

Appendix 2.9

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Russian Provinces. Music

Good day, dear listeners. You are listening to the Russian Provinces program on the Narodnoye Radio. Your host is Tatiana Fedyaeva.

Quite recently we were commemorating the World AIDS Day. Dates come and go. Life goes on. With all its problems and conflicts. One of these days our reporter asked a few questions on the streets of a provincial town. Here is the tape.

.... According to some data, the number of HIV-positive people in Russia has reached one million. These people live in large cities and small villages, in almost every region of the country. But to admit it for a person means to admit being an outcast. This was confirmed by a poll on Kaluga streets. I was asking people what their attitude would be to working side by side with an HIV-positive person.

Middle-aged woman: Negative.

Middle-aged man: Of course, my attitude to this will be negative. What else can it be?

Young man: Neutral.

Young man: Negative. In any case, I am not going to shake hands with him. I will limit myself to saying: "Well, how are you doing..." Maybe this is because of our illiteracy.

Young woman: Negative, perhaps.

Middle-aged man: I cannot say anything to you.

Young woman: As to any regular person who is ill. There are cancer patients, for example. We are not turning our backs to them, right? So a person has cancer, so what? We should treat them as part of our society. As equals.

Reporter: HIV-positive people try as a rule to hide their condition from others. So they are often left alone with their problem.

I asked people on the street if they know someone who is HIV-positive or has AIDS.

M. Perhaps.

F. I would say - no.

M. At my age I am not interested in this any more. It is hard for me to tell.

M. No.

F. If by this you mean a person who got infected and knows about it, then – no.

M. Theoretically – yes.

Reporter: As I found out, people know little about this problem. I asked if people know the difference between an HIV-positive person and an AIDS patient. This is what I was told.

M. I have no clue.

F. I am not an expert in these matters.

M. I don't understand your question at all. I am very old.

M. I do not know. I never studied this question, I have little information.

F. I don't even know what to say to this.

F. Honestly - no.

M. I don't know.

M. Apparently, the difference is that a person gets infected. But the stage when it affects his or her health has not come yet.

F. I am not in the know.

Yuri Divnogortsev reporting from Kaluga for the Narodnoye Radio.

Tatiana Fedyaeva. Here is our slice of public opinion. Here is the picture. We have invited the head physician of the Kaluga Center for AIDS Prevention and Combat, Yelena Nikolayevna Alyoshina, to our studio and asked her to comment on the tape.

- Good day. First, as I understand, two questions were covered here. One was about people's attitude towards HIV-infected persons, and another – about the level of people's awareness. I think that if you would have asked our city residents about their attitude towards HIV infections 5 or 6 years ago, you would hear a unanimous answer – extremely negative. We are glad, of course, that now there are people who are very tolerant towards HIV infections, who understand that people living with HIV are part of our society, that they are people like us, not different in any way. For the most part this is not their fault that their life turned this way.

TF: Many people disagree with this last statement.

EA: You know, a while ago there was this view of HIV as a kind of God's wrath, a kind of punishment for sins or wrong behavior. But let's think – there are children who are infected because their mothers were sick. There are people who got infected through blood transfusion. Remember this story in Elista when children were infected while in hospital care? We have HIV-positive women who were infected by their husbands. And they had no idea that they might be in danger. They learned about it when they got pregnant and went for a regular physical examination. There are people who made a mistake a long time ago, even a single mistake – there are cases like that. And that single mistake led to this result. I think that our public should understand the current situation properly and treat these people with compassion and understanding.

TF: Dear listeners, we would ask you the same questions that our reported addressed to people on the street. And one more question: do you believe that HIV/AIDS presents a serious social problem today. And if you have questions of your own, we remind you that our guest today is Yelena Nikolayevna Alyoshina, head physician of the Kaluga Center for AIDS Prevention and Combat. Call us right now; we are broadcasting live, the Narodnoye Radio phone number is...

Yelena Nikolayevna, there was a specific reason why we have invited you today. There are ten regions in Russia with very high level of HIV/AIDS incidence. They are Irkutsk, Moscow, and several more. Your region is near Moscow. The level of migration is very high. Nevertheless in comparison to Moscow your region looks just wonderful. You have several times less infections per one thousand population.

EA: This refers to the rate of affection.

TF Why is this rate lower, what makes it lower? And it is also much lower than the average number for Russia... Because we have regions where one in every forty, even one in every thirty teenagers between 15 and 20 are HIV-positive... And what are Kaluga numbers?

EA: Kaluga numbers as of yesterday were 1275 cases. But we have to say right away that we register everyone who happens to stay on our territory. That includes Kaluga region permanent residents, and also visitors and foreign nationals. We are asked sometimes why we are doing this. We answer that we are doing this for ourselves. These individuals reside on our territory, although temporarily. And we need to know the real picture, because these people remain a potential source of infection. And on the other hand, we must plan medical assistance to them. But only 82 percent of them are permanent Kaluga residents. And this is true: incidence rate in our region is 30 percent lower than the average for Russia. And the rate of affection is twice as low as the average for Russia. Rate of affection refers to the number of all infections identified on the Kaluga region territory. How did this happen? Back in the late 1980s, when our AIDS Center was just organized, our small staff decided that we should focus primarily on prevention. And because of that we started building our prevention system right from the moment we opened in January of 1990, and now it is operating in

Kaluga quite efficiently. You played the tape with answers that you have asked of people on the street. One of them said that yes, he knows the difference between HIV and AIDS. Have you noticed that judging by the voices, people saying that they know nothing were mainly middle-aged or old. And voices that were saying that yes, we do know, are mostly young. This is why I want to say that our preventive actions are first of all targeting socially vulnerable groups, the younger people.

TF: You believe that younger people are more vulnerable?

EA: Or course. Just recently we organized a meeting for all high school principals from the region. We were discussing this issue. And we came to the conclusion that preventive work should involve teenagers as young as 12 to 13 years, no older. Why? Because if you look at the demographics of HIV cases, half of them are unemployed, nor do they go to school. Kids who are 12 or 13 with luck will stay in school till ninth grade. So basic information must be communicated to them before ninth grade. And it must be communicated to college students. Because again – when we look at the demographics – there are students among HIV cases. But in this case the rate is lower than among the unemployed or school drop-outs. And one more thing: HIV infection can be transmitted sexually, and not only through dirty needles. We keep comparative records of STDs. For example, HIV versus syphilis. And we have discovered that HIV infection rate in Kaluga region is much lower than syphilis infection rate...

TF: Just fifteen years ago it was impossible to imagine that we would openly, live on air discuss problems and rates of syphilis infection among high school students... We would not be understood.

EA: I can tell you. Today, of course, the situation is much better, radically better. But if we take as an example the late 1990s, then the rate of syphilis identification among, say, girls of 15 to 17, was 1750 per 100 thousand.

F: Huge.

A: Yes, huge.

F: Is this for Kaluga or for Russia in general?

A: This is for Russia. That is, this is the rate for Russia, and for Kaluga, and for everywhere. Maybe a bit lower or higher in some places. And you were right to say that closeness to Moscow plays a huge role. We have analyzed this. It is of course nice to be able to say that our incidence rate is very low. There is even a territory, a district within our region – although just one – where no cases of HIV are identified.

F: And how do you explain this and which district is it?

A: Well, this district is the farthest from Moscow, with the lowest demographics and economy. It is called Khvastovichesky district of Kaluga region. It is rural, and the majority of the population there are pensioners, which probably is the reason they are free from this kind of problem. And if we look at our map (I am sorry I did not bring it with me to the studio), we will see that the territories immediately adjacent to Moscow region and located along the Kiev highway (such as Borovsk region, Zhukovsky region, the city of Obninsk) have the incidence rate higher than the average for Russia, and are actually approaching the levels in Moscow region. And the main explanation lies in the high level of integration between these territories and Moscow because the majority of their residents are working in Moscow and Moscow region, and therefore have contacts with people who live there. And the incidence rate in Moscow is very high.

F. Dear listeners, this is the Russian Provinces program on the Narodnoye Radio. Today we are discussing problems faced by the provinces and problems faced by Russia. And we are still asking you the same question: "Do you believe that HIV/AIDS problem is relevant for Russia?" And I am asking the same question of our next guest today, head of the "We Shall Live" [Budiem Zhit] NGO, Alexey.

Alexey. Good day.

F. Good day.

Alexey. Yes, as they say, Russia means regions. In fact, unfortunately, the predominant way of HIV transmission today is through sex. Our group members...

F. Which group is that?

Alexey. This is a self-help group for HIV-positive people, for people living with HIV.

F. In Kaluga?

Alexey. In Kaluga, in various Russian regions, in Moscow, - today groups like that are open in almost every region.

F. And how are these groups organized? Upon people's initiative or by the Center?

Alexey. You know, there are support groups, and there are self-help groups. They are different. A support group includes a medical specialist, a psychologist or another professional. This is a support group. In terms of location they can work anywhere, for example, at an Anti-AIDS Center, at an UKVD (?), at a hospital for infectious diseases, or at an NGO. Depending on who is willing to provide assistance to these people and offer facilities for their meetings. So I continue. Regrettably, today our groups begin to include people of 30, 40, 50; last time a woman of 60 came to participate. Housewives who love just one man – their husband – and live a quiet life, without any sense of danger. And then they get tested – and discover that they are HIV-infected.

F. Actually, I can imagine what a tragedy that is. You live your normal life, everything is nice and quiet, and all of a sudden...

Alexey. Yes, and you know, when we are talking with these middle-aged people, we ask them: "Tell us please, what you were feeling previously towards people living with HIV?" And they begin to tell us that these people are, for example, injection drug users, or men having sex with men, or commercial sex workers. That is, members of "marginal groups", as some people like to call them.

F. That is, usually the context is negative?

Alexey. Yes. You see, unfortunately, today over 50 percent of new cases get infected through sex, that is, it affects the masses. No one is safe. We have patients who are bankers, businessmen, teachers, police officers, army officers, college students, high school students. Not a single social stratum today is free of this problem.

F. What shall we do, Yelena Nikolayevna?

A. Well, what shall we do? I believe that the society must understand that this problem no longer concerns only selected social groups, marginal groups, as Alexey just said. Today everyone is at risk of HIV infection. And I think that people in Kaluga begin to realize this more or less. Because when

on December 1st we organized an entire set of actions, we could see that people show great interest in this problem. And our round table discussion was attended by representatives of all agencies and institutions imaginable. Law enforcement, executive authorities, Ministry of education, etc. etc. And we had a very interesting conversation. And we organized a great deal of events that were very interesting too.

For example, we had a graffiti contest, organized by the "We Shall Live" NGO, where we helped with finding sponsors for this event. We got very interesting results. First of all, the art that students produced, that is, their attitude towards HIV-positive people. One boy drew a huge eye that looks at the world, looks at us, and the caption says that if you made a mistake, this is no reason for hatred. That is, I mean, the public attitude is changing.

F. Well, nevertheless. You heard people saying: "I would not shake his hand." And incidentally, do you think that there is a difference in attitude towards the problem and its solutions between older, middle-aged and younger generations?

A. You know, I think that the older generation is less tolerant. And the younger people are more tolerant. This is what I think because we are like this too...

F. Tolerant of the people or tolerant of the problem?

A. Tolerant of the people. That is, they are willing to shake hands. I had an interesting case when we were trying to create NGOs that would work in the area of HIV prevention, that is, specialized organizations. We had kids who were HIV-free, and we had kids who were HIV-infected. And the HIV-free kids kept saying all the time: "Yelena Nikolayevna, please don't join us in one organization, please don't. For God's sake. Because we don't want to be near them, we do not want to drink tea with them, we do not want to talk to them, nothing. We will work on prevention, but as far from them as possible." And when I have invited both groups together to my office, and they sat together and talked, and they liked each other, then afterwards the HIV-infected kids – and they did not know who is who – when the HIV-infected kids said: "We are HIV-infected", I saw the reaction. Then they shook hands. And after that they were communicating, talking, sitting together and drinking tea. That is, I could see how stereotypes get broken.

F. Incidentally, do you discuss ways of transmission in your group?

Alexey. Yes, of course. As you know, three ways of transmission are known. The vertical transmission, mother-to-child. The drug injection transmission through shared syringes. And the sexual way of transmission. No other ways were identified yet.

F. That is, if you touch somebody's hand, there is no danger. If you are riding on the metro, as we understand statistically, several infected people are riding with you on every metro train.

A. Absolutely. In Moscow - absolutely.

F. And who are they – at a distance from you, or somebody right next to you...

Alexey. You know, if it were that simple to transmit, if it were enough to shake hands or, say, touch the same handle, then I believe that absolutely all of us would be infected by now. It cannot be transmitted through kisses; it cannot be transmitted through handshakes. We printed booklets ones with a slogan: HIV cannot be transmitted through friendship.

F. Yes, the only thing transmitted through friendship is a normal, humane attitude. Yes, please.

Alexey. I wanted to add one thing. You know, unfortunately, there is this opinion among the public – you know, we did a study once, and we were asking: how do you think an HIV-infected person looks? And we were receiving astonishing answers. They look dirty, ugly, you know, with green saliva running from their mouths. That is, this was really ridiculous. But this is a sign again that we must work more in this area. Because, as you have just said, if you like a person, you absolutely do not care if this person has HIV, or hepatitis, or a cancer (why is that better than having HIV?). That is, I believe that the main thing is to have normal human contacts and understanding.

F. As you know, there was time when this disease was called God's punishment. What do you think about it?

A. I have already said at the beginning of this program that this disease is not a manifestation of God's wrath. Because with many people who got infected it was not actually their fault. These are children, and women Alexey mentioned, who got infected by their only sexual partner – their own husband. So – no, you cannot say that this is God's punishment. But I think that this is a very serious trial. And we see God sending people through various trials in this life. Including HIV – this is also a trial of sorts. So. Some people break down under this trial and lose themselves, and others, on the contrary, rise and grow spiritually. And we can see these people and we are giving them all the support we can.

F. Thank you. We have a question; please go ahead, you are on the air.

? Hello.

F. Hello.

? Please excuse me, I have a response to the man in your studio, your name is Alexey, right?

F. Yes, Alexey.

? Yes. I would like to object to what he said. I have a friend, she is a skin specialist at a dispensary, and she told me this story the other day, she was shocked. Alexey was saying that you cannot get infected through household contacts – yes, you can. She got a patient who came for an appointment, whose skin was covered in boils. He was on a sick leave, he was discharged; he was treated for a skin infection. And she is an excellent doctor, she got intuition. She sent him for a blood test first, and then a lab test on what his boils contain. And you know what happened? His blood test showed three crosses – I don't know what that is. Yes. And his boils were all full of all these pale spirochetes, I don't know, this infection. She took all appropriate measures right away, but another question is what is next. He was going on a business trip, and she was very concerned. And she told me that if he touches someone on a metro train with his boil or leaves this on the handrails, and someone with damaged skin on his hands touches this, then infection will be transmitted. So here is your ordinary contact, and I was also told about another case...

F. Thank you.

A. I would like to answer this, because you and I are speaking of different infections. The infection with crosses – this is syphilis, because crosses are the results of Wassermann test. Syphilis can be transmitted through ordinary contacts, and quite actively. Although the main way of its transmission – 95 percent – is sexual. This is why HIV infection cannot be transmitted in this manner; we are talking about different infections in this case.

F. I would also like to add that we are discussing now not a medical aspect of this problem, but rather its social aspect. Why is it important to speak today about what might happen to these young

people five or ten years from now or about what might happen to these middle-aged people – you have said that there are even 60 year olds in your group who just learned for the first time that they are HIV-positive. Please.

Alexey. I wanted to say that although initially HIV was called a lethal disease, now it is rather a chronic disease. That is, people are living with HIV, and living for a long time. I personally have met a man who lives with HIV for 27 years. Although he has come from the US. And he is taking therapy for a very long time. I have friends who are living with HIV for 12, for 13 years. They are just taking therapy and live longer.

F. Back to the social aspect. What is the burden for the state that this therapy, treatment of each HIV-positive person brings, how much does it cost per year?

A. By our calculation it costs 480 thousand annually for each HIV-infected person.

F. For one person. Can our economy bear this? We have a phone call. Please, go ahead, you are on the air.

? Good day. My name is Natalya Grigorievna. The question about AIDS and about HIV-infected people. They are simply ill. This must be presented properly – we can get infected with flu and die; people die from appendicitis. These are simply people who are sick. But they are alive. And they must not be treated as if they are lepers or something. The public must get their facts straight.

A. Well, what can I say. This listener is right on the mark. She understands the problem of HIV infection properly, and its social aspect. I would add to what Alexey said. Of course, treatment is expensive. But we cannot refuse to treat patients. Because, just as this listener said, they are ill, and they are still young. Many among them have good education, many have families, they must provide for these families, they must raise their children, and they have to go on living, reaching their potential in life. And treatment helps these people to retain their health, that is, HIV infection remains dormant, does not progress to the stage of AIDS, and these people keep working, their life quality remains high. But there is another thing we have to say. You know how much we work with HIV-infected people, but often we address the public: please, if you have any reason for suspicion, come to us, take a test, register if we discover that you are HIV-infected, and we will treat you. But so many people turn to us when it is too late. Unfortunately, AIDS deaths in our region are related to the fact that HIV is diagnosed too late, that is, people were not turning to us until they collapsed, and were taken by an ambulance to a hospital at a terminal stage of this disease, and only then they and their relatives start screaming: help, save us, we want to live.

F. Alexey, please.

Alexey. I would like to add another thought. I agree with Yelena Nikolayevna. AIDS epidemic is going on for 25 years. Over 28 million people have died from AIDS during this period. 48 million worldwide are currently living with HIV. We know more about this virus than any other one. But this disease keeps taking people because we, the society, and each of us individually prefer to ignore and forget instead of giving it our full attention, protecting ourselves and – the most important of all – remember about all the people who are already affected by the epidemic.

F. On December 1st, on the World AIDS Day, it was announced that Russia and Ukraine are now having the fastest rate of HIV infection spread. Is this really so?

A. Well, you know, announcements differ. It depends on the way you look. Because, for example, the growth rate, the rate of HIV incidence growth, was higher at the beginning of the 21st century

than it is now. That is, we can see that the situation is stabilizing here. Yes, the number of HIV infections grows, but the incidence rate is relatively stable.

F. I see. We have a phone call. Please, you are on the air.

? Hello. I have a very short question. Tell me please, people who are in contact with these poor patients, for whom I have a lot of compassion, what are they afraid of most – to get infected, or these people are afraid of death? It seems that evidently after we grew away from God, we began to fear death very much. Thank you.

A. Well, what can I say. The people who are in contact, of course, they must be afraid to get infected, and afraid of death, and most of all, I think, they are afraid that people near to them might die from HIV infection. But being in contact with HIV patients, I mean household contacts, is safe, I repeat it again. Naturally, you must follow basic hygiene rules that are followed by all civilized people. But you have to remember that these patients are very sensitive, and you must treat them with kindness, respect and care.

F. Yelena Nikolayevna, are not all people from the moment they are born and till they die, sensitive, and should not all people be treated with kindness and understanding?

A. Yes, and these patients are especially so.

Alexey. I agree that they should be treated with kindness and understanding, but they must not be pitied. Do you know how hard it is when you are looked upon and you can read in people's eyes that yes, they accept you the way you are, you carry this HIV infection, nothing frightening about it, and they try to care for you all the time, you know, like bringing you cookies every day. Actually this is morally very hard to endure – this kind of pity. We should be treated just like regular people. Because I also want to say – some of us have other diseases, we have many viruses in our blood, different ones, not just HIV or, say, herpes, many different ones. The main thing is just understanding, nothing more. The main thing – no pity.

F. Another phone call. Please, go ahead.

? Good day. You know, maybe what I have to say is a little bit wrong. Of course, I am terribly sorry about all these people who got sick and might even die prematurely, but this is what I want to say. I have a feeling that you are looking now at consequences, not at the causes. And the cause lies in many things. And very often the cause lies in moral degradation of our society, in its immorality, I would say. Why would not our organizations – instead of spending such enormous money on treatment – why would not they rather teach our youth, explain to them that their dissipated sexual life can lead to such diseases very often too. They do not happen just because you got infected, say, in a dentist's office, or touched someone or something contagious. You see what is the point? This is mainly transmitted sexually, right?

A. Thank you. Yes, of course, I agree absolutely. But I believe that we have to work both on prevention and on treatment. And as far as prevention goes, you know, when we were planning our preventive work, planned to go to schools, we put the moral aspect of prevention first. So when we come to schools, we are always talking about morality. And we believe that it is very important to teach kids to be moral, to be pure. We believe that this is the foundation. This is why our program is structured this way, it is aimed not just at preventing HIV; it is aimed at teaching healthy lifestyle. And healthy lifestyle is not possible without high moral level.

F. We have a phone call.

? Hello. Sorry, I am calling back again. I did not say what I needed to say. I was very pleased to hear the lady from Kaluga region. I believe that a lot depends on our spiritual life. Optin Hermitage is located there. And the spirit of Optin hermits, and pilgrims who come to pray there, are saving us from dirt, physical and moral. So I want to send a message of faith, of God, and what the comrade was just saying, that this is not God's wrath and punishment but a trial – yes, if we don't mend our ways and don't come to God seriously, because our Lord alone can help us. And we should stop indulging in lust, stop being fornicators and thieves, we should come to God.

F. Thank you.

Here, the listeners are addressing the youth. Alexey, please.

Alexey. Yes, you know, we have different kids coming to our group, and they belong to different confessions. And you know what is truly amazing, surprising even. Quite recently – about 5 or 10 years ago – the church was not actually looking at this problem in this vectoral way, so to speak, and now it is actually very encouraging that believers and clergymen are paying attention to this problem.

A. We are in touch with representatives of the Russian Orthodox Church, we meet with them. Actually we too are planning to strengthen our ties, and we are inviting them to our round tables. And we were even giving lectures on HIV at the seminary a few years ago.

F. We have a phone call, please go ahead, you are on the air.

? Good day. Please excuse me, I want to say that this is indeed a social problem, and what we are saying today is actually pointless. We must shut down sources of degradation. Such as television or casinos. Around Medvedkovo metro station casinos are opening on every square meter. Casinos instead of grocery stores. Lianosovo metro station – nothing but casinos. This is the problem that needs to be dealt with.

Alexey. Yes, to an extent I agree with this woman listener, and to an extent I do not. The point is that we specifically are to work on prevention and on services for people living with HIV. It is not within our powers to shut down casinos, to shut down television, and all these negative things.

F. Incidentally, what do you think about TV programs that are indeed sometimes promoting violence, and sex, and cruelty... and this is a big question how all this affects young people, what do you think?

Alexey. I would say – no comment, because this is something we can discuss for a long time, and this is in fact a controversial and painful subject.

F. Another phone call. Please.

? Good day. I would like to come back to a purely medical question. The doctor said that patients come to them at the terminal stage, they come to them and they die. And is there a way to diagnose this disease at an early stage and something like a mandatory mass health examination or another thing to this effect?

F. Thank you for your question. Yelena Nikolayevna, please.

A. Yes, early diagnosing is possible at any stage of HIV infection. That is, from the moment of getting infected to the moment when HIV infection can be identified by a simple method, at least two weeks must pass. But it is better to get tested one month after the suspected moment of infection. And it is necessary to keep coming back for regular examinations for one year. And in

general any person can do this, especially considering that testing is anonymous and free, and anyone can come and get tested voluntarily, not in order to get a certificate, but just to know.

F. That is, you can come and give any name.

A. Any name whatsoever, Petya or Vasya or anything. This patient will receive psycho-social consulting; possible infection risks will be identified, that is, if this patient has ever been at risk. And then testing is performed and a follow-up consulting, that is this person is explained how to stay HIV-free, and whether to come back for further examinations. Because some people indeed come to get tested after a mosquito bite.

F. Yes, incidentally, what about mosquitoes?

A. No, they do not transmit.

F. We have another call. Please, go ahead.

? Hello. I would like to say this. The doctor said: in the civilized world. But has not this pestilence come to us from the civilized world? And I want you to tell what its initial manifestations are.

F. Thank you.

A. You know, the official version is that HIV comes from Africa. And that it was introduced to the US with a large shipment of blood. They were using African blood for production, well, perhaps for their pharmaceutical needs. Nobody can explain exactly how this had happened. So – HIV came not quite from the civilized world after all, but rather into the civilized world. This is one answer. And what was the second question, I forgot?

F. The second was about manifestations.

A. Manifestations. You know, there are no particular manifestations. But there are signs of acute HIV infection. That is, when a person gets infected, then in about a month the acute state of HIV infection might develop. This acute stage is characterized by a flu-like condition, that is, a person might develop sore throat, swollen lymphatic glands, fever, etc. etc. That is, it feels as if a person just caught cold.

F. Are not we going to scare our listeners?

A. Why should they be scared? And then these symptoms go away even without treatment and HIV infection moves into a latent stage. And even when antibodies can be already identified, a person might have no idea for a very long time that he or she is infected. Literally some people had no idea for 20 years that they are infected. There are cases like this. Probably some day we will discover a patient who got infected 30 years ago or 40 years and so on.

F. And the worst is that all this time he will be...

A. ...the source of infection. This is the worst. And it will not be his or her fault. Because he or she will not know about being a source of infection, and will continue to infect others. This is why we encourage people to get tested.

F. Yelena Nikolayevna, and do we have mandatory testing, and for what population groups?

A. We have a decree, we have a law, first of all, we have a governmental decree, we have an order issued by the Ministry. And they are all about the same thing. Donors are subjected to mandatory testing, not just blood donors, but also donors of sperm or organs, etc. Foreign nationals are subjected to mandatory testing before being granted Russian citizenship. All medical workers are subjected to mandatory testing if they work with biological fluids or with HIV infected people. Now also all military personnel and conscripts before starting their army service and tested. There is also an order by the Ministry about optional testing without prior arrangement. Because we also have drug users, pregnant women. Incidentally, here in Kaluga region pregnant women were always tested. And we are happy that we have not abandoned this system when the law was passed in 1995 which made this testing for pregnant women optional. Well. And now we are very happy that we were testing them all and identifying this infection on time. That means we helped HIV-free children to be born.

F. You did not mention one more group – prison inmates.

A. Yes, they too.

F. Well I want to wish our listeners to never face these problems, but still to remember that the HIV/AIDS problem does exist, and it was discussed today on the Russian Provinces program by the head physician of the Kaluga Center for AIDS Prevention and Combat Yelena Nikolayevna Alyoshina, and by Alexey who agreed to come and tell us about problems faced by HIV positive people. Thank you, Alexey, for working in this group, leading this group, and thank you, Yelena Nikolayevna.

A. And thank you.

Alexey. Thank you.

F. Dear listeners, your host today was I – Tatiana Fedyaeva. I wish you all the best and good bye.