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AIDS in the USSR: Can It Be Nipped in the Bud?

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A Research Paper

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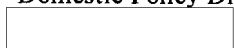
AIDS in the USSR: Can It Be Nipped in the Bud?



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A Research Paper

This paper was prepared by  Office
of Soviet Analysis. Comments and queries are
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Domestic Policy Division, SOVA, 



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*SOV 88-10080X
December 1988*

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Aids in the USSR: Can It Be Nipped in the Bud?

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Summary*Information available as of 21 December 1988 was used in this report.*

In February 1987, after two years of gathering evidence, medical experts persuaded the Soviet leadership to stop viewing AIDS as a problem of the "decadent West" and to acknowledge that the Soviet Union had its own AIDS problem. This new approach culminated in the Politburo's August 1987 approval of a nationwide campaign against AIDS.

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The leadership's concern about AIDS has been demonstrated by the energetic measures it has taken since then. Specifically, the regime has distributed 10 million leaflets to the population, including one to every household in Moscow, established mandatory testing for high-risk groups, and imposed criminal penalties on those who knowingly transmit the disease. The medical and scientific resources mobilized in the past year include 40 participating research institutes, 400 testing laboratories, 50 voluntary testing centers, advanced training for doctors, and three hospital units in Moscow, Leningrad, and Kiev. As the program is currently operating, the regime will conduct 18 million AIDS tests per year, screening all blood used for transfusions and testing known homosexuals, drug addicts, and prostitutes, as well as military inductees, prison inmates, foreign students, and Soviets returning from an extended stay overseas. A bureaucratic structure has been set up to direct activities against AIDS under the leadership of Health Minister Yevgeniy Chazov and an inter-ministerial committee, which includes the police and security organs.

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Moscow's energy is directed at ensuring that the problem remains small. The Soviets have reported only a few citizens with fully developed AIDS and have identified only 93 infected individuals to November 1988.

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we estimate that the upper boundary of HIV infections—which ultimately produces AIDS—is approximately 15,000 or 5.1 per 100,000. This worst case estimate is less than a fourteenth of the rate of Great Britain, a hundredth of the US rate of 484 per 100,000, and a miniscule fraction of the most infected states of Africa.


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The political and social barriers to the spread of AIDS are stronger in the USSR than in many Western countries. Particularly important are the obstacles to the free exercise of high-risk behavior in areas of a concentrated population of high-risk groups:

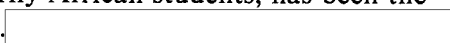

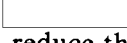

- Homosexuality, although increasingly visible in the USSR, is still severely repressed. Homosexuals lack the places to congregate and the privacy that facilitate frequent sexual encounters.



- Although drug abuse is growing at a rate that alarms the Soviets, it remains small by Western standards. Moreover, intravenous drug use with needle sharing—the only type of drug abuse that actually spreads the disease—accounts for only a small proportion of the total.
- The Soviets assign a lower priority than do Western countries to protecting the rights of the individual when these rights are seen as conflicting with the welfare of society. For example, there are currently no strong legal constraints on the regime’s ability to impose mandatory testing or even to quarantine large numbers of people should the leadership deem this necessary. Recently, a carrier who infected eight others was sentenced to a four-year prison term.
- The Soviet population remains relatively isolated from foreign sources of infection. Although the USSR is not a completely controlled society and is becoming more open under Gorbachev, the regime monitors and, to some degree, limits contacts with foreigners. 

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Nevertheless, the USSR is not entirely impervious to AIDS:

- Sexual contact with foreigners, primarily African students, has been the major outside source of HIV infection. 

 Mandatory testing of long-term foreign residents will sharply reduce the threat from abroad.
- Although Soviet rates of venereal disease—which increases the risk of contracting AIDS—are somewhat lower than US rates, heterosexual promiscuity in the USSR has steadily increased in recent years.
- Prostitution is widespread in the Soviet Union and is conspicuously oriented to fairly high-risk foreign visitors, such as sailors, students, and tourists.
- Prison camps contain 2.4 million men who are highly vulnerable to AIDS because of widespread homosexual behavior and high rates of venereal and other infectious diseases. 

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Poor health care and medical conditions also pose some hazards with respect to AIDS:

- Reuse of medical needles and transfusion equipment creates a small but continued danger of AIDS transmission. The Soviets claim that they will switch to disposable needles in the early 1990s.
- Because condoms are in limited supply and of poor quality, the main method of birth control is frequent abortions that, by injuring the genital area, probably increase female susceptibility to AIDS.
- Poor diagnostic equipment and medical capability make it likely that some AIDS cases have been missed. US experts have expressed some concern about the accuracy of Soviet AIDS testing. 25X1

Many of these deficiencies are to be attacked by a new comprehensive health reform program approved in 1987 that calls for a major increase in expenditures to upgrade medical care. 25X1

Measures to guard against AIDS at home have interfered with some Soviet programs designed to extend Moscow's influence abroad, especially in Africa. Widespread ignorance about AIDS and fear of it in the Third World and elsewhere, however, have created opportunities for the Soviets to spread disinformation about US responsibility for the origin or spread of the disease. Increasingly, the dominant impact of AIDS on Soviet behavior abroad is to cause the Soviets to seek international cooperation in dealing with AIDS as a threat to all countries. 25X1

AIDS in the USSR is likely to remain a small problem by world standards. If the vigorous measures the regime has taken to counter the disease are continued, AIDS will not assume epidemiological proportions in the USSR, although the Soviets probably will not be able to eliminate AIDS altogether and the disease may spread slowly. Developments such as expanded civil liberties, restrictions on the police, increased foreign contact, and expanded freedom of residency, personal privacy, and urbanization could further the growth of homosexual and heterosexual promiscuity, prostitution, and drug abuse. We do not believe, however, that Gorbachev's reforms will change the behavior of either the regime or the society so radically as to alter the prognosis for AIDS in the near future.

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Contents

	<i>Page</i>
Summary	iii
Scope Note	ix
The Soviet AIDS Problem	1
Discovering the AIDS Problem	1
Estimating the Extent of AIDS	1
Strong Barriers, Limited Vulnerability to AIDS	4
Exposure to Foreign Sources	5
Foreigners in the USSR	5
Soviets Abroad	7
High-Risk Behavior and Susceptible Groups	7
Prostitution	7
Homosexuality	8
Prisoners	9
The Military	10
Intravenous Drug Abusers	12
Health Problems and Practices	12
Prevalence of Infectious Diseases	12
Blood Transfusion	13
Multiuse Hypodermics	14
Abortion and Contraception	14
The Regime's Approach to Controlling AIDS	14
Educating the Public	15
Hardline Approach for High-Risk Groups	15
Cutting Off Foreign Sources of Infection	17
Testing and Diagnosis	19
Treatment	20
Rebuilding the Health System and AIDS	20
Outlook	21
Impact on Soviet Foreign Policy	21
Training Third World Leaders	21
Taking Political Advantage of the United States	21
Seeking Cooperation Against Global Problems	22
Impact on Domestic Policy	23
How Big a Problem Will AIDS Be?	23

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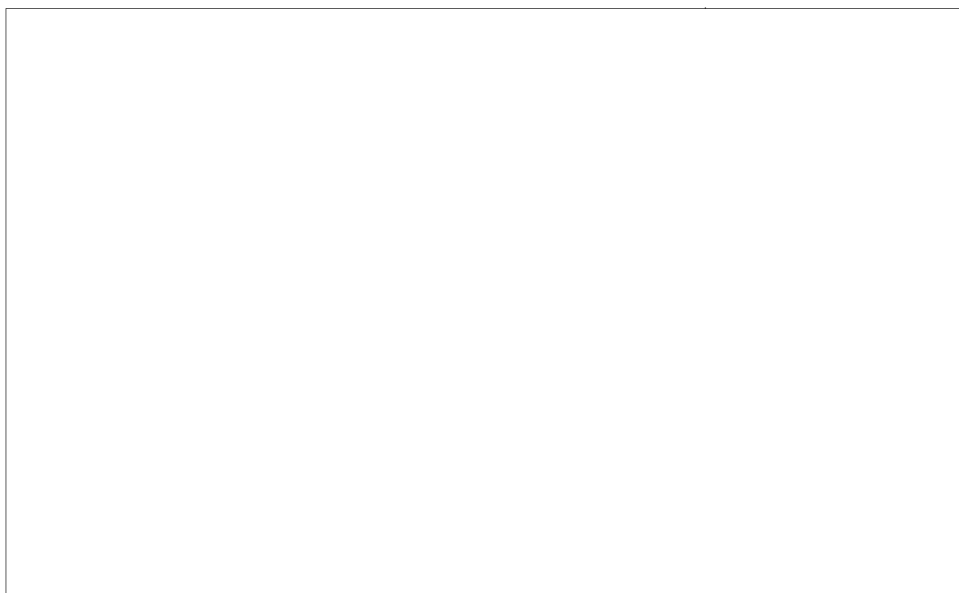


Scope Note

This Research Paper evaluates the current extent of AIDS in the USSR, the potential for its spread, and how the regime is dealing with the problem. With *glasnost* and recent efforts to warn their own population, the Soviets have published more information during the past year than previously about AIDS, but important data have still not been released. For example, while the Soviets had completed about 12 million AIDS tests by late 1988, they have reported only partial findings and no systematic projections from this data. In fact, it has recently become apparent that the Soviets themselves may not have a good understanding of their own problem. Consequently, conclusions of this paper are necessarily tentative.

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Aids in the USSR: Can It Be Nipped in the Bud? 


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The Soviet AIDS Problem

Discovering the AIDS Problem

Until the beginning of 1987, the Soviet people were repeatedly assured that AIDS was somebody else's problem. As worldwide concern over the AIDS threat grew in 1985, Soviet propaganda organs launched a worldwide campaign to blame AIDS on a US germ-warfare experiment gone awry. Subsequently, when Soviet scientists acknowledged the natural origins of the disease, the cause of its spread was attributed to lax morals in the "decadent" West or "primitive" Africa. Soviet officials stressed that "conditions do not exist here for the spread of the disease." 


A February 1987 detailed briefing of senior party officials by AIDS experts—who presumably were more concerned about the problem than their public bravado suggested—apparently convinced the Politburo that a major program to fight AIDS was needed. The program was unveiled in August 1987. Simultaneously, the Soviet media began to treat AIDS seriously and expanded discussion of prostitution and homosexuality as well. 

In January 1988, Health Minister Yevgeniy Chazov cautioned, "There are now carriers of the disease in our country and, of course, their number will increase." At that time, the other principal Soviet spokesman on AIDS, Valentin Pokrovskiy, president of the Academy of Medical Sciences, described their situation to be "more or less at the same stage as France in 1982, which means that in five years we will be facing a much more serious situation." In July he told visiting US health officials that the situation seems stable but "even now we must admit the virus is in circulation and we are unable to control it." 

Estimating the Extent of AIDS


These somber words from the regime's two highest health officials imply a more serious concern than

Note on Terminology: AIDS and HIV

This paper uses the term "AIDS" to refer to the entire phenomenon of the acquired immune deficiency syndrome, ranging from infection without apparent illness by the human immunodeficiency virus (HIV) to the illness of AIDS (often called acute or full-blown AIDS). HIV eventually produces AIDS illness by incapacitating the body's immune system and eliminating its resistance to a wide variety of infections. According to current scientific consensus, symptoms develop two to 10 years or more after infection by HIV; AIDS will eventually afflict all those infected and be fatal in all (or nearly all) cases. The term "HIV infected" is used in this paper regardless of whether the symptoms of the illness are present. The term AIDS is used to refer to the disease generically except where it is clear in the context that a stage of illness is being discussed. 


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would be warranted by the very small, albeit rapidly growing, number of officially acknowledged HIV cases. Although about 12 million Soviet citizens have been tested, only 93 individuals were found to be HIV infected by November 1988. From early 1987, the Soviets maintained that they had only one citizen actually sick with full-blown AIDS,¹ although two AIDS fatalities were acknowledged in late 1988, and Soviet officials confided to a US delegation that 16 HIV-infected persons were now beginning to show AIDS symptoms. 

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¹ Earlier, a prominent Soviet scientist at an international conference mentioned another AIDS case, dating from 1984, but no other Soviet official has referred to this death. 

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The discrepancy between these low numbers and the expressions of alarm on the part of Soviet medical officials suggests either that the Soviets have not disclosed the full extent of their knowledge of the AIDS problem, or that they are uncertain about the accuracy of this data and their ability to make reliable estimates based on it. Tests to date do not provide a representative sample of the population by risk group and geography. The Soviets have, for the most part, avoided public projections of their tests results for the total population.² The fact that over 90 percent of those tested were blood donors is a large potential source of distortion because groups are weighted on the low-risk side through donor self-selection and recruitment procedures. In addition, US experts who have closely reviewed Soviet test results and methodology are somewhat skeptical that all of the test results are valid (see inset). [redacted]

The 93 infected individuals found in the roughly 12 million persons tested is estimated to be the equivalent of a national infection rate of only 0.5 per 100,000 persons or about 1,300 persons infected with HIV.³ This small number can be considered the lower boundary of HIV infection in the USSR. It squares with an "unofficial estimate" of HIV infection of "a thousand or more," which was recently quoted on Moscow radio. [redacted]

At the other end of the range of probability, we can calculate an upper boundary of HIV infection based on the 670,000 non-blood-donors who were tested

² The lack of such projections could reflect the regime's traditions of secrecy, the reluctance of lower officials to take the responsibility of prediction, or Soviet lack of competence in epidemiological modeling. Health Ministry officials have recently proposed that epidemiological projections be made a subject for a cooperative project under the US-USSR Health Agreement to be renegotiated in November 1988. This approach might have the dual attraction for Soviet scientists of tapping international expertise and spreading responsibility for the results. [redacted]

³ This infection rate has been estimated by taking the ratio of persons infected to the total persons tested and extending that ratio to the national level. The raw "infection rate" from the sample is multiplied by the population aged 16 to 60 in 1987 (158.6 million), which is the age group at risk for AIDS, to get the total persons infected nationwide. This number is divided by the midyear population (283.1 million) to establish the HIV infection rate for the total population. [redacted]

through mid-1988. This group included homosexuals, prostitutes, and drug addicts, as well as prisoners, military inductees, returning overseas personnel, and volunteers. The 61 positive tests in this group equate to a national infection rate of 5.1 per 100,000 or about 15,000 total persons infected, which can be considered the upper end of the range of HIV infection in the USSR. This estimate corresponds to the figure that a group of knowledgeable scientists provided to a visiting US academic in late 1987.⁴ [redacted]

The lack of firm numbers on the current Soviet AIDS situation and the current inability to confidently project the growth of HIV infection make it difficult to estimate the future size of the AIDS problem. One of the few known Soviet projections was made informally by Valentin Pokrovskiy, who told a US delegation in mid-1988 that there would be over 10,000 HIV-infected persons and 100 persons sick with the disease in three to four years. This estimate is not inconsistent with the parameters of current infection we estimated above. [redacted]

Whatever the exact proportions of AIDS in the USSR, it seems safe to conclude that the USSR at this point fits in the pattern of those countries least affected by the disease. Even our worst case estimate would still be less than a fourteenth of the rate of Great Britain, a hundredth of the US rate of 484 per 100,000, and a miniscule fraction of the most infected states of Africa (see table 1). [redacted]

In terms of magnitude, the Soviet level of infection is similar to most of Asia, the Middle East, and Eastern Europe, where rates of HIV infection vary from negligible to 20 per 100,000. By contrast, in Western nations the prevalent pattern of infection rates is from 70 to 500 per 100,000 people; 90 percent of the AIDS victims are men (75 percent homosexuals), 15 percent

⁴ While there does not appear to be sufficient justification for a higher estimate of infection, there are estimates above this upper boundary. [redacted]

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Problems in Gauging the Extent of AIDS and HIV Infection

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It is possible that much AIDS illness has simply been missed or ignored by Soviet physicians and health authorities. A vivid example of this problem was the discovery of AIDS in October 1988 in a Leningrad woman who died after having been under medical treatment for six months for pneumonia, weight loss, and mucous membrane infections, all of which are well-known AIDS symptoms in the West. In the wake of this event, even a major Soviet newspaper questioned whether this was really the first death, speculating that other AIDS cases may have been misdiagnosed as "acute pneumonia." [redacted]

At least until mid-1987, rank-and-file Soviet doctors received no systematic information about AIDS through medical literature or training and had no laboratory resources for AIDS testing. Therefore, it is highly possible that people could have died of AIDS under other diagnoses in the past and even to some extent in the present. High levels of pneumonia, tuberculosis, and hepatitis may provide a confusing backdrop that heightens the likelihood of such mistakes. [redacted]

[redacted] published reports in scientific journals of substantial amounts of Kaposi's sarcoma, a rare cancer so closely associated with AIDS in the West that in most cases in a person under 60 it would be considered a definitive indicator of AIDS. In 1984, a Soviet medical journal reported 127 cases of Kaposi's sarcoma in Soviet citizens under 60 at the Moscow Central Institute of Dermatology. A 1987 medical journal article reported 59 persons of unknown age with Kaposi's sarcoma were tested for AIDS, but surprisingly no HIV-positive individuals were found. [redacted]

Direct information on the Soviet testing program gives some reason to doubt the precision of Soviet AIDS testing. A delegation of US health officials recently given the opportunity to review the results of Soviet tests found grounds for concern in several areas. Soviet scientists were unsure about a number of their negative test results. Some of these were attributable to their lack of exposure to the varied appearance of positive tests; another could have been the presence of the HIV-2 strain, which requires a special test for accurate identification but which could have produced an ambiguous partial indication of its presence on the Soviet HIV-1 test. Another indicator of possible faulty procedures was a smaller number of false positives in initial testing than has been found to be normal in the US experience. Finally there was the suggestion that locally conducted test results were being reported in a misleading fashion to suppress the embarrassing finding of possible cases. However, the US delegation did not believe the central scientific authorities were systematically minimizing the AIDS threat and even had an organizational self-interest in maximizing it. Overall, it seems unlikely that errors in testing have been so serious as to result in a radical undercounting of the numbers of HIV-infected individuals. [redacted]

Table 1
AIDS in Selected Countries: Total Estimated
HIV Infection Versus Reported AIDS Illness

	Population (millions)	HIV Infection		AIDS Illness	
		Estimated Infected Persons	Rate Per 100,000	Officially Reported Cases	Rate Per 100,000
Uganda	15.9	2,400,000	15,086	4,006	25.2
Congo	2.1	125,000	5,700	1,250	60.0
Zimbabwe	9.4	469,000	5,000	119	1.3
Zaire	33.3	383,000	1,150	335	1.0
Canada	26.1	130,000	498	1,809	6.9
United States	243.1	1,177,500	484	69,085	28.4
France	57.5	250,000	435	4,211	7.6
Brazil	150.7	600,000	398	3,687	2.5
Italy	57.4	200,000	349	1,865	3.3
United Kingdom	56.8	40,000	70	1,598	2.8
Sweden	8.4	4,700	56	197	2.4
Finland	5.0	500	10	32	0.6
Poland	38.0	1,000	3	3	NEGL
Soviet Union	283.1	1,300-15,000	1-5	4	NEGL
China	1,064.1	18	NEGL	3	NEGL

Note: HIV infection can be expected to be much larger than the number of cases of AIDS illness because infection precedes illness by two to 10 years or more. However, some of the extremely wide variation in the ratio between HIV infection and AIDS is probably attributable to combinations of deficient official data and intentional misrepresentation to avoid embarrassment.

Sources: HIV infection estimates are from the world AIDS data base of the Life Sciences Branch, Office of Science and Weapons Research as of 30 September 1988. US infection is from the US Centers for Disease Control, *Morbidity and Mortality Weekly Report*, 18 December 1987 (average of 945,000 to 1,410,000 estimate). USSR estimate is based on Soviet reports of the results of mass AIDS testing from 1987 through late-1988. Reported AIDS cases are from the World Health Organization, *Weekly Epidemiological Record*, 31 October 1988.

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are drug addicts, and a small portion are the victims of contaminated transfusions. In Africa and parts of the Caribbean, a third pattern is apparent; levels of infection range from 1,000 to 15,000 per 100,000. The victims are evenly split between men and women, and most transmission is through heterosexual intercourse and blood transfusions.

and the regime's ability to impose social controls on the population. These controls include tightly regulated borders, stringent laws against high-risk behavior, and repression of homosexuality. The Soviets maintain a large police force and assign a lower priority than do Western countries to protecting the rights of the individual when these rights are seen as conflicting with the welfare of society.

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Strong Barriers, Limited Vulnerability to AIDS

The Soviets base their hope to successfully combat AIDS on their relative isolation from sources of foreign infection, the small size of high-risk groups,

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The USSR has a less mobile population than does the industrialized West. Extremely long distances and poor transportation in rural areas isolate much of the population from frequent social contact with persons outside their immediate locality. High-risk groups—in particular, homosexuals, prostitutes, and drug addicts—are prevented from congregating and having the intense interaction that epidemiologists believe is necessary to rapidly transmit AIDS⁵ (see inset). Residency permits, housing shortages, and occupancy regulations help to restrict the concentration of these groups in major cities and coastal resort areas. Under Soviet housing rationing practices, it is very difficult for single or unmarried cohabiting adults to obtain a separate apartment. Even group residences have resident supervisory personnel, which further inhibits promiscuous behavior. [redacted]

Finally, the regime has the power—at least in theory—to quarantine those infected with AIDS. The past willingness of the regime to use imprisonment to deal with social problems is testimony to its capacity to swiftly institute a mass quarantine if it felt it was necessary. The technical, organizational, and legal ability to conduct large-scale HIV testing also allows the regime to assess more quickly the levels of infection among potentially vulnerable groups, for example, returning seamen, prisoners, prostitutes, or homosexuals. [redacted]

⁵ The importance of this scattering effect on the potential for rapid AIDS transmission is confirmed by the history of the AIDS epidemic in the rest of the world. In the United States through 1987, 45 percent of AIDS cases were concentrated in New York City, San Francisco, and Los Angeles, which constitute only 11 percent of the population. New York is reported to have a homosexual community of 750,000 and San Francisco, 70,000. According to Dr. James Curran of the Centers for Disease Control, AIDS swept through these communities during the "gay liberation" period of heightened sexual activity, infecting 25 percent of the homosexuals before AIDS was even discovered. Currently, the continuing expansion of HIV infection in the United States is being propelled by the growth of infection among the 200,000 intravenous drug abusers in the New York City area who have a somewhat overlapping membership with the homosexuals. The first major expansion of heterosexual HIV infection is occurring in this area as well. In Africa, the highest rates of HIV infection in the world are found in cities such as Kinshasa and Nairobi, which are among the poorest and fastest growing in the world. In large regions of the African countryside AIDS is growing little, if at all. [redacted]

Despite these strong barriers to AIDS, the USSR is not entirely immune to high-risk behavior—homosexuality, prostitution, and drug use—that breeds AIDS. Moreover, the USSR probably has been exposed to the infection for a decade or more through Soviets returning from abroad and foreigners in the USSR. [redacted]

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Exposure to Foreign Sources

Although the USSR is not a completely controlled society and is becoming more open under Gorbachev, the regime limits and, to some degree, monitors contacts with foreigners. The regime has already ordered AIDS testing for all foreigners, excluding diplomats, residing in the USSR for more than three months and can use its tight controls over entry still further. Although there has been some relaxation of 25X1 restrictions this year, the State Department has estimated that 75 percent of the population does not live in areas that foreigners are permitted to enter or can reach with available transportation facilities. [redacted]

Foreigners in the USSR. Some 140,000 foreign students study at Soviet educational institutions. While proportionately a much smaller group than in the United States, many of these students come from Sub-Saharan Africa, where the USSR has worked hard to cultivate ties since the collapse of colonialism. By late 1988, after completely testing substantially all 25X1 foreign students, Soviet officials found 329 infected students, nearly all of them African. The HIV-infection rates among these African students were about twice the rate of the United States population and equivalent to the rate in Zaire and Tanzania in the African AIDS belt.⁶ [redacted]

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⁶ At present there are approximately 23,000 African students in the USSR and more than 50,000 have studied there since 1960. Despite the hostility of many Soviets toward Africans, many African students have become involved in sexual relationships with Soviet citizens. For example, Rwanda has sent only 600 students to the USSR since 1956, yet there are 50 Russian wives in that country; presumably they married Rwandans studying in the USSR and subsequently emigrated. Recently, a Ukrainian woman who returned to the USSR, after living four years with her husband in the Congo, was discovered to have infected eight other Soviets. [redacted]

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How AIDS Is Transmitted

AIDS is rather difficult to contract for heterosexuals who are in good health and are not intravenous drug users. It is transmitted most frequently through sharing of needles in intravenous drug use, homosexual intercourse, and, to a lesser extent, by heterosexual intercourse and transfusion of contaminated blood. The first two methods of transmission are the ones that drive the spread of AIDS most powerfully in developed countries:

- *Transfusion of HIV-contaminated blood is the most dangerous mode of transmission for each exposure, but, according to scientists studying hemophiliacs who contracted AIDS, infection only results in about half of the transfusions. In practice, screening of donors effectively limits HIV contamination, and comprehensive testing of the blood supply virtually eliminates it.*
- *In drug abuse the sharing of uncleaned needles among intravenous users approaches the infectivity of an HIV-contaminated transfusion since a substantial amount of blood is usually transmitted in the process. Because of the multiple exposures and other risk factors involved in the lifestyle of addicts, intravenous drug users are the most dangerous transmitters of AIDS.*
- *Scientific studies indicate that anal intercourse is the most highly infective of sexual practices (perhaps 1 in 10 chances of infection per incidence).*
- *Some experts believe heterosexual intercourse and other forms of sexual activity under conditions of good health are 100 to 1,000 times less infective.*

The lower risk of AIDS transmission through heterosexual intercourse is demonstrated in studies of infected hemophiliacs and their spouses. An extended, unprotected heterosexual relationship resulted in

infection for the partner in only 10 to 68 percent of the cases, depending on the stage of the progression of AIDS, the health of the uninfected partner, and other factors. Heterosexual activities have proved highly infective only where they are associated with highly promiscuous behavior or the presence of genital sores, inflammation, and other health "cofactor" conditions, particularly sexually transmitted diseases. High rates of heterosexual transmission of AIDS have been found primarily in Africa, where the rates of STD reach 100 times the rates of the USSR and the United States. []

The frequency of repetition of high-risk behavior and variety of contacts are exceptionally important in AIDS transmission. These "high-risk behaviors" are most frequently practiced in various combinations among homosexuals, prostitutes, drug addicts, and other very sexually active people. Scientists believe these "high-risk groups" drive the AIDS epidemic because they are most likely to transmit the infection to a number of others. The AIDS epidemic has advanced rapidly where such people congregate and interact in large numbers. []

Statistics indicate that the inadvertent transmission of infected blood through transfusions, medical accidents, or mother-to-infant contacts are of decidedly secondary importance in the generation of an AIDS epidemic. While these events are tragic, they add little to an epidemic because the victims are generally unlikely to transmit the disease further. The low rate of infection from accidents with HIV-contaminated material indicates that HIV transmission through reused medical needles or accidental needle sticks will account for a very small number of infections. (Scientists have found the HIV virus unable to survive prolonged exposure to air or even relatively low temperature sterilization. Furthermore, most believe a fairly large amount of viral material is usually necessary to accomplish infection.) []

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The Soviet Union also hosts an additional 7-9 million foreign visitors each year. These include over 13,000 merchant seamen, a few thousand foreign businessmen, and a much larger group of tourists. Tourists accounted for almost 7 million visits to the USSR in 1983, the latest year for which statistics are available, but their short and generally closely supervised stays make them unlikely conduits for AIDS. An exception are tourists from Scandinavia, who are less circumscribed in their activities in the USSR and make more repeat trips. [redacted]

All foreigners are popular with Soviet prostitutes because of their access to hard currency. The Soviet press has described how hundreds of prostitutes gather in major port cities. An Ethiopian student studying in Odessa reported that prostitutes clustered nightly outside his student dormitory. A recent article in the Leningrad Komsomol newspaper described local prostitutes as having staked out jealously guarded ethnic turfs, specializing in Africans, Scandinavians, and Asians. [redacted]

Soviets Abroad. Soviets abroad provide another potential avenue for the disease. Not counting its highly regulated and insulated military forces stationed in Eastern Europe, the Soviet Union has 240,000 personnel posted abroad, consisting of 15,000 diplomats and related personnel, 79,000 technical advisers, and 147,000 military advisers and troops. Two-thirds of Soviets overseas serve in the apparently AIDS-free environments of Mongolia and Afghanistan.⁷ Those stationed in areas of some exposure to AIDS include 15,000 people in Sub-Saharan Africa and approximately 13,100 in Cuba. [redacted]

Before Soviets are sent abroad they are very carefully screened for reliability. While out of the USSR, they must report any significant foreign contacts to Soviet security officers. These procedures are reported to be successful in causing most Soviets to avoid frequent sexual encounters with foreigners. The case of the translator who became infected in Africa and returned to directly and indirectly infect 14 others

⁷ There are no reports of the presence of AIDS in either Mongolia or among the civilian population in Afghanistan. However, there have been a few unconfirmed reports of some troops returning from Afghanistan with AIDS. [redacted]

indicates these checks are not always sufficient, but such cases are probably rare (see inset). In any event, the Soviets are now requiring AIDS tests for officials returning from abroad, undoubtedly to prevent a repetition of such an occurrence. [redacted]

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The Soviet merchant marine, which consists of 7,200 ships manned by 21,000 seamen who make as many as 37,500 port calls a year outside the USSR, could be another source of infection. Of these stops, however, only 554 are in Africa and 2,248 in Latin America and the Caribbean, and port calls on these voyages are reportedly usually tightly controlled. [redacted]

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[redacted] recently a number of sailors of the Bulgarian fishing fleet have tested positive for AIDS. [redacted]

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High-Risk Behavior and Susceptible Groups

While the Soviets suffer from the same risk factors that have driven the AIDS epidemic in the West, these factors have a very different weight in the Soviet risk equation. In particular, the overwhelmingly dominant risk factors in the West—homosexual promiscuity and intravenous drug use—are barely visible in the USSR. A much more potent force in the Soviet context is prostitution, which is surprisingly widespread. [redacted]

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Prostitution. Despite sometimes intense police harassment and occasional arrest and imprisonment, prostitutes are common in much of the urban USSR, resorts, and even many remote areas. Because of their mobility in all parts of the country, their reportedly high rates of sexually transmitted diseases, and other “cofactor” health conditions, they are more capable than any other group of spreading an AIDS epidemic in the USSR. According to the Soviet press, prostitutes frequently travel in the USSR, including a seasonal invasion from northern cities to serve the tourists at the Black Sea resorts. A former prostitute with some medical knowledge claimed that 40 percent of the prostitutes in Krasnodar suffered from syphilis or gonorrhea. Soviet officials in July discussed at length the case of a prostitute in Odessa who had

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Figure 1. The "first" case teaches a lesson. A medical journal shows the suffering of the translator with Kaposi's sarcoma before and after treatment. [redacted]

become HIV infected; she reportedly admitted to having had several hundred Soviet sexual partners. A Leningrad prostitute, as noted, was the first acknowledged death from AIDS. Press accounts indicated she had numerous sexual partners and continued these after she was infected. One newspaper even carried her photograph in an effort to alert those who had sexual relations with the woman to come in for testing.⁸ [redacted]

Homosexuality. Some Soviet homosexuals have already been found to have AIDS and to have transmitted it to others. But they are unlikely to play as important a role in its transmission as in the West, where they constitute over 70 percent of those sick with AIDS. [redacted]

⁸ Prostitution in the USSR functions largely without brothels, blatant street solicitation, or even a stable cadre of professional practitioners. While reliable numbers may never be available, in 1987 former Moscow party boss Boris Yel'tsin admitted to an audience of foreign diplomats that there were over a thousand prostitutes in the capital. This is probably a considerable understatement, because a district police commander showed a Soviet reporter his file compiled over a number of years of 3,500 prostitutes operating in his area alone. On Soviet radio in January 1988, the local deputy police chief of the Krasnodar region revealed that "at the present moment officially there are 267 prostitutes in the region." This may also be an understatement because of this area's many resorts and port cities. [redacted]

Out of Africa: The Notorious "First" Case

The Soviets have given much publicity to what was, until recently, their only acknowledged full-blown case of AIDS, a bisexual man who contracted AIDS while attached to the military mission in Tanzania as a translator (he is usually referred to as a journalist in open press accounts). Since he returned to the USSR in 1982, he has been directly or indirectly responsible for the infection of at least 14 people and provides a vivid illustration of how AIDS might enter and spread in the USSR:

- The translator maintained an active homosexual sex life from his return to the USSR in 1982 to his becoming ill with AIDS in 1987 (he is reported to suffer from Kaposi's sarcoma tumors). Of his 22 male partners, he infected five. [redacted] 25X1
- Three of his infected bisexual partners failed to infect any of their 11 female contacts; another bisexual infected one of his five female contacts.
- The fifth bisexual partner, however, infected two of his six female contacts, and also donated blood, infecting five of the six recipients.
- One of the females infected by the man above gave birth to a child who shows some signs of having been infected through the mother. [redacted] 25X1
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This case has probably had an impact on the consciousness of the general public and high-level officials as well. It has been used repeatedly by Soviet health officials to make their point about the dangers of AIDS and probably was connected to the leadership's decision to test all Soviets returning from extended stays abroad. The case also illustrates the reality of active homosexuality in the USSR and its link to the female population through substantial bisexuality. On the other hand, the fact that only three of the 22 known female contacts of the infected males became infected also suggests the limits of heterosexual transmission of AIDS in the USSR. [redacted]

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Figure 2. Warning, AIDS carrier. This photo of the Leningrad prostitute who died of AIDS was shown in a Leningrad newspaper as a service to readers who might have been one of her contacts. [redacted]

There are no statistics on the number of homosexuals in the USSR. Until recently, Soviet media, officials, and medical doctors have often flatly denied the existence of homosexuality in the Soviet Union—leaving the regime in a poor position even to ascertain how prevalent it was, much less to educate homosexuals to safe practices, find them for testing, or ensure their sexually transmitted diseases are treated. Some experts suspect there may be proportionately as many homosexuals in the USSR as in the West. If this were the case, there would be roughly 4 million homosexual males in the USSR. [redacted]

However large the pool of homosexuals in the USSR, their frequency of sexual activity and number of partners are probably much lower than in the West before the onset of AIDS, because greater repression in the USSR inhibited contact. In the USSR, homosexual behavior is considered a crime rather than a psychiatric disorder or an acceptable lifestyle choice. The crime of *pederasty*, including any homosexual act by consenting partners, can be punished by five to eight years imprisonment. If figures from 1966 are still indicative, about a thousand persons per year are convicted under this statute. Once a homosexual is identified by the police⁹ and is “registered,” he faces the loss of his job and expulsion from the party if he is a member. The Soviets’ punitive approach to homosexuality has not prevented homosexual networks from existing in major cities, but it certainly has restricted their activities to largely clandestine encounters. [redacted]

⁹ Homosexuals will go to great lengths to avoid official discovery and, therefore, are easy prey to blackmailers. [redacted]

On the other hand, frequent bisexuality and marriage increases the role of Soviet homosexuals in transmitting AIDS to heterosexuals. A high percentage of Soviet homosexuals marry for protection. [redacted] 25X1

A potentially crucial factor in assessing the links between homosexuality and AIDS in the USSR is the kind of sexual practices engaged in by Soviet homosexuals. A former Moscow journalist has provided one of the few detailed discussions on this subject. He asserts that Soviet homosexuals, because of the furtive nature of most of their contacts, generally practice oral sex rather than anal intercourse. A lower rate of the latter would dramatically decrease the likelihood of AIDS transmission. In effect, it would mean that perhaps some substantial portion of Soviet homosexuals practice “safer sex” and to that degree reduce the danger of spreading AIDS among them. [redacted] 25X1

In recent public statements, which were subsequently confirmed to a visiting US delegation, Health Minister Chazov stated that none of the 8,000 homosexuals and bisexuals rounded up for mandatory testing in late 1987 (obviously not including those infected by the translator) was found to be HIV infected. This claim seems extraordinary, given the probable exposure to foreign and domestic sources of HIV infection likely among Soviet homosexuals. The authorities have reportedly detected and registered only a small fraction of the total number—probably the least protected and most inhibited in their behavior—which may account for the results in Chazov’s sample. (Chazov also ignores those persons infected by the homosexual who contracted AIDS in Africa.) Nevertheless, Soviet homosexuals may be far less infected than might have been supposed even by Soviet officials before testing began. [redacted] 25X1

Prisoners. The correctional system, which confines over 2.4 million prisoners under severe conditions of overcrowding, exposure to the elements, malnutrition, and appalling health conditions, presents the largest concentrated environment for the rapid spread of AIDS in the USSR. [redacted] 25X1

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[redacted]¹⁰ a majority of prisoners engage in homosexual activity at one time or another. [redacted]

The most prevalent form of promiscuous homosexual activity is not between consenting partners but instead a form of sexual assault or forced prostitution organized by prison toughs. Approximately 20 to 30 percent of prisoners are said to be involved in this exploitive system. Under this system, a group of unfortunate prisoners are permanently stigmatized as *pederasty* and forced to engage in homosexual prostitution. [redacted]

In such an environment, sexually transmitted diseases are rapidly spread. This is one of the few places in the USSR where a homosexual could rapidly encounter many sexual partners. Not only are prisoners in poor health generally, but syphilis and gonorrhea are also prevalent. If AIDS has entered the prison population, it is likely to spread rapidly because of the high infectivity and susceptibility of the prisoners. Unsanitary medical practices and needle contamination may also transmit the disease to other prisoners. [redacted]

Moreover, prisoners have more opportunities to infect others than may be supposed. Some prostitution occurs between prisoners and female camp workers and between male and female prisoners. Heterosexual transmission may occur through conjugal visits, which are permitted as many as four times a year in Soviet prisons. Nearly all prisoners survive their sentences, which are often fairly short, even for serious criminal offenses, and return to communities all over the country, including rural areas. In fact, many of the toughest criminals, the most dangerous potential carriers, are forbidden to return to the cosmopolitan cities, where AIDS got its initial foothold, but instead spread the disease to remote areas to which they are exiled. [redacted]

¹⁰ Our knowledge of sexual activity among prisoners is to a large extent provided by the memoirs of former prisoners. The most notable account is to be found in the book, *Sex in the USSR*, by the sex therapist, Mikail Stern, who did a three-year term in an intensified regime camp in the Ukraine in the late 1970s. His detailed account of widespread homosexual activity and sexually transmitted diseases is corroborated [redacted]

[redacted]

The regime is apparently aware of the danger posed by these conditions. Academy of Medicine President Pokrovskiy told a US delegation in July 1986 that testing of prisoners has begun and that, to date, only one HIV-infected prisoner has been found. However, it is likely that the testing process has only just started because there are over 2 million prisoners to be tested at hundreds of extremely remote facilities. In March 1987, the Soviet press quoted a Georgian health official that HIV-infected individuals had been found among the prison camps in that republic. It is unlikely that problems with the correctional system can be fully laid to rest for some time. [redacted]

The Military

The Soviet military, by gathering approximately 4 million men from all strata and regions of the country and placing them in a generally unhealthy, stressful environment, is another potential medium for the transmission of AIDS. At present, however, AIDS does not appear to have affected the military to any significant degree. In July 1987, the army's chief military doctor, Gen. F. I. Komarov, denied that the military had any cases of AIDS to date. [redacted]

[redacted]

It is unlikely that the Soviet military will be able to prevent some soldiers from bringing AIDS into the service with them. Soviet officials indicated to a US delegation that military authorities are taking precautions by testing draftees at induction, and they have found some infected individuals among them. It would probably be difficult to test all of the nearly million conscripts in each biennial callup. The young age of the Soviet conscript army, however, will limit the incidence of AIDS among recruits. Western experience indicates that the overwhelming majority of HIV infection occurs after the early twenties, when most Soviet soldiers have completed their service. [redacted]

Some US military psychologists doubt that any confined environment of young men is entirely free of homosexual behavior, and Soviet media have recently confirmed some cases of homosexual behavior during

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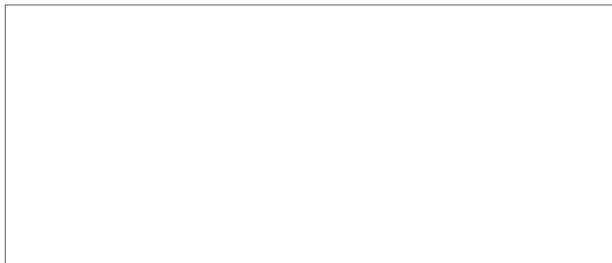
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Reports of AIDS in the Military

There are persistent reports [redacted] that AIDS does exist in the Soviet military, that it is spreading there, and that military officials are particularly concerned about the situation:

- Early reports in 1985 and 1986 by Soviet scientists visiting US research facilities, claimed the Soviet military was taking an early lead in encouraging AIDS research and expected to have a problem with the disease in the future. An article by senior military doctors in the June 1987 Military Medical Journal cites a series of reasons why AIDS is likely to be found in the military and prepares doctors to recognize it and to properly refer patients.
- A prominent AIDS scientist at a Moscow public lecture told the audience that a military officer had become infected with AIDS overseas. (This may, however, be another reference to the best known case of the homosexual who brought back AIDS from his service in Africa as a translator for the military.)



- A Soviet military unit in East Germany is reported to have an incident of AIDS among its personnel as of May 1988.
- Staff at the Epidemiology Institute charged with tracking AIDS nationwide told a US delegation that the military had found six HIV-infected men since it had begun screening recruits at induction.

[redacted]

military service. The captured papers of a dead officer in Afghanistan contains an order to commanders to take strong measures against homosexuality and to involve themselves personally in its control. The *star-iki* system in which senior conscripts brutally dominate junior conscripts has some potential for sexual exploitation. [redacted]

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However, the Soviet military culture is very hostile to homosexuality. Continuing command vigilance appears to be maintained against the establishment of a homosexual subculture. A former Moscow journalist claimed that efforts are made to screen out suspected homosexuals before enlistment, and if homosexuals are discovered during service they are segregated in special units. He termed actual homosexual liaisons among troops as "practically unprecedented." He reported that a central register was said to be maintained on all military persons suspected of homosexuality and that all officers discovered to be homosexual were immediately transferred to the reserves. [redacted]

Poor health conditions within the Soviet military create elements of potential vulnerability to AIDS.¹¹ These military health problems are, in part, symptomatic of the weak capability of Soviet military medicine. Should AIDS ever become prevalent, military doctors with their weak training, supervision, and equipment would be less likely to correctly diagnose or treat it. Studies in the Soviet military medical press find that major illnesses are misdiagnosed over half the time and that treatment is often ineffectual. [redacted]

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[redacted] there does not appear to be significant sexually transmitted disease in the Soviet military. However, there are even higher rates of many other serious infectious diseases than exist in the Soviet population as a whole. A typical Soviet soldier has a 68-percent chance of catching such an illness during the first months of service. Many simply get colds or dysentery, but high percentages catch very severe diseases such as measles, mumps, pneumonia, or meningitis. There is evidence that many diseases—such as mumps, which the Soviets call the "soldiers disease"—are more highly concentrated in military ranks. Perhaps most severe is hepatitis, which produces a long, debilitating illness and remains as a chronic infection in many. One Soviet study found 2.5 percent of the sailors in the North Sea Fleet were hepatitis carriers. [redacted]

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Intravenous Drug Abusers. AIDS has reportedly already struck some Soviet intravenous drug users, but, because of their small number, they are unlikely to play the pivotal role in the transmission of AIDS to the heterosexual population as drug abusers do in the West. Soviet officials from the Ministry of Health privately estimated for a US delegation that there were 150,000 to 200,000 drug users and 50,000 addicts in the USSR. Partly because of the shortage of injectable drugs and needles, and partly because of the persistence of traditional habits, however, most of these users smoke hashish, take pills, or sniff intoxicants rather than inject drugs. By comparison, in the United States there are officially estimated to be 1.1 million intravenous drug abusers among 4.5 million total drug users. Soviet drug users are widely scattered: a quarter are in Moscow, and other areas of high use are reported in the Ukraine, Georgia, and Central Asia. [redacted]

Changes in Soviet society could alter the drug situation radically in coming years, producing that critical mass of intravenous drug abusers that could accelerate the spread of AIDS. [redacted]

[redacted] while Soviet drug use continued to be very small, it was growing at the rate of 50 percent per year. Reduced social control combined with continued social tension could accelerate that growth to the point of qualitative change. Paradoxically, the Soviet effort to reduce the transfer of infection through the production of more disposable needles may have the unwanted side effect of increasing the number of needles available for drug abuse. Many Soviets believe that policies to reduce alcohol availability are increasing drug use. [redacted]

Health Problems and Practices

The Soviets have more serious health problems and more serious deficiencies in health care than other industrialized countries. Less healthy and well-cared-for people are to some extent and under certain circumstances more likely to catch and transmit AIDS. However, the health problems that afflict the Soviets are the kind that increase general vulnerability but do not in themselves drive an epidemic. [redacted]

[redacted]

Prevalence of Infectious Diseases. The Soviets have serious difficulties in controlling infectious diseases. While the diseases prevalent in the USSR could not in themselves cause an AIDS epidemic, they are widely believed to weaken the immune system, making it more vulnerable to HIV attack. Despite noteworthy progress since 1960 in reducing such diseases as measles, typhoid, and mumps, Soviet rates of infection for these diseases are 20 to 50 times higher than those found in the United States in 1985 (see table 2). Moreover, such diseases as hepatitis and meningitis actually increased during the 1960-85 period, and some others, after initial sharp declines, rebounded to a degree in the late 1970s in association with deterioration of various aspects of health care and social conditions. [redacted]

In the area that has the greatest impact on AIDS—the sexually transmitted diseases (STDs), which directly multiply the risk of HIV transmission—the Soviet Union is in a more favorable situation than many countries. [redacted] its reported rates of gonorrhea and syphilis are over 70 percent lower than the US rates. In Africa—where high rates of heterosexual AIDS transmission are found—rates of STD are 100 times higher than the Soviet rate. [redacted]

Despite this good news, a long-term trend of increased vulnerability may have been established in the USSR. Historically, Soviet STD rates rose sharply in the 1970s and early 1980s—gonorrhea doubling and syphilis increasing five times—in parallel with the West, but from an appreciably lower base. Since 1982, rates of these diseases fell sharply, but the gonorrhea rate remains 30 percent above its prior level and the syphilis rate remains 80 percent above its prior level. [redacted]

Overall, the high prevalence of diseases in the Soviet Union that are preventable or curable in the West indicates that Soviet medical facilities would be hard pressed to cope with a severe AIDS epidemic. Because of their problems with infectious diseases, the Soviets have a competent service to control epidemics, but their basic health delivery service suffers from

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Table 2
Comparative Rates of Severe Infectious Diseases,
USSR Versus US, 1960-86

(Annual incidence per 100,000 persons)

		1960	1970	1980	1984	1986
Hepatitis	USSR	239.40	166.50	301.90	322.40	337.00
	US	23.20	49.30	26.50	24.40	23.70
	USSR/US ratio	10.32	3.38	11.39	13.21	14.22
Mumps	USSR	395.40	293.60	386.90	159.10	176.60
	US	NA	51.70	3.90	1.30	3.40
	USSR/US ratio		5.68	99.21	122.38	51.94
Scarlet fever	USSR	313.20	193.60	86.70	95.30	128.00
	US	174.00	211.00	162.00	NA	NA
	USSR/US ratio	1.80	0.92	0.53		
Measles	USSR	972.00	194.20	133.50	98.10	59.00
	US	245.40	23.30	6.00	1.10	2.60
	USSR/US ratio	3.96	8.33	22.25	89.18	22.69
Typhoid/ paratyphoid	USSR	22.10	9.30	6.00	6.00	5.00
	US	0.50	0.20	0.20	0.20	0.20
	USSR/US ratio	44.20	46.50	30.00	30.00	25.00
Meningitis	USSR	0.40	2.00	3.00	3.10	2.90
	US	1.30	1.20	1.30	1.20	1.10
	USSR/US ratio	0.31	1.67	2.34	2.58	2.64
Gonorrhea	USSR	73.80	106.00	147.90	125.90	94.60
	US	134.90	295.30	445.00	374.80	376.40
	USSR/US ratio	0.55	0.36	0.33	0.34	0.25
Syphilis	USSR	4.20	14.20	19.70	11.80	7.60
	US	67.80	44.80	30.50	29.80	28.50
	USSR/US ratio	0.06	0.32	0.65	0.4	0.28

Sources: US data are from US Centers for Disease Control, *Mortality and Morbidity Weekly Report*, September 1987. Soviet data are from *Narodnoye Khozyaystvo 1987* (measles and typhoid); *Sovetskoye Zdravookhraneniye*, February 1988 (gonorrhea and syphilis); and P. N. Burgasov, *Sostoianye i perspektivy dalnayshevo snizheniya infektsionoy zaboilevayemosti*, Moscow 1987 (hepatitis, mumps, and meningitis).

[Redacted]

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decades of neglect. In a key area for AIDS, the diagnosis of severe illness, many Soviet studies have found that 30 to 80 percent of cases are misdiagnosed. Moreover, other studies indicate the effectiveness of prevention and treatment measures are surprisingly low, and thus many illnesses become unnecessarily severe or chronic. [Redacted]

Blood Transfusion. In the United States only 2.4 percent of all AIDS cases have been caused by transfusions of HIV-infected blood, but the danger is somewhat greater in the USSR because the Soviets have used less sanitary practices and fewer safeguards

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in handling blood. For example, they continue to use nondisposable transfusion supplies. However, results of recent mass AIDS testing of blood donors suggest that infection through transfusion will be quite limited, because only seven HIV-positive tests were found in the first 9.8 million blood donors tested. Since mid-1988 the Soviets have claimed to be testing substantially all the blood supply.¹³ Also, fortunately for the Soviets, they have not used imported blood products, which resulted in HIV infection for some countries in the early 1980s. [redacted]

Nevertheless, as a result of five to 10 years of exposure to potentially contaminated transfusions, a number of AIDS infections probably have occurred. An authoritative Soviet spokesman stated that transfusions accounted for six of the first 64 acknowledged cases of HIV infection among Soviet citizens. The first Soviet AIDS death was caused by a contaminated transfusion received by a young girl in Volgograd, a city largely closed to foreigners. [redacted]

[redacted] The true picture remains unclear, but the danger of contracting AIDS from transfusions is still likely to be limited. [redacted]

Multiuse Hypodermics. The USSR is also uniquely threatened with some limited AIDS infection through medical injections contaminated with infected blood. Disposable needles have been available only in the limited facilities for the elite. The sterilization of reusable needles is often improper because of the frequent lack of proper equipment. However, according to medical experts, the threat posed by these obsolete practices is limited by the fact that the HIV virus dies quickly on exposure to air or even in an imperfect sterilization. In addition, studies of medical

¹³ Despite the effort to protect the medical blood supply, some exposure to HIV infection through medical transmission cannot be entirely ruled out. For example, Soviet reports of an infant death from AIDS in the Ukraine and a false AIDS scare in Siberia in November 1988 raised the possibility that other infants could have been infected through obsolete medical practices. The reports noted that blood from the babies that could have been added to the pediatric unit's "internal plasma bank" and one mother's excess breast milk was shared with other infants; procedures such as these would not have been protected by the Soviets' AIDS testing program. [redacted]

accidents with HIV-contaminated blood show that, except for rare instances, a larger amount of viral material is needed to accomplish an HIV infection than is transmitted through most medical procedures. [redacted]

Abortion and Contraception. In general, the Soviets do not practice contraception. Instead, the average Soviet woman will have six abortions in her lifetime, and some women as many as 20. This rate is seven times the US rate and 12 times the average rate for Western Europe. Because the standard Soviet abortion procedure frequently damages the genital area, it could be another factor increasing susceptibility to the HIV virus. A major source of the problem is the failure of the Soviet economy to manufacture good quality contraceptive devices in sufficient quantity. Soviets contemptuously term their domestically produced condoms "galoshes," and many refuse to use them. However, even as consumer acceptance increases with fear of AIDS, a Soviet health official claims Soviet condom production of 200 million per year is only a fifth of the need calculated by medical authorities. [redacted]

The Regime's Approach to Controlling AIDS

From the leadership's first formal briefing in February 1987 to the August Politburo decision authorizing several legislative and program measures, the Soviet approach to AIDS became progressively more serious and energetic. The measures adopted affect criminal law, education, medical treatment, and screening for AIDS. [redacted]

The Soviet AIDS effort, according to a July 1988 interview with a senior Soviet health official, has been packaged in a 20-year plan extending to the year 2005. No measures beyond the current testing and research program were revealed, but a further expansion of activities may be planned to deal with the growth of the disease expected by most senior officials. In line with this long-term approach, senior Soviet officials anticipate that anti-AIDS activities—previously funded from ad hoc borrowings from

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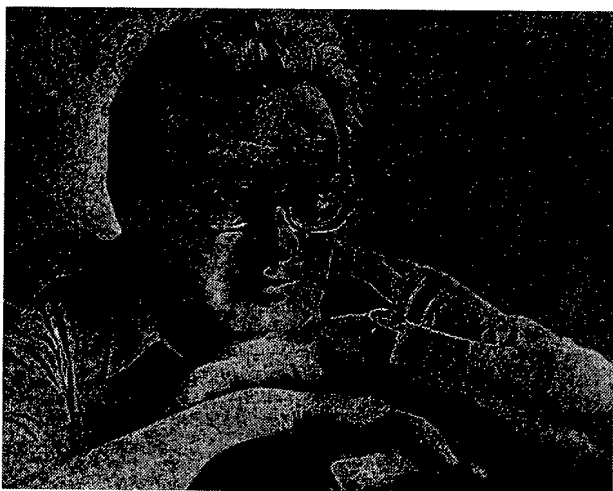


Figure 3. *The Soviets' spokesman on AIDS. Dr. Valentin Pokrovskiy became the principal scientific authority after the death in 1987 of Dr. Viktor Zhdanov, the Soviets' first internationally known AIDS expert.*

Health Ministry funds—will now be funded by a special appropriation. A special health and scientific bureaucracy has been created to manage and execute these measures (see inset). The cost of these activities may be becoming burdensome from the Soviet perspective when compared with the limited current extent of AIDS.

Educating the Public

Soviet scientists and health officials have begun a public education program on the danger of AIDS. Once the top leadership accepted the seriousness of the problem, education efforts were dramatically increased. AIDS hotlines were set up in Moscow and Leningrad. Following international examples, Soviet officials distributed large numbers of leaflets on AIDS. Two million were delivered in Moscow, and 8 million more were sent across the country. On a late-night TV variety show, the young AIDS expert Vadim Pokrovskiy (son of the Academy of Medical Sciences president) explained the details of "safe sex" to the audience.

AIDS has revitalized the push for greater sex education in the USSR. The education bureaucracy had been reluctantly drafting a secondary school sex education curriculum since it had been ordered in the 1984 education reform decree. In October 1987, the Minister of Education intervened to throw out what

he considered a weak draft and demanded quick action on a more hard-hitting product. The Leningrad Komsomol press has sharply criticized "sexual illiteracy" and advocated the distribution of materials suitable for adults on reproduction, birth control, and AIDS. In recent statements, Soviet health officials have complained of a loss of momentum in the education campaign against AIDS, although they claim an expanded media campaign is currently under development.

In the Soviet environment many high-risk people have gone into hiding to avoid persecution, and communication with them is difficult. The Soviets do not appear to be reaching such people through the kinds of methods that have worked in the West, including using outreach social workers, voluntary nongovernmental organizations, or media appeals targeted at vulnerable groups. Moreover, the messages delivered to the public have been often vague about the specific behavior needed to prevent AIDS compared to similar materials in the West.

Hardline Approach for High-Risk Groups

Homosexuals, prostitutes, and drug addicts are being rounded up for mandatory testing and, if found to be infected, are threatened with prosecution under the new AIDS law, which makes exposing someone to AIDS a crime punishable by five years in prison and infecting someone punishable by eight years. Authorities are also using this law to force those people found to be AIDS carriers to pledge to refrain from sexual activity for five years. In September, Valentin Pokrovskiy predicted that persistent defiance by infected persons would result in their confinement. (Three months later a Ukrainian woman received the first four-year term under the 1987 law.) He expressed admiration for the effectiveness of the Cuban quarantine of infected persons and predicted the USSR might have to follow this example.

At the same time, recent reports indicate that stronger measures to curtail prostitution are being taken in some areas. Some republic governments have enacted 100 ruble fines for prostitution. The fines are not large in relationship to potential earnings, but affirm the illegal nature of the practice. According to press reports from Moscow, Leningrad, Tbilisi, and Frunze, prostitutes have been driven out of some of the hotels of major cities and resorts.

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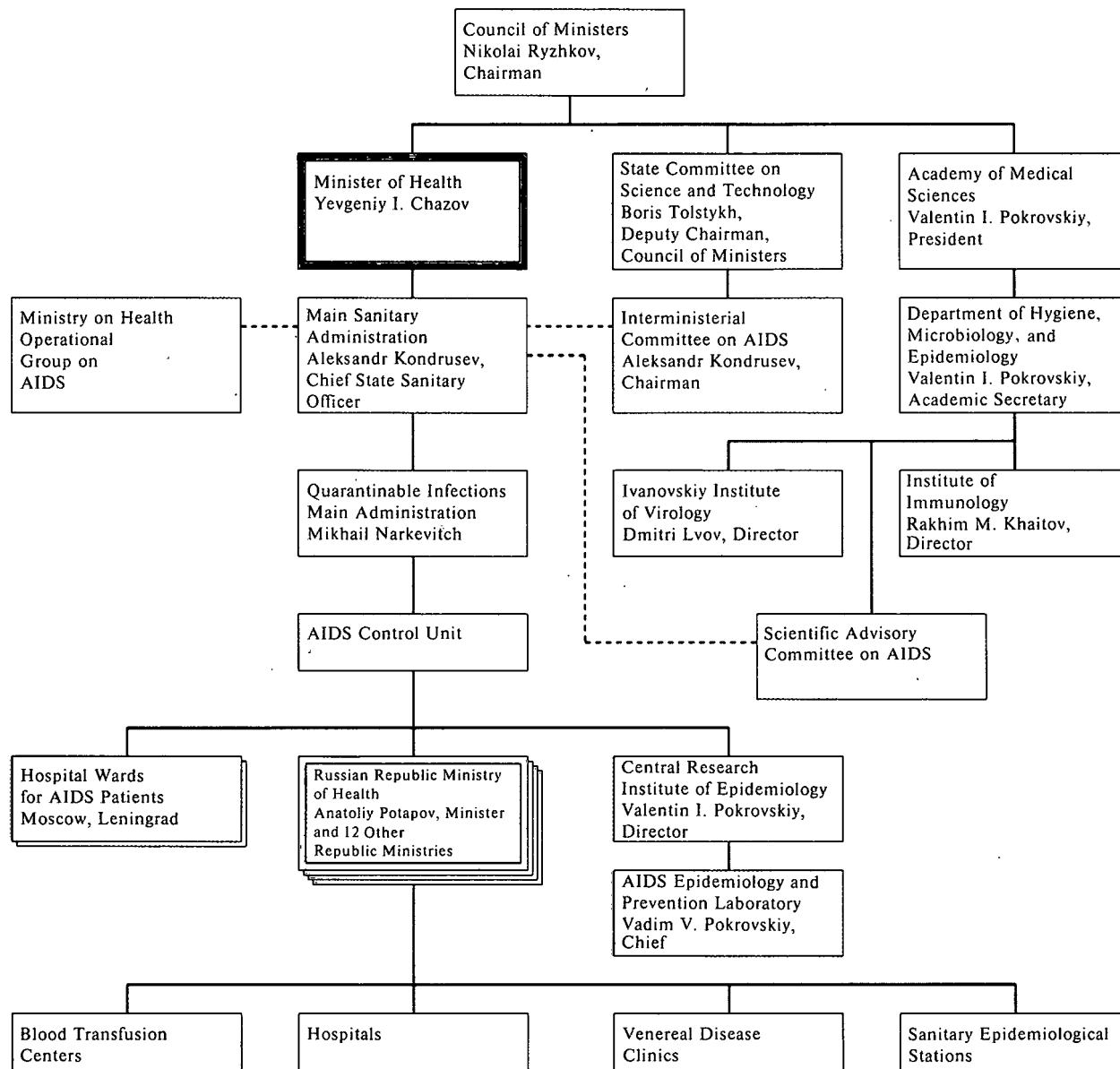
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Figure 4
Organizations Involved in the Fight Against AIDS



Source: This organization chart is adapted from material supplied by the USSR Ministry of Health to a visiting US Government delegation, July 1988.

Organizing a Bureaucracy To Battle AIDS

In the past year, the regime has started organizing a bureaucracy of scientific and health professionals to oversee its fight against AIDS. Preeminent among them, although not involved directly in running the program, is Yevgeniy Chazov, the dynamic and politically powerful Minister of Health who formerly managed the health care of the high elite and had won a Nobel Prize for his work in official peace activities. He played the key role in selling the leadership on the ambitious and expensive health reform plan adopted last year. The leadership's shift to a serious approach to AIDS closely corresponded in time to his appointment in March 1988. []

As Soviet officials explained to a US delegation in July, AIDS policy is nominally developed and coordinated by an Interministerial Council on AIDS composed of the Health Ministry and other major participants in anti-AIDS measures including the Academy of Science, Academy of Medical Sciences, the pharmaceutical industry, Interior Ministry, and the KGB. This body is supposedly under the umbrella of the State Committee for Science and Technology, although it is chairmaned by Deputy Health Minister Aleksandr Kondrusev and is probably dominated by Chazov. []

Kondrusev, as Chief State Sanitary Officer, is also in charge of overseeing the implementation of activities against AIDS through an AIDS Control Unit within the Ministry's Department of Quarantine Diseases. This unit coordinates the 15 union republic health ministries and the planned network of 1,000 testing centers, 40 research institutes, and three AIDS hospital units. []

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Playing high-profile roles in the media and also in research and policy development are Valentin Pokrovkiy, president of the Academy of Medical Science and director of the Central Epidemiological Institute and his son, Vadim Pokrovskiy, chief of the Institute's Laboratory for the Epidemiology of AIDS. Valentin has become the regime's most conspicuous spokesman on AIDS. Vadim's unit maintains a central computerized data base for all AIDS test results and is responsible for their evaluation. He is probably in his early thirties and has made frequent appearances to explain AIDS, often to primarily younger audiences. []

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For many reasons, including concern about AIDS, the regime seems especially concerned about controlling the expansion of drug abuse. The Soviet press uses the specter of AIDS in its admonitions against drug use in general. Soviet officials and medical personnel have feared that reduced alcohol availability would lead to a switch to drugs. The exact figures are subject to doubt, but police officials were quoted in the national press that drug addiction was up 2.5 times, while alcoholism declined 17 percent since the start of the antialcohol campaign in 1985. Measures were taken in September to ease the frustrations of Soviet drinkers by increasing the supplies of beer and wine. A high-profile campaign is currently under way to curtail drug supplies, although most of the drugs used in the USSR are not the kind that are used intravenously. []

Cutting Off Foreign Sources of Infection

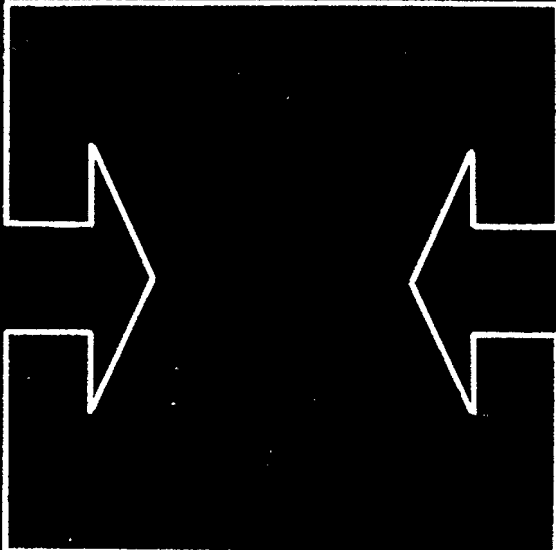
The regime is trying to eliminate as many foreign AIDS carriers as possible without disrupting lucrative trade or tourism. Since early 1987, the regime has set out to test all foreign students in the USSR and any person remaining over 90 days in the country (except diplomatic personnel). Incoming students from abroad must have passed an AIDS test before leaving their home countries. AIDS carriers are being summarily expelled or denied entry into the country, except for a few said to be refugees. The regime has not imposed AIDS testing on short-term visitors, however, because of the dampening effect this would have imposed on much desired trade, tourism, and foreign exchange.

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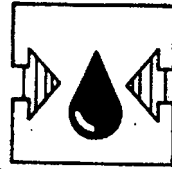
ЭТО НАДО ЗНАТЬ О СПИДЕ



ЧТО ТАКОЕ СПИД?

СПИД (синдром приобретенного иммунодефицита) вызывается специфическим вирусом. Этот вирус попадает в кровь и повреждает определенный тип белых кровяных шариков (лимфоцитов), являющихся важным звеном защитной (иммунной) системы организма. В результате зараженный человек становится "беззащитным" перед микробами и опухолями. Заболевание развивается медленно, в течение нескольких лет единственным признаком болезни может быть увеличение нескольких лимфатических узлов. Затем начинаются подъемы температуры, длительные расстройства кишечника, потливость, похудание. В дальнейшем возникают воспаления легких, гнойничковые и герпетические поражения кожи, сепсис (заражение крови), злокачественные опухоли, преимущественно кожи. Все это приводит к смерти больного.

Диагноз СПИД может установить только врач.



При совместном пребывании здоровых детей и детей, больных СПИДом, не было отмечено передачи вируса в школах и дошкольных учреждениях.

Используемые в медицинских учреждениях методы стерилизации шприцев и инструментов исключают возможность передачи вируса СПИДа.

ЕСТЬ ЛИ МЕТОДЫ ДИАГНОСТИКИ СПИДА?

При проникновении вируса СПИДа в организм возникает ответная реакция — образуются антитела. Эту реакцию можно выявить специальными методами, при исследовании образцов крови. Положительная реакция указывает, что человек заразился вирусом СПИДа. У части лиц с положительной реакцией в дальнейшем развивается СПИД. Другие могут оставаться внешне здоровыми, но сохраняют вирус в организме и могут поэтому заразить других людей. По результатам реакции нельзя сказать, кто заболел, а кто будет только вирусоносителем.

Реакция на СПИД проводится с каждой дачей донорской крови. Донорская кровь, дающая положительную реакцию, уничтожается.

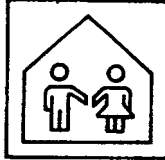
КАК ПРЕДОХРАНИТЬ СЕБЯ ОТ СПИДА?

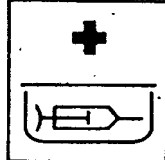
Избегать случайных половых связей, а также половых контактов с гомосексуалистами, наркоманами и лицами, ведущими беспорядочную половую жизнь.

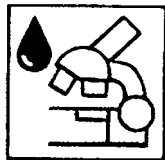
Чем больше вы имеете половых партнеров, тем выше риск заражения СПИДом. Применение презерватива уменьшает риск заражения.

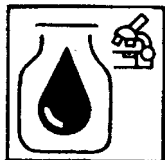
Не пользуйтесь случайными шприцами для инъекций. При любых возникших у вас подозрениях обратитесь к врачу.

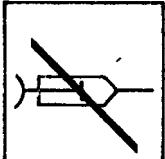
Важно помнить, что от вашего поведения зависит предохранение от СПИДа.

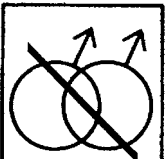


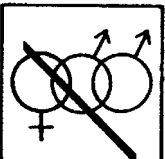












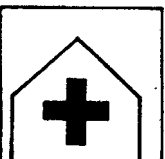


Figure 5. "What One Must Know About AIDS." The mass distribution of these pamphlets was a public health first in the USSR. Even this subdued presentation probably would not have been possible before glasnost.

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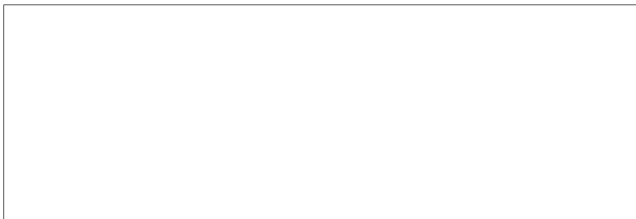
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The regime is also determined to prevent Soviets abroad from unwittingly bringing AIDS back with them. Currently, according to press reports, all persons with substantial past foreign service are being called in for testing, along with homosexuals and other high-risk groups. Soviets abroad for more than one month—including officials, diplomats, and troops from Afghanistan—are being tested immediately on their return. Diplomats have confirmed that this test must be completed before being given access to their bank accounts. [redacted]

Testing and Diagnosis

Beyond testing foreign residents and Soviet citizens returning from abroad, the Soviets have moved vigorously in the past year to establish a comprehensive nationwide AIDS testing program. After conducting about only 30,000 tests from 1985 to mid-1987, the Soviets completed 2 million tests by the end of 1987 and did 10 million more by the fall of 1988. According to Soviet officials, their program currently runs 1.5 million tests per month. To execute this program, 400 testing laboratories had been set up by late 1988 and 1,000 were expected to be operative by the end of 1989, well ahead of initially announced targets. There are also 50 special centers for voluntary anonymous testing. [redacted]

First priority of the testing program appears to be the protection of the blood supply system, which provides 12 million transfusions per year from 7 million donors. By July 1988, Soviet officials claim to have achieved complete or near complete coverage of the medical blood supply, about a year earlier than had been predicted by senior officials in 1987. Given an overall testing program geared to provide 18 million tests per year and supported by the purchase of materials for approximately 10 million tests per year from abroad, the Soviets appear to have ample capacity to accomplish this objective. [redacted]



The next priority of the testing program appears to be the widest possible testing of high-risk groups, using both mandatory testing powers and voluntary anonymous testing at special centers that have been established in Moscow and Leningrad and some other major cities. Initial emphasis was on prostitutes and homosexuals—50,000 were immediately rounded up for testing in 1987—and people who had served an extended term overseas. Recently, mandatory testing efforts have been expanded to include prisoners, military recruits, and all persons returning from overseas service. Routine testing of hospital patients paid off with the recent discovery of the case of AIDS in the Ukrainian woman mentioned earlier. [redacted]

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The vigor of this testing program should be a strong asset in controlling AIDS, but its effectiveness will be weakened somewhat by overall weaknesses in the diagnostic capability of the medical system. Poorly trained doctors and weak laboratories in many hospitals and regional centers feed this problem. The health reform has set out to correct these deficiencies, but universal improvement will take some time. [redacted]

Health officials must also overcome the long period of information blackout on AIDS, which exacerbated the problem. While key institutes have been well aware of AIDS for years, the process of informing line medical personnel was not begun until mid-1987. One Soviet medical journal noted, as it published its first article on AIDS in June 1987, that it had first received the article in question in 1985. No training on AIDS was offered in medical schools or for practicing doctors until a crash effort was launched in mid-1987 to bring 200 medical specialists up to date in the field. [redacted]

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A number of Soviet doctors have confided their concern that, despite the large total effort, the ability to control AIDS outside the major cities will be difficult to establish. Nevertheless, the major cities are the areas most vulnerable to AIDS, and the abundance of resources applied to testing in them should allow authorities to find any major outbreaks. [redacted]

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The Soviets have evidently had little success in developing a domestically produced AIDS test, despite their confusing public claims. [redacted]

1989-90 budget. Central party officials have also informed local officials that health reform has become top national priority. [redacted]

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[redacted] the Soviet-designed test has never entered mass production although it has been produced in small quantities by the production facilities of the Institute of Virology, where it was developed. Officials attributed this failure to a shortage of the required chemicals and the weakness of the Soviet pharmaceutical industry and predicted that mass production would not be possible until 1989. In the meantime, after some reports of efforts to interest Western companies in a joint venture to produce AIDS tests, Soviet trade officials were reported to be negotiating for the purchase of needed US technology. [redacted]

This ambitious health reform, reportedly in gestation since 1984, reflects growing leadership concern about deteriorating health conditions in the USSR, [redacted]

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[redacted] But concern about AIDS has evidently been a contributing factor giving impetus to the program. Top-level Soviet medical officials recently told an official US delegation that fear of AIDS seemed to be intensifying the urgency of health care improvement as well as strengthening the institutes designated to deal with the problem. [redacted]

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Treatment

Soviet plans to treat AIDS patients once they are identified are not known. At present the basic treatment is said to be simply hospitalization. The Soviet press reported that 600-bed hospitals dedicated to AIDS treatment are being built in Leningrad and Kiev. A special "clinic" was reported to be under construction at the Central Institute of Epidemiology in Moscow. The Soviets have developed the capacity to produce a drug similar to AZT, the most commonly used drug to retard the advance of AIDS. Given the known limits of Soviet research and drug industry capability, they are unlikely to produce any effective new treatment of their own, despite occasional claims of imminent scientific breakthroughs they have made in the past two years since they began intensive scientific work on AIDS. [redacted]

If fully and successfully implemented, the health reform could reduce the population's vulnerability to AIDS through general upgrading of national health while increasing the system's overall capability to execute specific preventive measures and to treat AIDS victims in such ways as:

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- *Elimination of reusable needles and transfusion equipment.* The commitment is made to convert entirely to disposable products by 1992. Chazov has said in interviews that he expects the Soviet pharmaceutical industry to produce 3 billion needles by 1990, which would probably meet a large part of the Soviet demand, although recent press reports indicate confusion and delay in the execution of these plans.

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Rebuilding the Health System and AIDS

A joint party-state decree in late November 1987 set forth guidelines for a comprehensive reform of the Soviet health care system and substantial increase in expenditure. The decree declared rebuilding the system to be a task of "paramount political importance." In subsequent press interviews Minister of Health Chazov asserted that a tripling of health care expenditures has been planned for the 1991-95 Five-Year-Plan period. As evidence of the regime's intent, health expenditures rose over 8 percent in 1987, and in May 1988 Chazov reported to the press that 5.6 million rubles for equipment alone had been added to the

- *Efforts to reduce abortion and expand condom supply.* The emphasis in the new health plan on maternal and child health and planned doubling of production of drugs and supplies by 1995 could result in improved availability of modern contraceptives. A widely publicized joint venture to produce condoms has recently been established with a British firm. Over time, the availability of good quality condoms could overcome psychological resistance to their use. The widespread availability of a variety of contraceptives could lessen the Soviets' high reliance on abortion with its adverse impact on gynecological health and resulting increase in susceptibility to AIDS among women.

- *Improved diagnostic capability.* A recurrent theme throughout the decree is the need to ensure accurate diagnoses through improved medical education, higher standards for doctors, adequate supplies of equipment and materials, and annual checkups for all citizens. If this ambitious program were actually implemented, it would further close up the gaps in detection and control of AIDS cases and, equally important, sexually transmitted diseases.
- *Better treatment of infectious diseases.* If the availability of pharmaceuticals is doubled by 1995, as planned, this could contribute to the reduction of infectious disease rates, especially sexually transmitted diseases.

In general, if the health reform program is fully implemented it would facilitate the implementation of the specific medical measures against AIDS, including the programs of testing blood transfusions and the population. Planned AIDS countermeasures probably cannot be fully implemented without it. [redacted]

Outlook

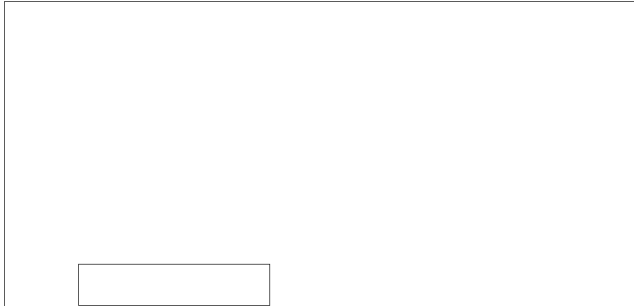
Impact on Soviet Foreign Policy

Measures to guard against AIDS at home have interfered with some Soviet programs designed to extend Moscow's influence abroad, especially in Africa. Widespread ignorance about AIDS and fear of it in the Third World and elsewhere, however, have created opportunities for the Soviets to spread disinformation about US responsibility for the origin or spread of the disease. Increasingly, the dominant impact of AIDS on Soviet behavior abroad is to cause the Soviets to seek international cooperation in dealing with AIDS as a threat to all countries. [redacted]

Training Third World Leaders. The regime's resolute decision to reduce as far as possible outside sources of AIDS infection has probably somewhat diminished the effectiveness of Soviet education of African elites. Citizen hostility toward foreigners, particularly Africans, is likely to intensify. Even scientists trying to objectively explain AIDS are inclined to blame African students and counsel against fraternization with

foreigners. In late 1987, a vigilante group formed in one provincial city to harass foreign guest workers in the name of fighting AIDS. The current Soviet policy of testing all foreign residents and summarily deporting those who test positive has undoubtedly created tension with some African governments. The most notorious example of mishandling the process was the expulsion of 70 Ugandans—approximately 40 percent of their country's contingent in the USSR—in late 1987. While awaiting their departure, the Ugandans claimed they were held in isolation in their rooms and had their food pushed at them on the end of poles by their Soviet guards. [redacted]

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Future ruffled feelings will probably continue to mar Soviet educational assistance programs. The Soviet public's increased animosity toward African students in the USSR will undoubtedly undermine the regime's efforts to court these students in many cases. Overall, however, the Soviets will probably continue to regard their education of Africans as serving regime objectives and are not likely to curtail their training programs. [redacted]

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Taking Political Advantage of the United States. In 1985, before the Soviet leadership was aware it had a growing AIDS problem at home, Soviet propaganda organs began to replay the accusations of a few obscure European scientists that the United States had created the AIDS virus in a biological warfare experiment. This story appeared prominently in the Soviet press and was reprinted in approximately 80 countries around the world, even including some major European newspapers. [redacted]

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The Soviets quickly became aware of the drawbacks of this approach when their scientists sought help from US scientists on AIDS research and diagnosis. After Soviet scientists made a number of visits to US laboratories, the United States formally suspended cooperation with the USSR on AIDS in April 1987 because of the disinformation effort. Since then, a barely concealed internal struggle has been waged over whether to disavow the earlier claims, exploit the issue to embarrass the United States, or to pursue a two-track policy in an effort to have it both ways. Soviet scientists consistently assert publicly that "no Soviet scientist at any time has stated that the virus is of artificial origin." A number of scientists, health officials, and diplomats have claimed that they have personally protested to policymakers concerning the use of the accusations. [redacted]

The Soviet disinformation bureaucracy under the KGB seems to have been reluctant to give up a useful weapon against the United States. Even after the central press ceased to discuss the story in mid-1987, it has popped up in obscure journals and on Soviet radio as recently as February and March 1988. In addition, efforts to link the spread of AIDS to US tourists and military personnel continue to appear in the Third World press with apparent covert Soviet involvement. [redacted]

Soviet political authorities have been willing publicly to disavow the disinformation campaign (while perhaps continuing to encourage KGB operatives clandestinely to spread disinformation about the United States) in part because they are seeking international cooperation against the disease. In October 1987, the Soviets sponsored a joint UN resolution with the United States that called AIDS a "naturally occurring disease" and, shortly thereafter, two prominent Soviet scientific spokesmen speaking at an official press conference called the disinformation accusations "groundless sensationalism by journalists." US officials claim that Gorbachev himself informally pledged to suspend all disinformation against the United States at December's summit meeting. Perhaps as a consequence, when the AIDS accusations against the United States resurfaced briefly in Soviet media last spring, Moscow radio aired clear refutations within a week, and expressions of regret were made to US officials [redacted]

Seeking Cooperation Against Global Problems. The regime's interest in international cooperation on AIDS is also probably part of its broader strategy to make expanded use of the UN and other international cooperative arrangements to build its international credibility. US officials report that, despite their limited resources to contribute, the Soviets appear determined to play a visible role in the World Health Organization (WHO) Global Program on AIDS. They have also signed bilateral cooperative agreements on AIDS research with six Western nations. However, the Soviets do not seem to be trying to substitute these multilateral arrangements for a formal relationship with the United States, which—according to US officials—seems to have special significance to the Soviets as a symbol of acceptance in the world scientific community. At the same point, the Soviet Union may even succeed in portraying itself in international forums as a model of how to fight AIDS. [redacted]

The Soviet need for assistance is great and is likely to endure for some time. In the early phases of their research in 1986, US scientists at the National Institutes of Health provided valuable concrete assistance—particularly a pure strain of the virus—that allowed the Soviets to directly proceed to the development of their own AIDS test (though not with complete success). In the future, US officials feel that Soviets will be attracted to the general opportunity to work in the areas of advanced biotechnology and genetics, which are integral to AIDS research but broadly applicable to many areas of science. Specifically with respect to AIDS, US officials believe Soviet scientists must study our efforts to learn where to focus their limited resources most effectively to make up for their late start in the field. [redacted]

In establishing a program of cooperation on AIDS, the Soviets will probably want cooperation to provide broad access to the US scientific community's information on AIDS, especially the major facilities under the umbrella of the National Institutes of Health. The Soviets have already established a cooperative agreement with the National Academy of Sciences, which they hope will serve as a coordinating point for links to private-sector research institutions. For the future, [redacted]

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the Soviets are potential customers for US AIDS tests and medical products until they can build their own scientific and industrial infrastructure. [redacted]

Establishing a framework for US-Soviet cooperation on AIDS may ultimately be as constrained by the limited resources the Soviets have to contribute to a reciprocal exchange as by political considerations. Soviet exchange scientists can provide some assistance in US laboratories if they visit for an extended period, but the opportunities for visits by US scientists to less advanced Soviet laboratories will be of considerably less value. A major area of potential Soviet contribution is believed to be the primate research program at Sukhumi, which might provide the "primate models" for AIDS research that are in short supply in the United States. The Soviets could also participate by serving as a site for drug trials as they have done before. Most interestingly, they could provide detailed data on their own epidemiological experience that would expand knowledge of the behavior of AIDS in a unique non-Western environment. [redacted]

Impact on Domestic Policy

Strategy for dealing with AIDS is not likely to become a major political issue in the USSR, but both reformers and conservatives may exploit fear of AIDS to further their political agendas:

- Fear of AIDS could be adduced as a reason for advocating more severe punishment of sexual deviants, closer control of foreigners residing in the USSR, and tighter supervision of HIV-infected people.
- On the other hand, the AIDS problem may give impetus to various reforms. Advocates of prison reform will argue that it is now imperative to protect prisoners from sexual assault. Advocates of *glasnost* will argue that publicity is the key to educating and forewarning the public. Some medical specialists will urge decriminalizing homosexuality so as to identify people at high risk for AIDS.

- While the notion of AIDS as the work of "foreign devils" will feed xenophobia for one element of the population, the need for international assistance with AIDS technology is leading many specialists to urge greater participation in cooperative endeavors with the West. [redacted]

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How Big a Problem Will AIDS Be?

On balance, the current picture strongly suggests that the Soviet AIDS problem is neither as alarming as some experts believed nor as small as Soviet public rhetoric indicates. It is probably a somewhat larger and older phenomenon, but it is still likely to remain a relatively small problem by world standards. Prolonged exposure to outside sources of infection and domestic risk factors have allowed AIDS to gain a small foothold and spread at a slow rate. Because of the repression and scattering of Soviet homosexuals and the small number of intravenous drug users, AIDS in the USSR is more likely to resemble the pattern found in Africa and parts of the Caribbean, but on a radically smaller scale. In this pattern, there is a more equal distribution between the sexes, and female prostitution is a more important force in transmission. Also, medical transmission may be a relatively more important factor than in the world's more advanced countries. However, heterosexual transmission is not likely to be as powerful a force in the spread of AIDS in the USSR; despite their other health problems, the Soviets do not suffer from particularly high rates of the venereal diseases and other skin conditions that make heterosexual intercourse highly infective in tropical regions like Sub-Saharan Africa. [redacted]

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In the future, AIDS in the USSR is likely to be a continuing problem, but will remain small by world standards. If the vigorous measures the regime has taken to counter the disease are continued, AIDS will not assume epidemic proportions in the USSR, although the Soviets will probably not be able to eliminate AIDS altogether. [redacted]

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Over the longer term, possible changes in Soviet life might erode the current barriers to rapid AIDS transmission and strengthen those forces that might drive the advance of the disease at a more rapid pace. Specifically, such changes might include some of the negative side effects of a less controlled society resulting from the long-range process of modernization as well as the particular reforms undertaken by Gorbachev. Such developments as expanded civil liberties, restrictions on the police, increased foreign contact, and expanded freedom of residency, personal privacy, and urbanization could further the growth of homosexual and heterosexual promiscuity, prostitution, and drug abuse. However, having identified the problem early, the Soviets will be in a better position to prevent the spread of AIDS even under the circumstances of major social change. We do not believe, however, that Gorbachev's reforms will change the behavior either of the regime or of the society so radically as to alter the prognosis for AIDS in the near future.

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