The Geopolitics of Demographic Decay:
HIV/AIDS and Russia’s Great Power Status

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‘We are facing the serious threat of turning into a decaying nation’.

Russian President Vladimir Putin¹

During the Cold War, geopolitical issues dominated the strategic thinking of the great powers. Afterwards, the relevance of human security issues was heightened throughout the international community. Human security has been defined by the United Nations Development Program as ‘safety from constant threats of hunger, disease, crime, and repression. It also means protection from sudden and hurtful disruptions in the patterns of our daily lives...whether in our homes, our jobs, in our communities or in our environments’.² One issue in particular, the spread of HIV/AIDS, has been highlighted for special concern given the seriousness of the health crisis in those countries with high infection rates, as well as the socioeconomic and security consequences of the HIV/AIDS pandemic.³ In the post-Cold War international system, it is impossible to adequately understand a state’s geopolitical security without understanding both its human security and its international status, and how the two interact.

Since at least 1993, Russian policymakers have insisted that their country should and would play a great power role in the international system as the best way to ensure that their security interests were secured. By the mid-1990s, Moscow embarked on a policy of promoting a geopolitical shift away from American-dominated unipolarity and toward a multipolar world order, in which the actions of each of the great powers would be checked by the others and no single great power would be able to impose unilateral outcomes against the important security interests of any other.⁴ Moreover, Russia claimed for itself a special role as ‘a guarantor of peace and stability’ in the former Soviet Union.⁵ Even though Russia has vacillated in its attempts to construct multipolarity, with Moscow at times openly embracing the idea or shifting closer to the United States at others, its insistence on great power status has endured from presidents Boris Yeltsin to Vladimir Putin and through a succession of foreign ministers. Russia’s position as the dominant power in the former USSR has likewise persisted. However, a growing demographic crisis in Russia is threatening that country’s ability to maintain its status in the international system.

Russia’s staggering drug use, endemic poverty, and collapsing health care system make it a prime candidate for an HIV/AIDS explosion, one with serious socioeconomic and strategic implications. When coupled with Russia’s already declining population (especially amongst ethnic Russians), HIV/AIDS has the potential to further weaken Moscow on the world stage and alter the demographic balance within the country, thus fueling fears of
further ethnic conflicts on Russian soil. At worst, HIV/AIDS could lead to a social and demographic disaster, threatening any political and economic progress in the coming decades. At best, HIV/AIDS will be an accelerator of Russia’s already serious socioeconomic problems. The importance of HIV/AIDS in Russia to American policymakers is quite serious. According to the Clinton administration’s National Security Council, the spread of HIV/AIDS was deemed an indirect threat to U.S. national interests. In a January 2000 report released by the National Intelligence Council, which usually represents a consensus amongst American intelligence officials, some of the social consequences of HIV/AIDS have a ‘strong correlation with the likelihood of state failure in partial democracies’ and the rise of ‘instability’. Russia’s strategic location at the heart of Eurasia, not to mention its thousands of nuclear weapons, makes the prospects of Russian ‘instability’ -- defined in the report as ‘revolutionary wars, ethnic wars, genocides, and disruptive regime transitions’ -- a disturbing prospect.

This paper will examine the HIV/AIDS pandemic in the context of Russia’s security interests and status in the international system. It is proposed that Russia will find it increasingly difficult to play a great power role unless it can effectively deal with its looming human capital crisis: HIV/AIDS. Unfortunately, the current signs are not promising. The Russian government is seemingly uninterested in taking serious steps in dealing with the spread of HIV/AIDS. If allowed to worsen, the socioeconomic impact of HIV/AIDS will heighten the tension between Russia’s capabilities and ambitions, and increasingly precipitate strains in Russian society which could deeply affect Russian foreign policy and promote political instability.

This paper is divided into three sections. The first provides a brief overview of Russia’s persistent obsession with its status in the international system throughout the post-Cold War period. Second, I outline the prevalence of HIV/AIDS in Russia, paying special attention to trends in the last decade as well as those factors promoting the spread of the virus. The last section focuses on the social, economic, and military consequences of the HIV/AIDS pandemic in Russia and how these effect Russia’s international position in the coming decades. This essay will conclude with a discussion of the possible consequences of the HIV/AIDS crisis on the geopolitics of Eurasia and the international system.

Post-Soviet Russia as Great Power

Russia, either in its imperial or Soviet incarnations, has long conceived of itself as a great power and empire. However, its relative weakness vis-à-vis other great powers -- the Western great powers during the imperial
period and the United States during the Cold War -- has created a virtual obsession amongst Russian policymakers about Russia’s status in the international system. The opponents of the Soviet Union and the Communist Party, who ultimately precipitated the collapse of the USSR, were a diverse group, ranging from liberalizing democrats who wished to see a free and democratic society, to diehard Russian nationalists who blamed their Soviet rulers for corrupting Russia’s ‘soul’, to political opportunists who attacked the center in order to build local power bases. They were so focused on the battle against the central authorities that they, like the general population, were unprepared to build a post-Soviet social and geopolitical architecture when the hammer and sickle was lowered from the Kremlin in December 1991. This meant that the Russian people, commentators, and leaders were unexpectedly confronted with fundamental questions about their future as a people, a state, and a great power. This dilemma was succinctly outlined by one Russian writer: ‘How will we live when the USSR has disintegrated and Russia is left alone with itself?’

In the period immediately following the collapse of the Soviet Union, Russian Foreign Minister Andrei Kozyrev proposed that his country make a fundamental break with its imperialist past. Writing for the government in an article entitled, ‘A Transformed Russia in a Transformed World’, Kozyrev outlined a foreign policy strategy which identified the West as Russia’s ‘natural allies’ and sought eventual integration into Western economic (and possibly political and military) institutions. An alliance with the West and the United States was seen as the primary path to a positive future for Russia.

This policy soon came under sharp criticism from nearly all quarters of the political and foreign policy spectrum. Russian policy toward the Baltic states, the former Soviet Union (or ‘near abroad’), Yugoslavia, military policies in Europe, and the Kurile Islands became fuel for a growing anti-Kozyrev camp. In response, President Boris Yeltsin and Kozyrev shifted from a pro-West alignment and toward a renewed emphasis on an ‘independent’ foreign policy that will ensure Russia’s great power status. For example, before leaving for the 47th session of the United Nations General Assembly, Kozyrev stressed that the members of the UN ‘are prepared to receive [Russia] as a power which is striving to be normal, which is in fact a great power and, along with some other states, bears particular responsibility for the state of affairs in its region and in the world as a whole’. Even while criticizing the members of the ‘war party’, who wished to renew confrontation with the West and reestablish Russian dominance in the former Soviet Union, Kozyrev was quick to point out to the Russian Supreme Soviet that Russia was
maintaining an independent foreign policy befitting its power and status in the international system. During a speech to Foreign Ministry staffers in October 1992, Yeltsin addressed the failings of the past and placed a new emphasis on Russia’s independence in the international system. He conceded that the critics of Russian foreign policy up to that point had been, in part, correct in their attacks:

We have gotten a reputation as a state that says ‘yes’ to all proposals, whether they are advantageous to us or not. What’s more, we have started tolerating slights and even insults; we let Russia be treated in ways in which no other great power could possibly be treated. But Russia is not a country that can be kept cooling its heels in the waiting room. In any such instance, we must express our disappointment with the partner that has engaged in such tactless behavior, and that includes America.

In a speech to top Russian generals a month later, Yeltsin promised that he would restore Russia’s international standing: ‘Russia always was and remains a great world power. Such is its geopolitical position and its potential’.

This transition was completed by the rise of Yevgeni Primakov, first as the director of the Russian Foreign Intelligence Service, then as foreign minister, and finally as prime minister. Primakov’s foreign policy was based upon the principle that Russia must ‘[find] herself as a great power’ by playing the crucial role as a balancer against American domination of the international system. As foreign minister, Primakov cited the need for Russia to exist as and to act like a ‘great power’ in order to stabilize the former Soviet Union and act effectively on the world stage. Primakov’s eventual fall from political office (he reemerged as an advisor to Russian President Vladimir Putin) did not undercut the importance of great power thinking in Russian grand strategy. Upon taking office as president, Putin stressed to the Russian Security Council that ‘Russia’s foreign policy line will not be changed’ and that the promotion of Russia as a great power will be maintained. At a press conference announcing the formal adoption of a new national security concept for Russia, Putin’s foreign minister, Igor Ivanov, made it clear that this concept rested on the principle that ‘through our concrete deeds and concrete policy we [will] demonstrate that the role of Russia is the role of a great power today in the emerging new 21st century world order’.

In the immediate aftermath of the terrorist attacks of 11 September 2001, Russia has shifted closer to the United States in the ‘war on terrorism’. Nevertheless, the importance of Russia as a great power in Russian strategic thinking has not subsided and in fact has grown as a result of tensions over the U.S. invasion of Iraq.
Accepting the fact that Moscow’s superpower status is in the past and that Russia will be unable to challenge the United States in the foreseeable future, the goals of Putin’s pragmatic foreign policy are more limited but certainly not insignificant. Andrei Arbatov -- an early critic of the Yeltsin-Kozyrev foreign policy and architect of the shift toward Russian great power thinking, as well as one of the most influential voices within the foreign policy elite -- summarized Russia’s geopolitical future as follows:

...Russia may certainly retain its place as a great power, not a super power but as a great power because of its economic power, because of its considerable military power and because of its ability to influence events around its periphery in Europe and Asia. From this point of view Russia may retain bigger or more influential position in the world than either France or Britain which are also great powers but which have their influence limited largely to the European Union and to European community.21

These are an impressive set of foreign policy goals for a country which has been forced to undergo a number of economic, political, social, and strategic crises since the collapse of the Soviet Union. They will require Russia’s strategic power to steadily improve over the medium-to-long term. This may not be feasible, however. Russia may aspire to great power status, but the demographic consequences of the growing HIV/AIDS crisis in the Russian Federation may preclude this objective.

**HIV/AIDS Crisis in Russia: Causes and Responses**

Russia is within the early-to-mid-stages of the HIV/AIDS pandemic and is considered a ‘next-wave’ country, which means that it has a disproportionally small number of HIV/AIDS cases but is about to see a virtual explosion in HIV/AIDS cases in the near future. HIV/AIDS was largely unheard of during the Soviet period. After the collapse of the USSR, however, there was a sharp increase in HIV/AIDS cases in Russia, though mostly without significant government recognition.

The actual number of HIV/AIDS cases in the Russian Federation is a matter of dispute.22 Official government estimates routinely underestimate the extent of the crisis by a factor of at least three and possibly five.23, whereas some studies have exaggerated the problem. The National Intelligence Council, in proposing its own range of numbers, took into account official government statistics, the UNAIDS database (the United Nations’ organization for the HIV/AIDS pandemic), and the assessments of academics and nongovernmental organizations.
‘As a result, all of the numbers in this assessment should be viewed as rough estimates, and our projections employ ranges to convey the general magnitude of the disease within a relatively high margin of error’. That being said, the Russian HIV/AIDS epidemic is staggering and will most likely get far worse without massive government intervention. Table 1 provides an overview of HIV/AIDS infection in the Russian Federation, some two to four times that of the United States (currently .6 percent adult prevalence rate) and expected to increase anywhere between significantly between 2002 and 2010.

Table 1

<table>
<thead>
<tr>
<th>Number Infected 2002 (government data) (millions)</th>
<th>Number Infected 2002 (expert estimates) (millions)</th>
<th>Adult Prevalence Rate 2002 (percent)</th>
<th>Projected Number Infected 2010 (expert estimates) (millions)</th>
<th>Projected Adult Prevalence Rate 2010 (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>.018</td>
<td>1-2</td>
<td>1.30-2.50</td>
<td>5-8</td>
<td>6-11</td>
</tr>
</tbody>
</table>

Feshbach and Galvin estimate a lower number than the National Intelligence Council (870,000 for 1 September 2004), but they admit that this is likely a ‘conservative estimate’.

When compared to the most extreme cases in southern Africa, the crisis in Russia appears moderate. For example, in 2002 UNAIDS estimated that some 39 percent of adults in Botswana and 20 percent of adults in South Africa were HIV positive. However, there are a number of factors which should mitigate such a positive comparison:

- the HIV virus is now in its sixth decade in southern Africa, providing it significant time to spread, whereas it has been reported in Russia for less than two decades;
- unlike the situation in Africa, where positive population growth has somewhat offset the impact of HIV/AIDS, Russia has a declining population;
- the growth of the infection rate in Russia is second in the world, behind its neighbor Ukraine, according to the director of the Russian Health Ministry’s Center for AIDS Control, Vadim Pokrovsky, the HIV epidemic is in ‘geometrical progression’;
- international attention and massive education efforts in southern Africa will most likely begin to stem the spread of HIV/AIDS in upcoming decades, in contrast to Russia where economic and political issues tend to dominate most international attention;
- the Russian government seems less willing to acknowledge the problem than many governments in southern Africa;
• almost 80 percent of registered new infections in the former Soviet Union (1997-2000) were among people younger than 29 years of age;\(^3\)  
• the virus is just now spreading from high risk groups (homosexuals, prostitutes, and intravenous drug users) to the general population; as one report put it, ‘the borderline between risk groups and the other people is blurring’;\(^3\)  
• the factors encouraging the spread of HIV/AIDS in Russia will most likely persist well into the next decade.

In short, Russia’s future may be as bleak as that of southern Africa unless the causes of its HIV/AIDS epidemic are checked.

The factors which can explain the rapid spread of HIV/AIDS in Russia are nearly all an outgrowth of the almost unprecedented social, economic, and political upheavals following the collapse of the Soviet Union.\(^3\) On the one hand are those factors tied to the changes in the Russian social structure: an erosion of social norms and individual constraints which increased the freedom and ability to partake in behavior associated with higher risks of HIV/AIDS (such as extramarital and premarital sex, as well has homosexuality). When coupled with greater geographic mobility,\(^4\) this meant that the virus was able to spread more rapidly from one region of the country to others. On the other hand, more specific factors are connected to the sharp decline in economic standing and standards of living for the general population in Russia: a healthcare system in severe distress, rampant intravenous drug use, widespread prostitution, substantial prison populations, and government resistance to and neglect of the problem.

Although most Soviet citizens had some basic level of free (albeit poor) health care, the breakup of the USSR and the resulting economic crisis led to a collapse of the health care infrastructure in the Russian Federation.\(^5\) The transition from a state-run to a more market-based health care system has had the effect of worsening the overall health of the Russian population.\(^6\) According to one report, Russia’s ‘average life expectancy has dropped to levels lower than those found in many developing countries with relatively high morality, such as Bangladesh, India, and some countries of sub-Saharan Africa’.\(^7\) In terms of the health care system’s response to HIV/AIDS, drug therapies intended to prolong the life of infected individuals, effective dissemination of information about HIV/AIDS, and general preventive health care are nearly unavailable for the overall Russian population. Of those registered AIDS
patients, which constitute an extremely small portion of the total HIV-positive population in Russia, only one in five receive adequate medical treatment.38 Russia’s health care crisis compounds the effects of the other factors promoting the spread of HIV/AIDS.

Economic dislocations and greater access to contraband items have given rise to a dramatic increase of intravenous (IV) drug use and prostitution throughout Russia.39 IV drug use in Russia has been characterized as ‘rampant and rising’, with ‘drug use...so widespread...that many users are integrated into society with jobs and families’.40 One estimate suggests that Moscow alone has nearly one million drug users, over ten percent of which are heroin or cocaine addicts.41 Upward of 90 percent of the registered infections have been officially attributed to IV drug use.42 Some 40 percent of IV drug users are believed to be HIV positive.43 This problem is likely to get worse over time: over two-thirds of drug abusers in Russia are under 30 years of age.44 As a consequence of these trends, HIV/AIDS is becoming firmly entrenched in the mainstream population of Russia.

Economic hardships have also forced some Russian women (and to a lesser extent men) into prostitution, which has become far more open and prevalent during the 1990s. One report estimated that there are about 80,000 women engaged in prostitution in Moscow alone,45 15 percent of whom, according to another report in the year 2000, were infected with HIV.46 Another report, this time from St. Petersburg, estimated that an astounding 48 percent of prostitutes in the city were HIV-positive.47 Many customers of Russian prostitutes refuse to use condoms and many prostitutes themselves do not (or are in no position to) demand them.48 Moreover, there is a strong overlap between prostitution and IV drug use.49 All of these factors help to spread HIV to the heterosexual population.50

Criminal activity in Russia has increased dramatically in the 1990s, leading to an average of one million convicts in Russia’s prisons. ‘Public health care, however, is notably absent in the Russian penal system; prison camps are consequently virtual incubation dishes for diseases such as drug-resistant tuberculosis and HIV’.51 According to one report, almost half of Russia’s prison population suffers from various diseases. Of these, at least three and one-half percent were reported to be HIV-infected,52 a number which has increased nearly 700 percent from January 2000 to March 2002.53 Moreover, frequent prison amnesties return former prisoners to the general population on a regular basis, further fueling the spread of HIV.54

The Russian government has been largely indifferent to the problem despite the Russian Duma’s passage of
a federal law in 1995, ‘On the prevention of the spread in the Russian Federation of disease caused by the Human Immunodeficiency Virus’, which formally mandated an active and comprehensive response to the country’s HIV/AIDS crisis. During a January 2002 address outlining Russia’s health care problems, President Putin did not even address the HIV/AIDS crisis and the government's official response has been described as ‘virtually nonexistent’. Russia spends only $6 million per year on HIV/AIDS programs, in comparison to the $6 billion spent by the United States. This stands in sharp contrast to its $20 million pledge to the Global Fund to Fight AIDS, thus causing some to question the government’s seriousness in tackling its domestic HIV/AIDS crisis. Moreover, the Russian government has made it difficult for outside organizations to finance HIV/AIDS-related activities. For example, Moscow refused an offer from the World Bank in 2001 for a loan to help confront Russia’s HIV/AIDS and tuberculosis (a disease commonly associated with HIV infection) crises. They did, however, tentatively accept a 2003 World Bank Loan of some $150 million to combat tuberculosis and HIV/AIDS. Worse still, those receiving HIV tests open themselves to prosecution because the government has access to the tests and will seek criminal charges against those suspected of IV drug use. Consequently, many of those most at risk of contracting HIV refuse to get tested for fear of being arrested.

Russia is currently on the front line of the HIV/AIDS pandemic and its HIV/AIDS situation is on the brink of a catastrophe. The factors fueling Russia’s HIV/AIDS crisis, many of which are interconnected, do not look as if they will be restrained anytime soon. If the high-end estimates are correct and Russia’s adult HIV infection rate becomes ten or eleven percent, then Russia’s HIV/AIDS problem will become self-perpetuating and increasingly resistant to attempts to reverse this trend. While current comparisons with southern Africa place Russia in a more generous light, southern Africa is dwarfed by Russia’s critical location and geopolitical importance. The rapid spread of the virus in the world’s largest country may have greater ramifications for the strategic balance in Eurasia and the international system.

The Impact of HIV/AIDS on Russia’s Great Power Status

International relations scholars have long focused their attention on the ‘great powers’ since these are ‘the states that make the most difference’ and have the most impact in the international system. However, the field is divided on what it means for a state to be considered a great power and whether the scope of such status is necessarily global or whether it can be limited to a specific region. Jack Levy, for example, provided a series of
definitions for the term and, in a more recent work, John Mearsheimer defined great power status ‘largely on the basis of their relative military capability’. Throughout the literature, three factors are seen as prerequisites for great power status: societal stability, economic strength, and military effectiveness. Without these, neither geography, natural resources, nor absolute population -- additional factors also commonly associated with global prominence -- can be exploited to achieve or maintain great power status. In each of these three great power prerequisites, Russia’s growing HIV/AIDS epidemic will have a marked impact, thus calling into question Russia’s ability to restore and maintain its global standing.

Societal Stability

Societal stability is difficult to define. Many publications on the HIV/AIDS crisis cite threats to social or societal stability as a crucial consequence of the HIV/AIDS pandemic, but lack all but the most general characteristics of ‘stability’. One possible definition of stability, which takes in a variety of concepts and is purposefully broad, is the ability of a society -- as defined by its government, social networks, culture, economy, etc. -- to perpetuate itself and improve the quality of life for its citizens. In the Russian context, we can point to four issues of concern for the stability of Russian society: a stable population, effective government institutions, peaceful ethnic relations, and the self-perpetuating nature of HIV/AIDS.

Although thousands of ethnic Russians immigrated to the Russian Federation from other parts of the Soviet Union after the USSR’s collapse, the Russian Federation’s population shrank by 700,000 people in 1999 and upwards of one million in 2000. The actual rate of Russia’s population decline is a matter of debate, though it is clear that this rate is accelerating and that HIV/AIDS will act as a prime accelerator of an ever-shrinking Russia. For example, over the next fifty years, Russia’s 1991 population of 150 million is predicted to decline to 128 million (Population Reference Bureau estimate), 121 million (United Nations estimate), or even as low as 80 to 100 million (Murray Feshbach, a senior scholar at the Woodrow Wilson Center). Feshbach calls Russia’s possible population decline ‘mind-boggling’ and cited the following figures: about 15% of Russian couples are infertile, as many as 75% of women experience serious medical problems during pregnancy, and the official fertility rate (the average number of children a woman has between the ages of 15 and 49) is less than half of what Russia would need for the population to replace itself.

Russia’s population decline has long been a concern for academics and politicians, including President
Putin who said that it endangers ‘the very survival of the nation’. This drop in population will also affect Russian political institutions. Declining population and an increasingly sick populace will result in less money going into the government coffers at the same time that the state is forced to increase its social services expenditures. This tension between declining income and rising costs will place future Russian governments under escalating budgetary stress. This, in turn, will negatively effect the government’s ability to function effectively. Moreover, specific institutions will be disproportionately affected. For example, Russia’s pension system relies on a certain number of workers to maintain benefits for senior citizens. As Russia’s younger population declines -- given a declining birthrate and the fact that Russia’s HIV/AIDS population is disproportionately young -- pensioners will increasingly find their government unable or unwilling to provide for them.

One proposal to arrest the population decline is to provide Russians with incentives to have children. In order to do this, however, more and more of the state’s budget will have to be diverted toward population expansion, further complicating Russian fiscal policy.

Some have argued that what Russia needs is a significant influx migration in order to slow its population decline. Anatoly Vishnevsky, the director of Moscow's Center for Demography and Human Ecology, doubts whether this could work, arguing that Russia is not ready 'either economically or even psychologically' to accept large numbers of immigrants. It would be easier for the integration of immigrants into the Russian polity if ethnic Russians, or at least Russian-speakers, were the focus of the state’s immigration policy, thus preserving the ethnic balance within Russia. If, however, these immigrants were not Russians (either ethnically or linguistically), this could complicate Russia’s demographic relationships. For example, fears of a sinocization in the eastern part of the country due to massive illegal immigration could be heightened by the demographic crisis in that part of the country. According to Lev Gudkov, a demographer with the independent Russian Center for Public Opinion Research: ‘Whole regions of Siberia and the Russian far east are already depopulated, and new deserts are appearing even in former “black earth” regions of central Russia’. The replacement of ethnic Russians with a Chinese population could, over time, lead to irredentist demands from a rising China as Beijing attempts to reclaim territory lost to the Russian Empire in the 1800s.

Fears of a demographic shift are well founded in Russian society and have becoming increasingly alarmist as the rapid population growth of non-Russian ethnic groups is contrasted by the population decline of ethnic Russians. This is especially true in the Russian border regions where minority (and especially Muslim)
populations are increasing relative to the Russian population because of differing birthrates and migration of Russian from the Russian periphery to the Russian core. One author, for example, saw the ‘Golden Ring, where the state-forming Russian ethos predominates’ being ‘particularly threatened by depopulation’. This sentiment was well summarized in a question posed by Yevgeny Krasinyev, head of migration studies at the official Institute of Social and Economic Population Studies in Moscow, ‘You have to ask yourself...[if current demographic trends continue]...would Russia still be Russia?’ The geographic distribution of HIV/AIDS cases is such that the Russian-dominated regions are and will continue to be the hardest hit. Consequently, HIV/AIDS, in addition to other socioeconomic factions, may become a threat to the ethnic-Russian domination of the Russian Federation.

Rapid changes in Russian demographics could give rise to calls for increasing non-Russian control over the country or, at the more extreme, ethnic autonomy or outright secession of minority regions.

The greatest impact that HIV/AIDS will have on the Russian Federation is that the factors which promote the HIV/AIDS crisis are self-perpetuating -- that is, there is a feedback loop of factors which will make the crisis worse and Russian society less stable over time. It is generally accepted that a variety of socioeconomic factors, matched with an ineffective response by the Russian government, are primarily to blame for the Russian HIV/AIDS crisis. However, the consequences of the HIV/AIDS crisis -- a dampened economy, declining population, a sense of ennui amongst the Russian polity, and budgetary problems for the Russian government -- help to further the decline in Russia’s socioeconomic well-being and government effectiveness. This leads to a rise in crime, drug use, etc. -- the very same factors which gave rise to the HIV/AIDS epidemic in the first place. Thus, a vicious cycle of Russian deterioration, not solely caused by the HIV/AIDS crisis but certainly furthered by it, is in the offing unless something is able to break the cycle. However, without adequate resources, it is unlikely that this will happen in the near future.

**Economic Strength**

In addition to the indirect impact on Russia’s economic future due to societal instability, HIV/AIDS will also have significant repercussions for Russia’s long term economic strength and gross domestic product (GDP). HIV/AIDS will likely effect the Russian economy in the following ways:

- an absolute decline in the supply of labor;
- decline in individual worker productivity;
• reduced private savings and capital formation; and,
• increasing treatment costs.

An increased rate of premature deaths due to HIV/AIDS will begin to put pressure on Russia’s already shrinking labor market. Even amongst those who do not die from the disease, increased sick leave, infection by opportunistic illnesses (such as tuberculosis), effects of treatment, and a declining ability to perform at work will have an impact on overall worker productivity. Those not infected but responsible for the primary healthcare of HIV-infected family members, for example, will also find that their productivity suffers. Although current unemployment levels are relatively high (8.6 percent in 2002), a disproportionate share of Russia’s HIV/AIDS population is between ages 15-30 (approximately 81 percent of all reported cases). 83 ‘Without the disease’, the World Bank reports, this cohort ‘would continue to stay in the labor force for a long time, and/or would have continued to build up human capital and expertise’. 84 However, because of HIV/AIDS, this potential workforce will be either unavailable or underproductive.

As the HIV/AIDS crisis worsens, more money is shifted toward dealing with the crisis both in terms of individual wealth and state outlays. This means that private savings rates will fall dramatically, thus precipitating a decline in individual financial security and overall capital availability. Moreover, the Russian government will be unable to fund those programs necessary for long term economic stability, such as Russia’s healthcare and pension systems. Thus, the self-perpetuating cycle cited above may come to fruition, with devastating effects on Russia’s socioeconomic well-being.

A model designed by the World Bank85 to predict the economic effects of the HIV/AIDS crisis in Russia provided for three scenarios: one in which HIV/AIDS is not relevant to Russia’s economic future, an optimistic HIV/AIDS outcome, and a pessimistic HIV/AIDS outcome (see Table 2). The predicted economic impact of HIV/AIDS is stark if the worst case scenario is realized. It should be noted that in terms of the number of HIV/AIDS cases, the assumptions of the pessimistic scenario is actually less grievous than those suggested in Table 1. This means that the impact of HIV/AIDS on the Russian economy may actually be worse than the World Bank predictions. Moreover, the decline in the labor pool identified here is only a reflection of HIV/AIDS and not other environmental or social factors.
Table 2
Economic Impact of HIV/AIDS in the Russian Federation

<table>
<thead>
<tr>
<th>Economic Impact</th>
<th>Scenario</th>
<th>2005</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Change of Absolute Level of GDP</td>
<td>Optimistic</td>
<td>0.00</td>
<td>-0.15</td>
<td>-0.55</td>
<td>-1.22</td>
</tr>
<tr>
<td></td>
<td>Pessimistic</td>
<td>-1.75</td>
<td>-4.14</td>
<td>-7.00</td>
<td>-10.56</td>
</tr>
<tr>
<td>% Change of GDP Growth</td>
<td>Optimistic</td>
<td>-0.21</td>
<td>-0.98</td>
<td>-2.70</td>
<td>-4.68</td>
</tr>
<tr>
<td></td>
<td>Pessimistic</td>
<td>-10.19</td>
<td>-13.20</td>
<td>-18.38</td>
<td>-25.44</td>
</tr>
<tr>
<td>% Change of Investment</td>
<td>Optimistic</td>
<td>0.00</td>
<td>-0.74</td>
<td>-1.82</td>
<td>-2.54</td>
</tr>
<tr>
<td></td>
<td>Pessimistic</td>
<td>-1.83</td>
<td>-5.51</td>
<td>-9.70</td>
<td>-14.50</td>
</tr>
<tr>
<td>% Change of Effective Labor</td>
<td>Optimistic</td>
<td>0.00</td>
<td>0.00</td>
<td>-1.09</td>
<td>-2.22</td>
</tr>
<tr>
<td></td>
<td>Pessimistic</td>
<td>-2.06</td>
<td>-5.32</td>
<td>-9.78</td>
<td>+14.44</td>
</tr>
</tbody>
</table>

* % changes are in comparison to baseline estimates.

It is evident from Table 2 that the impact of HIV/AIDS on the Russian economy is potentially grave. With a decline of some ten percent in the Russia’s GDP caused by HIV/AIDS alone, the Russian government, and all those who have an interest in Russia’s long-term stability, can not afford not to intervene. Moreover, the changes in the effective labor pool, as outlined above, might actually be worse than suggested: as the Russian economy gets worse, the most highly-skilled workers will likely attempt emigrate to the West.

Nicholas Eberstadt, writing as part of a project of the American Enterprise Institute, takes a different approach. Instead of attempting to project an actual numerical impact of HIV/AIDS, he focuses on the issue of ‘human capital’. In this context, human capital refers to the ‘wealth generated by human knowledge and skills’, rather than “natural-resource-based wealth”. The HIV/AIDS epidemic in Russia will sap Russia’s human capital potential by disproportionately affecting younger workers. Since human capital is becoming increasingly important to determining an economy’s long-term health, Russia’s economy will potentially stagnate under the weight of its HIV/AIDS crisis even under an optimistic scenario. At worst, the effects will be devastating.

Military Effectiveness

The impact of HIV/AIDS on the Russian economy will have serious reverberations in the Russian military. The ongoing plight of the Russian military in terms of equipment, technology, and personnel is well known. The need to deal with its growing healthcare crisis will most likely put increasing stress on the budget of the Russian government. This in turn will hamper Russia’s ability to purchase new equipment or upgrade its existing equipment to compete militarily on the world stage. Moreover, Russia’s ability to maintain or increase its influence throughout
the globe -- for example, through financial aid and trade -- will likewise be hampered. While its military strength
comparably to those states in its de facto sphere of influence, Russian foreign policy makers will
increasingly find their policy goals frustrated by Russia’s aging and underequipped military.

HIV/AIDS will have a direct impact on Russia’s military effectiveness in the coming decades. Soldiers in
general are especially at risk of HIV/AIDS infection because of a number of higher-risk factors such as: the average
age of soldiers (adults in their late teens to mid-twenties are the most sexually active and, in Russia, this is the
一代 cohort with the highest rates of HIV/AIDS); loneliness due to being away from home for the first time
mixed with reckless independence caused by the absence of parental supervision; a reliance on and availability of
prostitutes to fulfill sexual needs and to relieve stress; and an ‘ethos of risk taking’ prevalent among military
personnel which makes them more likely to engage in risky behavior. This is particularly true for the Russian
armed forces.

According to a spokesperson for the military’s Prosecutor’s Office, ‘the armed forces mirror the state of
contemporary Russian society’. This is certainly the case. Crime and drug use (especially IV drug use) have hit
crisis levels in the Russian military and are spreading at ‘a truly unprecedented rate’ with ‘the peak [being] still in
[the] future’. In 1998 in the Moscow Military District alone, drug-related crimes grew by 43% in one year and is
evident even in the officer corp. A special hearing of the Russian Duma found that the number of drug users
drafted into the Russian military triples or quadruples with every conscription cohort. This level of increase is not
surprising: morale amongst military personnel continues to decline as military hazing occurs unabated; soldiers
have inadequate access to health care; and, in general, soldiers are underfed, overworked, and underpaid. While
possibly overstating the case, liberal Duma member Boris Nemtsov summed up the state of the Russian military
bluntly: ‘We must admit that the army is filled with kids whose families could not afford the 5,000-dollar bribe it
takes to dodge the draft or criminals who were just released from prison and are looking for work’. Many of these
soldiers turn to drugs, sometimes exchanging military hardware for drugs, to deal with their depressing situation.

It is not known how many HIV/AIDS victims are active members of the military, but it is clear that the
number is rising significantly. While not at crisis levels at the moment, the Deputy Director of the military’s
hospital in Podolsk, which specializes in diagnosing HIV/AIDS, reported that ‘the ratio of HIV carriers that we’ve
diagnosed to the number of unsuspecting carriers in the army is about one to ten’. If these trends continue (and
there is little reason to believe that they will not), the Russian military should begin to suffer from many of the same problems now seen in African countries with high rates of HIV/AIDS, such as:

- a need for additional resources to recruit and train replacements for those too sick to maintain their military status;
- increasing staffing problems to replace officers and/or highly specialized staff;
- increased absenteeism and reduced morale due to sickness of individual soldiers, heavier workloads for healthy soldiers, fear of caring for injured soldiers and in regard to the military’s blood supply;
- disputes between civilian and military officials over how best to deal with the problem.97

A further consequence of increasing rates of HIV/AIDS in the military is the fact that those who are at a higher risk of contracting the virus while serving will eventually leave military service and return to their normal lives, thus furthering the spread of HIV/AIDS in the general population.

Already Russia is facing a conscription problem with widespread dodging of military service. However, health issues are increasingly becoming a problem: according to one report, ‘every third young man is incapable of serving due to the state of his health’.98 As Russia’s population continues to shrink and the pool of eligible conscripts as a percentage of those called up gets smaller, the Russian military will find itself with personnel problems. This means that Russia’s ability to project power, even within its sphere of influence, will come under strain as the availability of conscripts is reduced and, more importantly, as highly-skilled soldiers become increasingly scarce. Consequently, Russia’s military might, already weakened vis-à-vis the other great powers (and most starkly against the United States), will mostly assuredly continue to decline in the coming decades.

Conclusions

As a ‘next wave’ country, the impact of HIV/AIDS is only beginning to be felt throughout the Russian Federation. However, if current trends continue and absent a massive intervention by the Russian government, HIV/AIDS has the potential to consume the country’s human capital and disrupt its long-term socioeconomic well-being. This in turn will deeply affect Russia’s strategic capabilities and status in the international system. In 2001, Russian President Vladimir Putin declared that ‘[e]ither Russia will be a great power or it will not exist at all’.99 While Russia itself is in little fear of disappearing, Russian aspirations to great power status will be increasingly
hampered by its growing HIV/AIDS crisis: without a stable social foundation, a strong economy, or an effective military presence, Russian power will continue to fall relative to the other great powers in general and the United States in particular.

The growing tension between ambition and ability will not only have significant ripple-effects for Russia’s post-Cold War grand strategy, but could deeply alter the geopolitical balance in Eurasia in a number of ways. First, Russia’s self-declared role of a ‘guarantor of peace and stability’ in the former Soviet Union will be called increasingly into doubt if Russia’s power capabilities continue to falter. Although the United States has taken recent interest in Central Asia and the Caucasus, Russia’s stabilizing (if, at time, overbearing) influence has allowed the countries in Central Asia especially to strengthen their political institutions and resist the sort of instability commonly associated with the withdrawal of an imperial power. Should a vacuum develop in the former USSR precipitated by a drop in Russian capabilities, other regional powers or substate actors may seek to increase their own power in this strategic region at the expense of regional stability. Secondly, Russia’s relations with China have steadily improved over the last decade. At the current time this relationship is roughly equal. However, it is clear that Russia is a declining power and China is a rising power. Should there be a dramatic imbalance in their respective levels of power, we may well find renewed tensions between Moscow and Beijing as the latter seeks to expand its influence in Eurasia and the former attempts to forestall its retreat. Finally, uneven demographic distribution of the impact of HIV/AIDS in Russia could lead to dramatic changes in the ethnic balance inside Russia itself. Increased demands for influence, autonomy, or even secession could collide with ethnic Russian desires to retain their political status within the Russian Federation. Already differing birthrates between Russians and non-Russians and out-migration of ethnic Russians is leading to an increasingly multiethnic country. HIV/AIDS, found most significantly in the ethnic Russian population of Russia, could accelerate these trends and precipitate tensions between rival ethnic groups. Given Russia’s strategic location and destructive capabilities, ethnic tensions in the Russian Federation would best be avoided for the good of peace and stability in Eurasia.

As this essay has shown, the very future of Russia’s great power status is closely associated with its domestic HIV/AIDS crisis. This lends credence to the belief that the connection between human security and national security, or between demographics and geopolitics, simply can not be ignored if one wishes to understand the continuing development of the post-Cold War international system. In the case of Russian Federation,
HIV/AIDS is not only a security interest for the Russians themselves, but for all states with an interest in Russia’s long-term well-being and stability.

Endnotes


4Thomas Ambrosio, Challenging America's Global Preeminence: Russia's Quest for Multipolarity (Ashgate, 2005).


31.


Ibid., p. 2.


Interfax (Moscow), 6 August, 2002, reproduced as "Russia: 28,000 HIV Cases Registered This Year", World News Connection, FBIS-SOV-2002-0806.


During the Soviet period, individuals were restricted from changing jobs or moving from one location to another.


38If the estimates of 1-2 million HIV-positive Russians is correct, the 2,500 officially registered AIDS sufferers constitute between .125 and .25 percent of the total HIV-positive population. Of this small number, only 500 AIDS sufferers receives treatment. *ITAR-TASS* (Moscow), 31 July, 2002, reproduced as “Russia Can Afford to Treaty Only 1 in 5 AIDS Sufferers -- Academician”, *World News Connection*, FBIS-SOV-2002-0731.


Many prostitutes are also IV drug users and many IV drug users enter the sex industry to feed their habit.


Grisin and Wallander, Russia’s HIV/AIDS Crisis, p. 4.


‘World Bank to Loan $150 Million to Russia for HIV, Tuberculosis Fight’, World News Connection, 8 October
2003.


One region in southern Russia offered Russian mothers a free home if they promise to bear three children in five years. A similar project, this time featuring a cash payout, has been proposed by the mayor of Moscow. Julian Strauss, ‘Russia Offers Mothers a Free Home If They Promise to Bear Three Babies Drastic Steps Are Being Taken to Halt the Falling Birth Rate’, *Daily Telegraph* (London), 27 December, 2002; Ben Aris, ‘Mayor Offers Roubles for Babies’, *Daily Telegraph* (London), 3 April, 2003.


Paul Goble, ‘A Decaying Nation’.


82 Fred Weir, ‘Russia’s Population Decline Spells Trouble’.


84 Ibid.


91 Igor Borisov, ‘A Man with a Syringe’.


93 Dmitry Zaks, ‘Weakest Link: Russia’s Sad Army Hobbles Post-Soviet Ambitions’, Agence France Presse, 5


96 A. V. Fyodorov, ‘Drug Abuse in Russia’.


98 Russia TV, 1 April, 2002, reproduced as ‘Russia TV Reports on Problems of Military Conscription’, BBC Monitoring International Reports, 1 April, 2002.