in 1993. For several years HIV spread very slowly, and the virus was perceived to be a Western and homosexual problem not likely to threaten the country. Opinions changed minimally in 1987 when news surfaced of 279 children who had been infected with HIV in Soviet hospitals from unsterilized equipment and reused syringes. In the years 1987–1989, some regional AIDS centers were set up for testing and prevention activities, but attitudes did not change significantly. The government's fear-based and discriminatory media campaigns stigmatized prevention efforts and led to persecution of infected individuals. Most HIV testing was not anonymous and in fact, many individuals did not know they were being tested or that their contacts were being traced. Amidst the political and economic instability of the late 1980s and early 1990s, HIV/AIDS received little attention in the Soviet Union, and later Russia, during what has been called the country's "sexual revolution." These years were characterized by increased prostitution and IV drug use, both factors that increase the potential for the spread of the HIV virus.<sup>10</sup>

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<sup>5</sup> Ruhl et al, "The Economic Consequences of HIV in Russia."

<sup>6</sup> Ibid.

<sup>7</sup> "AIDS Epidemic Explodes in Eastern Europe," Joint UNAIDS/WHO press release, November 28, 2000.

<sup>8</sup> Ruhl et al, "The Economic Consequences of HIV in Russia."

<sup>9</sup> "Report on the Global HIV/AIDS Epidemic," UNAIDS, 2002.

<sup>10</sup> "AIDS in Russia," AIDS Infoshare Russia, <<http://www.spiral.com/infoshare/Article1.html>> (accessed December 5, 2001).

Toward the middle of the 1990s, concern about HIV/AIDS in Russia increased. Nongovernmental organizations (NGOs) focusing on HIV/AIDS began to emerge in the country.<sup>11</sup> In 1995, the Russian government demonstrated concern about the spread of the virus with a federal law “on the prevention and spread in the Russian Federation of disease caused by the Human Immunodeficiency Virus.”<sup>12</sup> Under this legislation, the state guarantees anonymous medical examinations to detect HIV infection, pre- and post-test counseling, public information about the virus, epidemiological surveillance of spread of the virus, free medical care, social welfare, and drugs for infected individuals, and the addition of moral sexual upbringing to educational curricula. It also specifies that discrimination against citizens with HIV/AIDS is illegal.

### Perceptions of HIV/AIDS in Russia

Although the laws changed and concern increased, a gap exists between these changes and actual practices and attitudes in Russia. In fact, a recent survey revealed that 30 percent of Russians think HIV-positive citizens should be isolated from society.<sup>13</sup> There have also been reports of uninformed doctors refusing to provide care to, or schools refusing to admit, an individual because of the person’s HIV/AIDS status. Often those who are supposed to be helping the infected are too terrified of the disease to provide care.<sup>14</sup> Furthermore, the 1995 law on HIV/AIDS made HIV-positive foreigners in Russia subject to deportation.<sup>15</sup> Beyond the association with foreigners, a pervasive perception exists in Russia that HIV/AIDS only affects drug addicts, prostitutes, and men having sex with men (MSM), populations in which the high infection rates have been concentrated. This is a dangerous assumption, as these groups are not isolated from the rest of society and are in fact spreading the virus to other segments of the Russian population.<sup>16</sup>

Despite this extreme threat to the Russian people, Russian authorities do not demonstrate much concern, and international focus has been aimed at Africa, where the prevalence rates are much higher. HIV/AIDS funding is clearly not a priority for the Russian government, whose officials often argue there is not enough money available to fund sufficiently what experts argue to be essential HIV/AIDS programs.<sup>17</sup> Russia spends approximately \$5 million a year on HIV/AIDS, an amount that would pay for the treatment of only about 500

<sup>11</sup> “Basic HIV Facts About Russia,” AIDS Infoshare Russia, <<http://www.spiral.com/infoshare/newsletter.basichiv.html>> (accessed December 5, 2001).

<sup>12</sup> “On the prevention and spread in the Russian Federation of disease caused by the Human Immunodeficiency Virus,” Russian Federal Law No. 38 of March 30, 1995, <<http://www.openweb.ru/aesop/eng/hiv-hr/law.html>> (accessed June 28, 2002).

<sup>13</sup> Rob Parsons, “Aids Legacy of the Russian Dolls,” *Sunday Herald*, June 30, 2002.

<sup>14</sup> Badkhen, “Global Pandemic: Russia on the Brink of AIDS Explosion.”

<sup>15</sup> “On the prevention and spread in the Russian Federation of disease caused by the Human Immunodeficiency Virus,” Russian Federal Law No. 38.

<sup>16</sup> Parsons, “Aids Legacy of the Russian Dolls.”

<sup>17</sup> “Politicians Urged to Address AIDS,” *CDI Russia Weekly*, #182.

patients.<sup>18</sup> Dr. Vadim Pokrovsky, head of the Russian Federal AIDS Center, made a dramatic comparison between Russian spending on HIV/AIDS and the \$150 million spent raising the *Kursk* submarine. That vessel, which sunk in August 2000, contained the remains of approximately 120 Russian sailors.<sup>19</sup> Even in his January 2002 address, in which Russian president Vladimir Putin discussed the disintegration of the population's health, he did not mention HIV/AIDS.<sup>20</sup> It is clear that HIV/AIDS has not yet been recognized by the government as an important element of Russian policy.

Some of the evident apathy comes from the commonly held belief that the AIDS epidemic has peaked. This is not true according to Peter Piot, executive director of UNAIDS, who explained at the 2002 Barcelona conference, "...we have not reached the peak of the epidemic yet[,] and that contrasts to what we thought some years ago, there is really apparently no natural limit in terms of the percentage of people who can become infected with HIV in a population."<sup>21</sup> This is particularly shocking when one considers that the epidemic has not even reached its limit in sub-Saharan Africa where over 30 percent of some countries' adult populations are HIV positive. Russia's future could see not only a crisis at the level of the epidemic in Africa today but one even more severe.

## Widespread Ignorance

It has been possible for Russians to ignore HIV/AIDS largely because of a lack of awareness of the problem. Since the virus came to the region so recently, and it takes about 10 to 12 years for an infected individual to die of AIDS, Russia has seen only 2,095 deaths from the disease, according to official statistics.<sup>22</sup> There is also the problem of inaccurate statistics in Russia. According to the 2002 UNAIDS report, the actual number of HIV/AIDS patients in Russia is approximately four times higher than the number of officially registered cases.<sup>23</sup> Other estimates put the number of cases at up to 10 times higher. One of the main reasons the Russian government does not have accurate statistics is because the individuals most at risk for infection are often those engaged in illegal activities such as drug use and the sex trade who consequently do not volunteer to be tested for fear of criminal prosecution. Others do not seek medical assistance and thereby escape recorded figures because they cannot afford health care or because they fear the stigma that comes with HIV infection. These artificially low

<sup>18</sup> "La Russie Demeure Paralysée Face à une Catastrophe Programmée," *Le Monde*, February 7, 2002, <[http://www.lemonde.fr/imprimer\\_article\\_ref/0,9750,3214--283267,00.html](http://www.lemonde.fr/imprimer_article_ref/0,9750,3214--283267,00.html)> (accessed July 2, 2002).

<sup>19</sup> Clara Ferreira-Marques, "Russian Expert Calls for Cash to Curb AIDS Spread," Reuters, November 26, 2001, reprinted in Johnson's Russia List, no. 5566, November 27, 2001 <<http://www.cdi.org/russia/johnson/5566.cfm>>.

<sup>20</sup> Badkhen, "Global Pandemic: Russia on the Brink of AIDS Explosion."

<sup>21</sup> Soundbites by Peter Piot, UNAIDS at Barcelona: XIV International Conference on AIDS, Barcelona, Spain, July 7–12, 2002, <<http://www.unaids.org/barcelona/presskit/audiovisuals.html>> (accessed July 7, 2002).

<sup>22</sup> Badkhen, "Global Pandemic: Russia on the Brink of AIDS Explosion."

<sup>23</sup> "Report on the Global HIV/AIDS Epidemic," UNAIDS, 2002.



statistics have been a large contributor to the low priority the Russian government and society have accorded HIV/AIDS.

Russia is also characterized by a lack of knowledge and education about the virus on the part of the public and the government. First, according to a UNAIDS report, the general level of education affects HIV prevalence. Since education “fosters analytical thinking and healthy habits,” young people with more years of schooling are more likely to use condoms and are less likely to have casual sex than their peers with less schooling.<sup>24</sup> Second, *what* is taught in school is also important. Russian children do not get the sex education in schools that is necessary to make them aware of how they can prevent HIV infection. One of the largest barriers to effective education is the Russian Orthodox Church, which campaigns against the use of condoms.<sup>25</sup> Russians are reluctant to discuss sexual health issues in public, and this lack of discussion comes at the expense of its young people. Russia cannot effectively fight the virus without providing education about the threat of HIV to its youth, one of the most at-risk populations.

The lack of good information on HIV provided to young people is especially tragic because a focus on educating this population has the potential to curb the HIV infection rate in Russia. First, young people are more likely to change and maintain safer behaviors than adults. In fact, early adolescence is a key time for developing lasting healthy behaviors. Young people who learn about reproductive health early on are more likely to become sexually active later in life than those who do not and are more likely to use condoms—both behaviors that reduce the risk of HIV infection. Second, because young people are among the most affected individuals in the population, targeting them could significantly curb the spread of HIV. Throughout the region of Eastern Europe and Central Asia, IV drug users represent the largest proportion of HIV-infected individuals, and IV drug abuse has become widespread among young people. It is estimated that 70 percent of IV drug users in this region are under 25 years of age.<sup>26</sup>

## Socioeconomic Conditions

In addition to not having the right information, Russians of all ages have been driven to high-risk behaviors due to poor socioeconomic conditions since the fall of the Soviet Union. Finding themselves in what UNAIDS has called a “fertile setting” for the epidemic, the states of the former Soviet Union have been faced with high unemployment and economic and political insecurity.<sup>27</sup> Reported cases often describe former Soviet factories that closed down, leaving whole towns

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<sup>24</sup> “Young People and HIV/AIDS: Opportunity in Crisis,” United Nations Children’s Fund, UNAIDS, and World Health Organization, 2002, <<http://www.unaids.org/barcelona/presskit/youngpeople/index.html>> (accessed July 10, 2002).

<sup>25</sup> Parsons, “Aids Legacy of the Russian Dolls.”

<sup>26</sup> “Young People and HIV/AIDS: Opportunity in Crisis.”

<sup>27</sup> “Fact Sheet 2002: Eastern Europe and Central Asia,” UNAIDS, 2002, <[http://www.unaids.org/barcelona/presskit/factsheets/FSeeuropecasia\\_en.htm](http://www.unaids.org/barcelona/presskit/factsheets/FSeeuropecasia_en.htm)> (accessed July 10, 2002).

floundering in unemployment and despair, and driving its citizens into drugs and the sex industry.<sup>28</sup>

Russians become infected with HIV and other concomitant infections at alarming rates from these high-risk behaviors in a country plagued by economic and political problems and a dilapidated health-care infrastructure that makes the funding and organization of treatment and prevention programs for affected individuals almost impossible.<sup>29</sup> The health-care system was of poor quality under the Soviet Union and only grew worse under the economic contraction of the 1990s. Although treated HIV/AIDS patients can be expected to live 20 to 30 years, infected Russians are not getting the care they need and will likely die much sooner. Many HIV-positive individuals fall victim to TB, to which they are highly susceptible with their weakened immune systems. The Red Cross estimates that Russia has 340,000 TB cases with increasing rates of infection and proportion of multidrug-resistant TB. Much of the problem for HIV and TB includes a pervasive distrust of medical establishments in Russia due to fear of unsanitary conditions, lack of money to fund treatment, or concern that health-care providers will not provide treatment to those infected with HIV/AIDS.<sup>30</sup> The Russian ministry of health implemented a national AIDS program between 1993 and 1995, which included a collaboration of federal, territorial, and regional AIDS centers, but economic constraints left the program without federal funding from 1996 until late 1998. A new program, started in 2002, allocates a mere \$6 million for this year.<sup>31</sup> The Russian government is simply not providing enough funds to maintain a health-care system, investing a mere 2.2 percent of the GDP. The World Health Organization recommends a country spend at least 5 percent, and the United States spends 14 percent.

High rates of HIV infection have been most notable among IV drug users, sex workers, the Russian military, and Russia's prisons.

## IV Drug Use

The population in Russia most affected by HIV is IV drug users, who made up an estimated 90 percent of the infected population in 2000.<sup>32</sup> Approximately two out

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<sup>28</sup> David Brown, "Report on AIDS Offers Dire Prognosis," *Washington Post*, July 3, 2002, <<http://www.washingtonpost.com/ac2/wp-dyn/A16575-2002Jul2?language=printer>> (accessed July 8, 2002).

<sup>29</sup> David Filipov, "Russia Struggles to Treat AIDS Patients," *Boston Globe*, July 21, 2002, <[http://www.boston.com/dailyglobe2/202/nation/Russia\\_struggles\\_to\\_treat\\_AIDS\\_patients+.shtml](http://www.boston.com/dailyglobe2/202/nation/Russia_struggles_to_treat_AIDS_patients+.shtml)> (accessed July 21, 2002).

<sup>30</sup> Andrei Ivanov, "Narcotics-Russia: New Drug-Production Method Raises HIV Risk," InterPress News Service, August 30, 1998, <<http://www.aegis.com/news/ips/1998/IP980806.html>> (accessed July 26, 2002).

<sup>31</sup> "HIV/AIDS in Russia: A USAID Brief," July 2002, <[http://www.usaid.gov/pop\\_health/aids/Countries/eande/russiabrief.pdf](http://www.usaid.gov/pop_health/aids/Countries/eande/russiabrief.pdf)> (accessed August 15, 2002).

<sup>32</sup> "Central Asia: Drugs and Conflict," *ICG Asia Report*, No. 25, November 2001, p. 14.

of five IDUs (injecting drug users) are believed to be infected.<sup>33</sup> Drug use greatly increased after the fall of the Soviet Union throughout a region plagued by difficult economic and political transformation, where up to 1 percent of these states' populations are estimated to be IDUs.<sup>34</sup> Drug trade prospers in areas like this not only because individuals use drugs as an escape from despair, joblessness, and poverty, but also because the economic incentives to join the drug trade are significant.<sup>35</sup>

Russia finds itself in a region that has fairly cheap and easy access to drugs. As post-Cold War freedoms were expanded, borders opened, and goods moved more freely, allowing the drug trade to expand. The region's prominent crime networks have also helped the drug trade to prosper.<sup>36</sup>

IV drug users have been a tragically efficient spreader of the HIV virus. This is largely because it is easier to spread the virus through needle sharing than through sexual intercourse.<sup>37</sup> Although sterile injecting equipment is available at Russian pharmacies without a prescription for only 1.4 to 2.34 percent of the cost of drugs, IDUs often do not have the information or the desire to protect themselves from HIV.<sup>38</sup> Needle exchange programs are not very common in Russia, largely because they are illegal. Sharing needles is such a part of a drug user's lifestyle that refusing to do so can be seen as an insult.<sup>39</sup>

IDUs have very tight networks within which HIV can spread quite rapidly.<sup>40</sup> According to the Russian Federal AIDS Center, each HIV-infected IDU infects two or more other users every year.<sup>41</sup> IV drug use often begins during adolescence, and the prevalence among young people has increased dramatically recently.<sup>42</sup> Many of these young individuals use only occasionally and call themselves "social injectors." They are still susceptible to the virus and often spread it beyond the drug circles to other populations.<sup>43</sup> IV drug use is also an especially efficient spreader of the virus because infected users often do not get help or get tested. Often infected drug users do not get treatment because they fear

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<sup>33</sup> Alex Rodriguez, "HIV Numbers Creep Up in Slumbering Russia," *Chicago Tribune*, July 21, 2002.

<sup>34</sup> "Fact Sheet 2002: Eastern Europe and Central Asia."

<sup>35</sup> "Drug Use & HIV in Eastern Europe & the Former Soviet Union Has Grown Rapidly in the Past Decade," <<http://www.soros.org/harm-reduction/drug.htm>> (accessed August 8, 2002).

<sup>36</sup> Ibid.

<sup>37</sup> Ibid.

<sup>38</sup> "Responses to the HIV Epidemic In Russia," in *Scholar Forum: The Journal of the Open Society Institute's Network Scholarship Programs* (Fall 2001).

<sup>39</sup> Phil Ittner, "Fighting an Epidemic, Behind Bars: HIV-positive Inmates Struggling to Survive in Segregated Cells of Russia's Underfunded Prisons," *San Francisco Chronicle*, October 16, 2000, <<http://www.aegis.com/news/sc/2000/SC001003.html>> (accessed August 8, 2002).

<sup>40</sup> "Drug Use & HIV in Eastern Europe & The Former Soviet Union Has Grown Rapidly in the Past Decade."

<sup>41</sup> Ruhl et al, "The Economic Consequences of HIV in Russia."

<sup>42</sup> "Young People and HIV/AIDS: Opportunity in Crisis."

<sup>43</sup> "Responses to the HIV Epidemic in Russia," in *Scholar Forum: The Journal of the Open Society Institute's Network Scholarship Program*.

being arrested for drug use. Instead of being treated, they are often sent to prison where the virus prospers in a drug-infested environment.<sup>44</sup>

Another key place in Russia for both IV drug use and HIV infection is the oblast of Kaliningrad, a small region isolated from the rest of Russia located between Poland and Lithuania on the Baltic Sea.<sup>45</sup> The HIV/AIDS crisis has developed there to such a degree that it is known to some people as the AIDS capital of Russia.<sup>46</sup> As in the rest of Russia, the epidemic started there in the IDU population. However, HIV infections have moved away from almost exclusively IV drug transmission to a larger proportion of cases coming from heterosexual transmission. Kaliningrad serves as a warning to the rest of the country—a sort of microcosm of Russia five years into the future if nothing more is done to curb the spread of the virus. Although only 4 percent of HIV cases in Kaliningrad in 1996 were transmitted through sexual contact, this percentage climbed to 30 percent in 2001. Most of these cases seem to be from prostitution, but experts fear that this might be evidence of a trend toward movement of the infection into other segments of the population.<sup>47</sup>

## Sexual Transmission

Officials believe sexual transmission may soon become the most common mode of transmission for the virus in all of Russia.<sup>48</sup> Heterosexual relations accounted for 4 percent of registered HIV cases in all of Russia in 2001, but this figure climbed to 8.4 percent in the first three months of 2002.<sup>49</sup> The trends seen in Russia today are similar to what was seen in Kaliningrad five years ago, according to Dr. Vadim Pokrovsky, Russia's leading AIDS expert.<sup>50</sup> If nothing is done to curb the spread in Russia, HIV could soon be spreading through the whole country as it has in Kaliningrad.

Another bad sign for Russia is the increase in STDs in recent years. According to a UNAIDS report, between the years 1978 and 1992, fewer than 30 cases of syphilis were recorded per 100,000 people. In 1995, this number grew to 165 out of 100,000.<sup>51</sup> STD infection is an indicator that Russians are not effectively caring for their sexual health and thus are putting themselves at risk for HIV infection. The increase in STDs in Russia is particularly threatening because having an STD

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<sup>44</sup> Steven Lee Myers, "Alarming Portents on Frontier of Russia's AIDS Crisis," *New York Times*, July 21, 2002.

<sup>45</sup> "The EU and Kaliningrad," Commission of the European Communities, January 2001, <[http://europa.eu.int/comm/external\\_relations/north\\_dim/doc/com2001\\_0026en01.pdf](http://europa.eu.int/comm/external_relations/north_dim/doc/com2001_0026en01.pdf)> (accessed June 28, 2002).

<sup>46</sup> Ittner, "Fighting an Epidemic, Behind Bars."

<sup>47</sup> Myers, "Alarming Portents on Frontier of Russia's AIDS Crisis."

<sup>48</sup> Filipov, "Russia Struggles to Treat AIDS Patients."

<sup>49</sup> Rodriguez, "HIV Numbers Creep Up in Slumbering Russia."

<sup>50</sup> Myers, "Alarming Portents on Frontier of Russia's AIDS Crisis."

<sup>51</sup> Epidemiological Fact Sheets: Russian Federation, 2002, UNAIDS, p. 2, <[http://www.who.int/emc-hiv/fact\\_sheets/pdfs/Russianfederation\\_EN.pdf](http://www.who.int/emc-hiv/fact_sheets/pdfs/Russianfederation_EN.pdf)>.

makes it biologically easier to acquire and transmit the HIV infection.<sup>52</sup> In fact, an estimated 15 percent of the approximately 15,000 prostitutes in Moscow are HIV positive.<sup>53</sup> In addition, often those involved in the sex industry are also involved with IV drug use, as it is common for IDUs to exchange sex for money or drugs. The overlapping of these populations makes spreading between them and to the general population all the more likely.

## Russian Military

A population where both sex and drugs have led to high HIV infection rates is the Russian military. HIV/AIDS in the military is an understandably sensitive issue for a state's national security, with many countries reluctant to report the statistics about infections in their militaries.

It has been reported that as of July 1998, the number of HIV-infected soldiers in the Russian military quadrupled in the year and a half before.<sup>54</sup> The number of infected Russian troops then rose dramatically in the first half of the year 2000, with 260 cases reported. Actual numbers are expected to be 10 times higher, according to one official at a military hospital near Moscow.<sup>55</sup> The rates for HIV infection in the armed forces is usually two to five times higher than in the general population, and this figure can be much higher during conflict.<sup>56</sup> The actual numbers are unknown because testing of conscripts is not systematically conducted.

The high prevalence rates for HIV infection in the Russian military as well as all militaries is often blamed on soldiers being underfed, overworked, and away from home, causing them to turn to drugs and the sex industry to avoid depression and stress.<sup>57</sup> This is especially a problem for young recruits who often are lonely and away from home for the first time. Soldiers are also usually in the most sexually active age group (ages 15 to 24) and often take advantage of the sex industries that sprout up around military bases.<sup>58</sup> There is also what UNAIDS calls an "ethos of risk taking" prevalent among military individuals, which makes them less likely to take precautions against HIV infection.<sup>59</sup> The threat of HIV

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<sup>52</sup> Mark Schoofs, "Russia: Jailed Drug Users Are at Epicenter of Russia's Growing AIDS Scourge," *Wall Street Journal*, June 25, 2002.

<sup>53</sup> Sarah E. Mendelson, Julie Sawyer, and Celeste Wallander, "The Security Implications of HIV/AIDS in Russia," PONARS Memo No. 245, p. 2.

<sup>54</sup> Andrei Ivanov, "Health-Russia: HIV/AIDS Infections Rise in the Russian Army," InterPress News Service, July 1998; <<http://www.aegis.com/news/ips/1998/IP980706.html>> (accessed July 17, 2002).

<sup>55</sup> "Russia-Military-AIDS: Sharp Rise in Number of HIV-positive Russian Troops," Agence-France Presse, October 5, 2000, <<http://www.aegis.com/news/afp/2000/AF001010.html>> (accessed July 24, 2002).

<sup>56</sup> "Fact Sheet 2002: AIDS as a security issue," UNAIDS.

<sup>57</sup> Ivanov, "Health-Russia: HIV/AIDS Infections Rise in the Russian Army."

<sup>58</sup> Ulf Kristoffersson, "Security for a New Century," Briefing to the 107th Congress, July 11, 2002.

<sup>59</sup> "Fact Sheet 2002: AIDS as a security issue," UNAIDS.

does not stop within the military but likely spreads to the general population when the soldiers go home at the end of their service.<sup>60</sup>

## Russian Prisons

Another hard-hit population is the inmates in Russia's prisons where HIV spreads rampantly in a drug-using environment, and infected prisoners contract TB at high rates because of their weakened immune systems. The Russian prison population is a significant proportion of its people, as Russia has the highest prison population per person of any country in the world, largely because of draconian Russian drug laws that get individuals a three-year sentence for possession of up to five one-thousandths of a gram of heroin, an amount that would most likely not warrant a prison sentence at all in the United States for a first-time offender. Individuals in the large Russian population of IDUs often move in and out of prison for repeated offenses and thereby are repeatedly given the opportunity to spread the virus to the general population.<sup>61</sup>

Russian prisons are a particularly effective place to spread HIV and TB. Unsafe sex and rampant drug abuse breed opportunity for infection. Crowded conditions in prisons make it difficult for guards to monitor the passing of drugs and syringes among prisoners. Permission to break the rules often requires only a bribe to a willing underpaid prison guard.<sup>62</sup>

Prevention of new infections and treatment of HIV-positive inmates are not priorities in Russian prisons. Condoms are restricted because sex is prohibited and bleach, which could be used to sterilize needles, is restricted for fear that inmates would use it to injure themselves or others. HIV-positive inmates do not receive adequate health care, and methadone, which can be used to ease heroin withdrawal, is illegal in Russia, leaving inmates either to deal with the psychological and physical stress of withdrawal alone or to use homemade drugs and used syringes to get their fix.<sup>63</sup>

Some prison rules attempt to prevent HIV infections, but these restrictions can actually further the spread of the virus. Inmates are supposed to be tested for HIV when they enter prison, and those who test positive are separated from the rest of the inmates in a different cellblock. This leads inmates to assume that inmates in the cellblocks for uninfected inmates do not have HIV and that it is therefore safe to share needles with these people. This is a dangerous assumption because it is possible for an individual to test negative even if they have the virus. It is also sometimes the case that testing is not conducted for new inmates due to lack of funds or materials. It is also impossible to assure that there is no contact between the supposed uninfected group and the infected group, especially if drugs and syringes pass between the two populations. Because inmates are only tested when they enter or get sick, there are not any reliable figures for the degree of spread

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<sup>60</sup> "Fact Sheet 2002: AIDS as a security issue," UNAIDS.

<sup>61</sup> Schoofs, "Russia: Jailed Drug Users Are At Epicenter of Russia's Growing AIDS Scourge."

<sup>62</sup> Ibid.

<sup>63</sup> Ibid.

within HIV in prisons.<sup>64</sup> There are also no figures for the degree of spread to the general population, but it is known that thousands of prisoners are released every year with TB and HIV infections. More than 31,000 prisoners infected with TB were released in 1999.<sup>65</sup>

## Conclusion

In terms of prevalence rates or sheer numbers of individuals living with HIV and AIDS, Russia is nowhere near the scale of crisis that grips many African countries. While it is shocking that 15 percent of prostitutes in Moscow may be afflicted with HIV, some African cities have been facing prevalence rates among sex workers as great as 40 percent. To learn that in European regions of Russia informal segregated AIDS wards in orphanages are appearing due to lack of information and capacity on how to prevent mother-to-child transmission, or how to treat babies born with HIV, comes as no surprise to experts who have seen the spread of the crisis to Africa's vulnerable children.

But the AIDS pandemic is not measured solely in terms of where it is worst, but as a threat wherever it is, in the many forms it takes in different societies and states. And, as this report has shown, the current shape of the crisis in Russia (and other countries of the Soviet Union, including Ukraine, where prevalence rates are even higher than in Russia) is very familiar. HIV infection has grown dramatically in Russia in the past decade because it has penetrated vulnerable and alienated populations, including those especially prone to risk-taking behavior. But HIV has already broken out of the relatively isolated groups of prisoners and intravenous drug users into the heterosexual general population. Because of cultural stigma and the Soviet legacy, preventive measures in sexual health education are not part of Russia's current arsenal of weapons against HIV. As a result, unless the Russian state and society confront the reality of the crisis they face and take immediate but reasonable actions to improve education, prevention, and treatment, Russian HIV-infection prevalence rates will follow the patterns that have stricken many African countries in the 1990s.

The Russian government does not like to be warned of the fact that it is following the path of Africa's AIDS crisis, but the trend is indisputable and proven by the rising numbers of infected, especially those outside the now recognized at-risk groups. Even more sobering than the numbers themselves, however, are the public policy analyses that conclude time and again that Russia's social and state infrastructure are weakest where AIDS prevention and treatment are most critically needed. Russia is vulnerable to an exploding AIDS crisis not merely because of the biology of the disease, but because of the weakness of its state and social infrastructure. Russia has suffered a series of economic dislocations that halved its GDP over a decade, leaving nearly nonexistent basic educational, health, and social services infrastructure. A seemingly unending series of economic crises has left its citizens with little capacity or incentive to plan

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<sup>64</sup> Ibid.

<sup>65</sup> Mendelson et al, "The Security Implications of HIV/AIDS in Russia."

for their long-term futures. A population shaken by political and economic crises throughout the 1990s seeks only stability and some measure of economic security and is disinclined to demand more of its government in terms of long-term health and education in prevention of a disease that few have yet encountered or can understand.

That is the bad news. The good news is that because the HIV/AIDS crisis in Russia is rooted in social factors and state capacity, public policy can make a decisive difference. The Russian economy has been performing well over the past several years. Poverty rates, which had risen from about 10 percent at the beginning of the 1990s to nearly 40 percent after the August 1998 financial crisis, have fallen to less than 20 percent. Per capita income and household income have risen each year after 1998, as has domestic investment.

In such an environment, it is possible that Russian citizens will be open to thinking about their long-term health and future, and that of their children. Under those conditions, effective education and public policy initiatives can slow the spread of HIV infection, prevent transmission from mother to child, and make possible effective treatment to improve the quality and length of life of those affected, as we have seen clearly in countries ranging from the United States to Thailand to Uganda. Russian businesses need to understand that their futures depend on the future health of their workers and markets, and that if unchecked, the course of the disease could reduce Russia's GDP by 5 percent over the next 20 years, eliminating the gains the Russian economy has achieved over the past four years. Russia's political leaders need to face the fact that, if unchecked, HIV will further worsen Russia's already poor demographic prospects. In particular, an effective Russia army will be impossible if future cohorts of young men of service age are emptied as a result of the looming vulnerability of 18- to 34-year-old men to infection as HIV breaks out into the general population.

Tackling this crisis is a decision that Russia's politicians, business leaders, and society must make for themselves, but the international community has an important role to play. Most important, Russia and the other new countries of Eurasia can learn from the experience—tragic and positive—of other countries that have been afflicted or coped with AIDS. Russia has the advantage of a sad wealth of experience in other countries. It can also benefit from the results of advanced and ongoing research in prevention and treatment. And, where necessary, it can leverage international resource and foreign assistance to launch treatment and prevention programs immediately. Russians take pride in their proven capacity for endurance and resilience. But HIV/AIDS is less forgiving than war or depression, which devastate a society for only years. If Russia does not confront the HIV/AIDS crisis, it will face a future against a threat that kills on a generational scale. Perhaps Russian endurance is that great, but it would be better not to find out.