

“Russia is a country with a huge military arsenal and major ambitions—but very low human potential to realize these ambitions.”

The Health Crisis in Russia's Ranks

MURRAY FESHBACH

Russia's intervention in Georgia this summer signaled a more aggressive role for Moscow on the international stage. But it also underscored the increased importance of military muscle in the Kremlin's foreign policy calculations. Yet how effective, really, are Russia's armed forces? Based on the country's Soviet heritage and recent economic growth, one might assume its military strength would be robust. But any assessment of Russia's military capabilities must take into account the severely constraining effects of the country's population dynamics and health problems on its uniformed personnel.

Russia's health woes and its long-term decline in births carry significant consequences for the country's labor supply generally—and in particular for the number of potential conscripts available to the military. On one hand, the number of Russians eligible and able to join the armed forces is shrinking. On the other, the military increasingly requires individuals with appropriate physical and mental abilities to cope with the requirements of higher-level weapon technologies. Russia's inauspicious nexus of demographic and health challenges has become a major concern at the highest levels of the country's leadership.

Regarding the need for more technically capable troops, for example, military records indicate that only 43 percent of new conscripts entering the Russian Navy in 2004 had completed secondary education (or higher). This compares with 97 percent of Navy conscripts with such education in 1986. Some conscripts today have had less than four years of schooling. Lieutenant General Vasily Smirnov, head of the Russian General Staff's Mobilization Directorate, has noted that, in the

fall of 2006, 17 percent of all military conscripts had completed higher education; just six months later, in the spring 2007 draft, only 13 percent had done so.

The Russian military is trying to expand its recruitment base. It has begun to draft Chechens, added programs for recruiting more women, and created small military units made up of volunteers from former Soviet countries in an effort to close its personnel gap. Reenlistment rates reportedly are improving. Yet many trained officers still decide to leave the military. The General Staff has responded in part by introducing significant changes to officer training, including to the numbers of training facilities and the time that trained officers are obliged to serve. Beginning this year, if a training assignment is not followed up by active duty, individuals have to repay the state approximately \$12,000 to \$25,000 for their education. Depending on the military training facility and the program completed, the term of service can be one, three, or five years.

Overall it would appear that the General Staff has resolved to put the military's higher education system under stricter supervision, even to the extent of abolishing institutions that do not provide effective training. Opportunities for female officer training have been expanded to six “high-quality” programs, up from just one several years ago; there are plans to expand these programs even further in the near term. And the armed forces are phasing out reserve officer programs.

The military has also begun to take health problems more seriously. A tuberculosis epidemic in Russia has led to greater cooperation with the World Health Organization's efforts to stop the spread of the disease. Russia ranks among the world's 22 “high-burden” countries for incidence of tuberculosis; it is the only nation in Europe so designated. If the common tuberculosis afflicting much of Russia converts to

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a drug-resistant strain, the potential loss of life could be quite large.

HIV/AIDS, too, is a significant factor in the decline in the cohort available for conscription. Vadim Pokrovsky, Russia's leading HIV/AIDS epidemiologist, reported last year that the number of Russians diagnosed in 2006 with AIDS—that is, the full-blown disease, not just HIV-infection—had increased by 54 percent over the previous year. In the same period, the number of deaths from AIDS rose by 39 percent. If AIDS-related deaths continue to rise, the consequences may be more negative—including within the armed forces—than the Russian leadership currently recognizes.

Despite warnings made over a number of years by Pokrovsky and others that antiretroviral therapy (ART) medications needed to be more available, Russian authorities were late in allocating funds for manufacturing or purchasing these medications; only in the past couple of years have they begun a serious effort to do so, and the effort still fails to meet the need. Since the core military conscript age group of 18 to 27 years old is roughly coterminous with the 15- to-29 age group in which some 80 percent of registered HIV/AIDS cases are found, the consequences are possibly very serious indeed.

On the positive side, Russia has witnessed a recent drop in cardiovascular-related deaths, as well as in accidents, poisonings, murders, and suicides. But these mortality rates remain extremely high compared to those in other countries. While more Russians may have avoided death, many are left with residual disabilities because of illnesses or injuries. And even assuming improved survival rates in the future, any increase in the number of births starting in 2008 will not translate into potential male conscripts or female volunteers until 2026.

Reproductive and child health are the determinants of future population size and quality, and they are influenced by past, current, and future trends. Demographic trends generally point toward a shift to a volunteer military despite its higher costs and requirements. Yet recent proclamations by senior military authorities suggest that the Russian draft will continue for another two decades. It appears the volunteer military has not been able to attract the numbers of volunteers

or levels of competence required. In sum, the conjunction of population and health issues raises doubts about the Russian Federation's ability to cope in coming decades with a manpower crisis—particularly in the military.

SHRINKING COHORT

The major factor in Russia's population dynamics is a remarkable 50 percent drop in births that occurred between 1987 and 1999. Coincidentally, five years after the start of the decline in births—and after the first registered HIV case in 1987—mortality began to exceed births. Russia in recent years has made serious efforts to produce a pro-natalist upsurge, including economic incentives for second births, and to fight high mortality rates. Yet it is likely these efforts will not prove very successful in the medium to long term.

Contrary to the projections of some Russian demographers, I do not think the current increase in numbers of births will continue. As a demographic echo of the decline in births in the 1990s, the number of females aged 20 to 29 (among whom roughly two-thirds of all births take place) will peak at about 13 million around 2012/2013 and then plummet to some 7 or 8 million in the next decade, and it will not rise markedly again for several decades thereafter.

Sergey Stepashin, head of the Russian Federation Comptroller's Office, cites government estimates that the country's population will number 136.2 million in 2020—a decline from 140.7 million today. What is more shocking is that these same projections assume a *growth* in the birth rate (which now stands at an estimated 11.03 births per 1,000 population). United Nations demographers project a Russian population of 128.2 million by 2025. At the same time, the age of the Russian population as a whole is increasing. It is estimated that the working-age population will fall by 13.6 million between 2005 and 2020.

In Russia, average life expectancy at birth for both sexes remains among the lowest of developed nations. For males, the official Russian estimate for average life expectancy is 61 years (other estimates put it lower); for females, the estimate is 72 to 73 years. This compares with estimates for the Netherlands of 76.7 years and 82 years respec-

The overall combination of population decline and increasing mortality will lead to a more tenuous situation in Russian society, including the military.

tively. The UN's *Demographic Yearbooks* rank life expectancy for Russian males at birth at 137th in the world; among females Russia ranks 100th. It is not surprising, then, to learn that about 50 percent of 16-year-old males in Russia do not survive until age 60; 40 percent of all males die between 16 and 60 years of age.

The disparity in life expectancy between the sexes in Russia—about 12 years—is bigger than in any other country of Europe or in North America. Projections of average life expectancy among males in 2025, prepared by the Russian statistical agency, show an increase to 61.9 years, a very small improvement over such a long period. Russian President Dmitri Medvedev and other officials have suggested the figure will actually be closer to 70, but that seems highly unlikely.

Meanwhile, the Ministry of Economic Development and Trade has prepared estimates of labor force trends that show a continuing decline in the economically active population, reflecting the downturn in the overall size of the population. The ministry's data indicate that an increase in labor productivity of 6 to 7 percent per year would be necessary to compensate for the shrinkage of the economically active population—again, an unlikely scenario.

DECLINING HEALTH

In all, life expectancy, births, deaths, labor productivity, and reproductive and child health—as well as the readiness for duty of the potential military-age cohorts—concurrently depend on the health status of the population. And the health status of the Russian population, especially of the young, is not good. Among pre-draft males (ages 15 to 17), it is distinctly worsening.

Drugs and alcohol use, crime, illiteracy, and health problems—including HIV, tuberculosis, hepatitis B and C, psychological disturbances, and ailments related to muscular-skeletal structures and central nervous systems—are increasing markedly. This crisis presumably underlies the designation of “health” as one of four priority National Projects initiated by then-President Vladimir Putin in 2006, along with education, housing, and agriculture.

In 2001 Dr. Olga Sharapova, then a deputy minister for child and reproductive health in the Russian Ministry of Health, convinced the *verkhushka* (the top leadership) to conduct a Child Health Census in 2002. Results from this census across a multitude of specific illnesses, by age and sex,

showed illness rates among the population below 18 years of age that were roughly 30 percent higher than those published as official health data by the state statistical agency. Behind the alarming census results were, among other issues, early health problems of newborn children.

According to official Russian statistics, at least 80 percent of all pregnant women suffer a serious pathology during pregnancy. Not surprisingly, only 30 percent of children are “born healthy.” In October 2006, when I was in St. Petersburg and Moscow, many posters in both cities proclaimed that the National Institute of Nutrition of the Russian Academy of Medical Sciences had determined that half of newborn children were found to be iodine- or calcium-deficient. The former deficiency can lead to mental retardation and the latter affects bone strength.

Russian military medical reports show that both problems afflict many current 18-year-old potential conscripts. It is also likely, given the lower ages for HIV incidence in Russia compared to many countries, that HIV infection has increased among the draft-age cohort in recent years. Certainly tuberculosis incidence is much higher than indicated in official numbers published in Russia. Because of recent reported increases in youth crime, many conscripts and new contract military volunteers have spent time in the penal system, where the chances of infection are very high.

The Child Health Census report, an internal document meant for Putin and his coterie, flatly asserted that the poor health of 15- to 17-year-olds was a “strategic concern.” From the report we learn that tuberculosis nearly quadrupled in this age group between 1989 and 2002. Reported mental disorders almost doubled between 1992 (786 new cases per 100,000 people) and 2002 (1,356 per 100,000). Alcoholism among youths 15 to 17 years old had grown by almost one-third in just two years. Cancer cases (new incidences per 100,000 individuals among 15- to 17-year-olds) rose from 87.5 in 1992 to 237.3 in 2002. Cerebral palsy incidence more than tripled between 1992 and 2002, as did muscular-skeletal illnesses.

The report detailed a broad assortment of chronic disabilities that lead to serious social, economic, and psychiatric problems for the individuals involved and for Russia's society and economy. Among 0- to 17-year-olds, these disorders were found in 620,342 children of both sexes, of which 18 percent were among 16- to 17-year-olds. Twenty-four percent had visceral and metabolic

nutritional disorders; 23 percent had mobility disorders; 21 percent had mental disorders; and 9 percent had visual disorders. (The residual 23 percent were not specified.)

On top of this, according to the February 2007 issue of *Public Health of the Russian Federation*, the population as a whole suffers significant micronutrient shortages: "A Vitamin C deficit was found among 60 to 80 percent of the population regardless of income, a calcium deficit among 40 to 60 percent, iron deficiency among 20 to 40 percent, folic acid among 70 to 80 percent, a vitamin B complex deficit among almost 40 percent, and iodine deficiency among almost 70 percent of the population."

The "official" registered prevalence numbers for HIV/AIDS significantly underreport the problem that exists in Russia. As of December 2007, the number of registered HIV cases in the country was 416,113, with 42,770 new cases reported last year. A 2008 UNAIDS report estimates the actual number of Russians living with HIV at about 940,000. The World Health Organization puts the figure at 1.3 million. Again, the government has substantially stepped up its efforts to combat AIDS in recent years, with federal AIDS spending doubling in 2007 over 2006. Yet the epidemic remains an enormous challenge.

Given the difficulty of accurately determining HIV/AIDS incidence among the total population, it is not surprising that the corresponding number for active duty members of the military and security forces cannot be readily ascertained, especially considering the secrecy normally applied to these units. However, the recent overall increases in HIV/AIDS, combined with the disease's spread to the female population (almost 50 percent of new cases are diagnosed among heterosexual women), would seem to indicate that the military's HIV problem may continue to grow.

REJECTED FOR DUTY

As always, the military is concerned about the corrupt practice of obtaining false medical certificates to avoid service. However, the evidence suggests this may not occur at a serious enough level that by itself it could significantly reduce the supply of combat-capable personnel for the armed forces. False certificates are usually quite expen-

sive; reportedly they can cost as much as \$4,000. The most likely "customers" for this type of evasion are arguably young people (or their families) from big cities who can afford this expense and do not want to "waste time" serving in the military while they could be making good money instead. Beginning this year, moreover, conscript service has been reduced to 12 months from the 18 months, and before that the 24 months, that previously were required.

Lieutenant General Smirnov of the General Staff's Mobilization Directorate notes a positive trend in the number of convicted draft evaders, from about 30,000 in 2002 to about 13,000 in 2007. But potential conscripts use devices other than medical certificates to evade the draft. The Moscow city military prosecutor, Major General Vladimir Mulov, calls one technique "stretching the rubber band." When this stratagem is used, a draftee is temporarily taken off the rolls and his file is sent to a different military commissariat.

While the file is moving around, the recruit's draft period ends. And someone in the military commissariat receives a sum of money for facilitating this. It is very difficult to track these violations.

This corruption leads to other problems because commissariats are still required to supply a certain number of conscripts to the Russian armed forces. Finding these missing conscripts leads to frequent violations of the law. Cases of a so-called "quick draft" have been reported wherein young people are literally grabbed off the street or from their college dormitories. They are not given any chance to present their deferment papers or even to go through a full medical examination.

Government directive 123, issued on February 25, 2003, categorized potential draftees as "healthy," "partially healthy but can be drafted with limited assignment possibilities," and "those who are not acceptable at all." A follow-up Ministry of Defense listing of "new" diseases exempted certain potential conscripts from the draft. These included "drug addicts, drug users, alcoholics, and persons who have tested positive for HIV," as well as "men of nontraditional sexual orientation." Starting when the directive went into effect, those found to suffer from any of these "illnesses," whether acquired before the recruits were called up or after they begin active duty, have been dis-

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charged. Recently, tuberculosis has been added as a cause for non-acceptability for military service.

The list of causes for deferments has been reduced from 25 to 16, and may be adjusted even further. Keir Giles of the British Conflict Research Studies Institute estimates, in his detailed analysis of the exclusion of five allowable deferments and the modification of four others, that this will provide an additional 90,000 persons per year to the armed forces. But as Giles clearly demonstrates, even this addition to the available cohort will not be sufficient to cover the Russian military's demand for 700,000 troops per year under a 12-month term of service, given the demographic reality of a declining population. According to a recent article in the Russian newspaper *Komsomolskaya Pravda*, the local "registration and enlistment offices recruit more and more contract servicemen" who are "alcoholics, drug addicts, people with previous imprisonment, and sometimes people with AIDS."

Authorization for the formation of a voluntary, contract military force was enacted in 1992. By 2000, the number of contract service members was still less than 100,000. However, by last year the number had grown to over 200,000. Surprisingly, about 30 percent of the soldiers and non-commissioned sergeants among the contract troops are female service personnel. This means that some 60,000-plus are females, leaving 140,000 male contract troops available for combat or similar assignments. Females, though they are now eligible for combat training, have not yet been trained in significant numbers. Reflective of Russia's desperate need to staff the military, one high Ministry of Defense official was quoted as saying that "the army will start seriously preparing women for combat service." Women, he added "are needed badly in the army now."

For a number of years, outright rejection of potential conscripts for health reasons has occurred at a rate of about 30 percent, with about 50 percent or more of those actually conscripted serving with "limitations on assignment." (Rules recently have been changed to bar these "limited" conscripts from serving in the parachute troops, the Navy, and the internal security forces.) When combined with other deferments, draft evasion, and changing illness patterns, only some 10 percent of the eligible cohort are drafted or enter contract service.

*The number of Russians eligible
and able to join the armed
forces is shrinking.*

Yet, while the rejection rate has stayed the same over the past several years, the draft pool itself is shrinking. According to Russian military data, 72,000 fewer potential conscripts were registered in 2007 than in 2006.

Major General Vyacheslav Miroshnichenko, head of the Organizational and Mobilization Directorate of the Moscow Military District, recently analyzed the educational and health qualities of the 2007 potential and actual conscripts in the Moscow area. "At the moment of the draft," he reported, "one-third did not work or study, one-fourth came from incomplete families Five percent of the potential conscripts suffer from drug or toxic substance abuse, 15 percent from alcohol abuse. These people are not getting drafted; they are no good for the Ministry of Defense, [which would] have to spend its own money to cure them. Among the medical diagnoses that grant deferment, the leading causes are diseases of the muscular-skeletal systems (almost 21 percent) and mental disorders (slightly more than 13 percent)."

According to other data, about 3,000 young males across Russia are rejected annually for active military duty because of tuberculosis. Meanwhile, in crowded barracks and on ships, there is a high potential for outbreaks of drug-resistant tuberculosis, especially among personnel who are HIV-positive. Prison conditions for civilians are also a major problem. Given that about half of ex-prisoners with tuberculosis or HIV do not continue treatment when released from incarceration, they can spread these diseases among the population, including youths of pre-conscription age.

WEAKENED POTENTIAL

It is clear there are many more cases of HIV/AIDS, tuberculosis, hepatitis, and drug addiction in the Russian armed forces than is reported. The true numbers remain unknown. Also unknown is whether health problems among potential conscripts necessarily lead to weakened combat capability. But this much is evident: Even the goal of replacing the draft army with a successful contract military, one that is well trained and equipped and entirely healthy, is made more difficult by the overall poor health among 15- to 17-year-olds.

It has now been a decade since the officially registered explosion of HIV infection among Russians

in the late 1990s. With little antiretroviral therapy having been provided to those who needed it until the past couple of years, we can expect the number of AIDS cases and deaths to climb rapidly. And this is in addition to the array of tuberculosis, drug addiction, alcohol, mental disorders, and other illnesses and disabilities that impair capacity for active duty. With only 10 percent of the diminishing cohort actually conscripted and only 30 percent of these conscripts qualified for full service in all components of the military, the situation is taut enough at present.

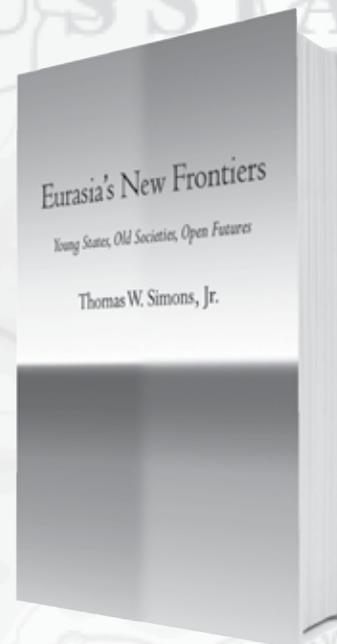
The Russian government's attention to the health sector is today much improved, yet that attention has come quite late, not just with regard to antiretroviral therapy medication but also with regard to recognizing only recently the danger of tuberculosis combining with HIV/AIDS. Official and unofficial commentary in Russia contains increasingly frequent references to health and demographic problems as threats to "national security." Other commentators dismiss this "threat" and seem hardly bothered by deaths among those afflicted because of their risk-taking lifestyles.

The elimination of deferments for full-time students—decreed last year and now in place—may provide more quantity for the military. But the loss of human capital formation if these students do not return to their studies after service could be a loss of quality for society as a whole. New pro-natalist policies may well also draw down the number of women who continue their education. The possible, or even likely, large co-infection of HIV and tuberculosis will be an additional heavy burden for the country. And the overall combination of population decline and increasing mortality will lead to a more tenuous situation in Russian society, including the military, than the country's recently robust economic performance would seem to portend.

Stepashin, Russia's chief auditor, recently wrote that the predicted "reduction in the size of the population and the reduction of population density to a level three times below the world average will create the danger of weakening Russia's political, economic, and military influence in the world." The impact of demographic and health trends can be reduced, he suggested, to a simple formula: "the fewer people, the less sovereignty." If Stepashin is correct, Russia is a country with a huge military arsenal and major ambitions—but very low human potential to realize these ambitions. ■

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