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Malingering, Sexual and Reproductive Coercion: Military Aspects

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Case Report

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Abstract

In view of the current international conflicts, topics related to the military are of particular importance. Demographic factors such as overpopulation, ethnic transformations and gender imbalance are increasingly significant as potential causes of conflicts. A case series is presented here to illustrate these problems. Another topic discussed here is the growing influence of military functionaries in the Russian society. The military elite have always been influential in the former Soviet Union, gaining more importance thanks to current warfare. Numerous former functionaries, their relatives and protégés have been introduced into educational, scientific and medical institutions. Among mechanisms contributing to the persistence of suboptimal and outdated methods in medicine has been the lack of professional autonomy, autocratic or military managerial style discouraging criticism and objective polemics. Other attributes of this style are the paternalistic approach to patients and insufficient adherence to the principle of informed consent. Suboptimal practices have been used as per instructions and leading experts' publications; examples have been discussed in preceding papers. To name but a few: the overuse of Halsted and Patey mastectomy, preventive electrocoagulation of cervical ectropions without cytotological examination, extensive gastric resections for peptic ulcers, thoracic and abdominal surgery for bronchial asthma and diabetes mellitus, overuse of surgery in tuberculosis, mass bronchoscopy in conscripts with supposed pneumonia. Some invasive methods with questionable indications were advocated by first generation military surgeons. Personnel training could have been one of the motives. Note that military and medical ethics are not the same. The comparatively short life expectancy in Russia is a strategic advantage as it necessitates less healthcare investments and pensions. Actually, Russia needs international help in the matter of healthcare. In view of the current conflicts, the cooperation has been largely interrupted. Obstacles to the import of medical products have adverse consequences for the healthcare. Domestic products are promoted despite sometimes lower quality and possible counterfeiting. Great projects could be accomplished by globalized humankind to improve the quality of life all over the world. Not only durable peace but also mutual trust is needed for that.

Keywords: Malingering; Aggravation; Intimate Partner Violence; Reproductive Coercion; Overpopulation; Militarism; Migrations; Russia.

Introduction

In view of the current international conflicts, topics related to the military are of particular importance. On the other hand, demographic reasons of armed conflicts should not be lost to sight. The overpopulation, ethnic transformations and gender imbalance are increasingly important these days as potential causes of conflicts [1]. "Humanity is but a blip on the time–scale of life on earth. But that blip is all that we have, and our present global course guarantees its extinction" [2]. The ecological damage is proportional to the population density. The population growth contributes to the shortage of drinking water and food. Many countries are experiencing water shortages while agricultural production increases partly through overexploitation and pollution of water resources, deforestation and other kinds of environmental degradation [3]. The humankind is in a demographic deadlock [4], while no realistic solutions have been proposed. Such solutions would require a revision of certain ethical clichés and propagation of new principles, in particular, that no population group on a national or international scale, neither ethnic nor confessional minorities, may obtain advantages because of numerical growth. In view of the global overpopulation, those who have had many children should logically live in more constrained conditions. Acceptance of this principle could build a basis for international understanding and trust. Without procreative competition, different peoples would be more likely to live in peace.

Economic realities facing working people have become more severe these days. The unemployment is driving national problems [5], aggravated by the overpopulation in many regions. Armed conflicts are in a sense a palliative measure, removing many young people from the labor market. For example, the service in overmanned militias in the Donbass and Caucasus has been a remedy against exuberant unemployment due to the overpopulation in the latter area and coal mines closures in the former one. The unemployment in the Donbass was partly caused by imprudent and corrupt policies during privatization of state enterprises in the 1990s [6]. This is one of the reasons of subsequent conflicts. Similar phenomena can be observed in many places of the world. The increasing labor productivity is per se a favorable development: few workers can provide subsistence for many people. Globally coordinated unemployment protection could support the disadvantaged, help people to deal with changes and develop professional skills according to new demands [7]. For the international projects, a stronger global governance by a compassionate leadership based in more developed parts of the world is needed [8,9]. This is hardly imaginable today in view of the current and potential conflicts. The topics related to the military are thus coming to the fore [10].

Military services place high demands on mental and physical health. Psychiatric disorders are among the most frequent causes of unfitness for military service in Russia [11,12]. It is generally known that some conscripts resort to malingering and aggravation to be recognized unfit for the service. In addition, their relatives sometimes use personal connections and corrupt interactions for this purpose. Another topic discussed here is the growing influence of military functionaries in the Russian society. The autocratic or military managerial style is unfavorable especially for science, education and healthcare [13]. A case series is presented here to illustrate the problems delineated above.

Case–1

A 16–year–old schoolboy (hereafter patient) with mild communication abnormalities was brought to psychiatrist by his mother. The patient subsequently admitted that the real goal was exemption from military service. The author observed the patient for many years, also in stressful situations, and did not notice any mental abnormalities, apart from alcohol dependence that developed later on. Aside from shyness during adolescence, the only notable complaint was the statement that his “nerves were like ropes”. This was interpreted as cenesthopathy and sluggish schizophrenia was diagnosed. The concept of cenesthopathy was coined to describe unuual bodily sensations without objective findings; it is no longer in the mainstream of contemporary psychiatry [14,15]. However, Russian literature has a body of publications on cenesthopathy culminated in the recognition of cenesthopathic form of schizophrenia [16–18]. Besides, cenesthopathy has been regarded as a symptom of “hypochondriacal” and sluggish schizophrenia [19–22]. The overdiagnosis of the latter entity in Russia has been discussed previously [23]. It is known that some forms of adolescence turmoil may lead clinicians to diagnose a serious condition to be confronted one day with a completely recovered patient; although severe disorders in adolescence usually do not disappear completely [24]. The patient was prescribed a phenothiazine drug and trihexyphenidyl (known in Russia as Cyclodol). There was no proper control of the drug intake. The patient brought Cyclodol tablets to school and offered to classmates with the comment that it was a narcotic drug. Curious teenagers took it during lessons, which remained unnoticed by teachers. One of the boys suffered intoxication with a delirium–like state.

The patient was registered at the psycho–neurological dispensary, exempted from military service, denied a driver’s licence and directed to a specialized educational institution, where he acquired a profession of floriculturist. After that he worked in the city gardens with a rake. Later on, following advice of his friends, among whom were medics, the patient switched to car repair work, completed an evening technical education, got married, and reduced his alcohol consumption. The patient suffered from stigma all his life: registration at the psycho–neurological dispensary was known by surrounding people, impaired his relationships and employment possibilities. Apparently, this contributed to his alcohol abuse.

Case–2

A student (hereafter patient) was expelled for poor academic performance from a university in Lithuania (during the Soviet period) and conscripted to the army. During the first month of his service, the patient encountered conflicts and appealed to relatives to help him be recognized as unfit for military service. Some of his relatives were physicians and others belonged to the military establishment. Soon the patient was dismissed from the army and registered at the psycho–neurological dispensary with a diagnosis of psychasthenia. No antipsychotics were prescribed to him. In the author’s opinion, the patient suffered from obsessive–compulsive disorder, which is illustrated by his further biography. The patient married a Moscow resident, who was 13 years older than him. This case had a prequel that included sexual and reproductive coercion [25]. A divorced woman 33 years old with her 5–years–old son visited her relatives. The head of the inviting family was an officer of Jewish decent; there had been violence in his family. The officer had a 20–years–old son, who together with his friend sexually assaulted the visiting mother’s cousin. Two years later the officer’s son (i.e. the patient under discussion) married the aunt, who was pregnant at that time. Under the conditions of the Soviet registration system, aimed to counteract a mass migration to the capital, real and fictive marriages were often used to obtain a residence permit (propiska) in Moscow. Now as before, the registration and accommodation remain strong motives especially for large cities attracting migrants. During later years, the patient physically abused the child and (less often) his wife. The abuse was administered by slapping in the face and head, often under the pretext of punishment, but sometimes without any pretext. Episodes of violence were accompanied by intimidating gestures and verbal abuse. Apparently, the violence became the patient’s obsessive behavior. Obsessions of aggression including intimate partner violence have been reported in studies on obsessive–compulsive disorder [26–31]. The patient trustworthily claimed that he regretted the violence but was unable to control himself. However, at conflicts with other persons, he controlled himself, which indicates the neurotic nature of his violent bouts. The ethnic factor might have played a role: the child was ethnic Russian and sometimes emphasized this, which could cause hostility in the patient. Of note, having migrated to Moscow, the patient got rid of the registration with the psycho–neurological dispensary and obtained a driver’s licence.

Case–3

During his medical education (1982/83 academic year) the author attended lectures on psychiatry. The lectures were on

a high level; there was a single incongruity related to the topic of this article. The lecture included deviant sexual behavior. A young "transsexual" from Central Asia was displayed, a strong and corpulent young man. The author, who did military service with many soldiers from different parts of the former Soviet Union (SU), suspected that the patient was not transgender but a malingerer who did not want to serve in the army. The patient vaguely talked about his desire to be a woman and seemed to feel ashamed. In this regard, the author's memoirs about military service (1975–1977) are of interest. Once he was hospitalized in the medical unit for acute tracheobronchitis. There were two military and one civilian doctor in the unit, who examined him and prescribed treatment. Other patients in the ward were seemingly healthy soldiers from different Soviet republics. Doctors did not approach them. The "patients" played Nard (tables game) all day long. The author was discharged after five days but the "patients" remained in the medical unit. The explanation came later: money transfers from their homelands, as well as e.g. for appointments as cooks.

Case–4

A son of a retired general awarded himself a next rank every time he contracted gonorrhea. In this way he became a "generalissimo", illustrating irresponsibility – the patient was proud of his "career". He was one of the informal leaders of a company that, apart from selling to foreigners icons and coins (fartsovka: https://en.wikipedia.org/wiki/Fartsovka), involved adolescents in the binge drinking and teenage girls into sexual contacts e.g. with participants of international exhibitions in Moscow and foreign truck drivers. Individuals with sexually transmitted infections avoided the dermato–venereological dispensaries, where the treatment was lengthy and unpleasant [32], and treated themselves with antibiotics. Intramuscular injections of Hexestrol (known in Russia as Synoestrol) oil solution were used to induce abortions – a well–known method in former SU [33]. Of note, the patient was exempted from conscription for a reason unknown to us.

Case–5

Anatomy is a difficult subject at a medical school; many students had difficulties with tests and exams. Some female students were proposed tuition in privacy. As discussed previously, in the midst of this activity was a deputy dean [34]. Sexual harassment by lecturers and university officials is a known problem, while some universities do not recognize the problem and tend to remain silent [35,36]. Of note, professors have responsibility to be allies of women affected by sexual misconduct [37]. Later on, when the author started his career as a lecturer, he participated in agricultural works with students. Medical students were compulsorily sent to collective farms during semesters to harvest potatoes. In Moscow Medical Academy it usually occurred at the third academic year. The agricultural works lasted up to 2 months (September–October), in 1984 even longer. The "commander" of the agricultural brigade was a son of a first–generation military surgeon, known among others as the Halsted mastectomy was presented in his textbooks, republished in the 21st century, as a single surgical modality for breast cancer [38]. The son was prone to alcohol consumption during the agricultural works. Once the author came with some duty to the commander's room late in the evening and saw him together with the above–mentioned deputy dean and two female students. The dean came to inspect the agricultural brigade. Alcohol was abundantly consumed; there were relationships between certain lecturers and students, sometimes amounting to seduction with the indirect use of authority or the lecturer's image. Besides, officers from a nearby military unit and local functionaries visited the agricultural brigade, where many students were females, and consumed alcohol with the above–mentioned commander. Admittedly, some students and lecturers behaved appropriately, having nothing in common with the topics under discussion.

Case–6

In the 7th class of a school (13–14 years old children) appeared twin brothers from a southern Soviet republic; both early–ripening. Later it has become known that they seduced or raped several girls, which entailed one abortion at least. One of the girls recollected that it happened so quickly that she noticed it when it was too late; the boy was adroit, later on he hinted that he had been instructed within his family. Sexual experiences with relatives in not uncommon in certain social and ethnic milieus [39]. It was reported that 49% of "child perpetrators" had been sexually abused prior to their own abusive behaviors [40]. Studies indicate a link between the childhood sexual abuse and corresponding offences committed by victims in their later life [40,41].

Discussion

The Cases 1 and 2 describe malingering or aggravation of existing abnormalities to avoid military service. The individual with a low social status (Case 1) was diagnosed with sluggish schizophrenia, remained registered with the psycho–neurological dispensary and stigmatized lifelong. The violent psychopath and child abuser with connections in the military establishment (Case 2) was diagnosed with psychasthenia and got rid of the stigmatizing registration after a migration within the country. On the contrary to Case 1, no antipsychotic drugs were prescribed to him and the patient was permitted to obtain a driver's licence. Psychasthenia has been vaguely delineated in the Russian literature; described symptoms partly overlapped with those of sluggish schizophrenia [42,43]. The latter diagnosis entailed more stigma, exclusion from many forms of skilled and professional work as well as other social consequences. As shown by Cases 1 and 2, the use of the diagnostic entities sometimes depended on the social status of patients.

Cases 2–5 illustrate also another aspect. The military elite have always been influential in former SU, gaining more importance thanks to current conflicts. During the Soviet period, superior officers belonged together with other functionaries to the ruling class, so–called Numenklatura [44]. The latter doesn't formally exist since the early 1990s. During last decades, numerous former military functionaries, their relatives and protégés, have been introduced into educational, scientific and medical institutions. Being not accustomed to hard and meticulous work, some of them have been involved in professional misconduct of different kind [45]. Among mechanisms contributing to the persistence of suboptimal and outdated methods in medicine has been the lack of professional autonomy [46], autocratic or military managerial style discouraging criticism and impartial polemics. Other attributes of this style are the paternalistic approach to patients, insufficient adherence to the principle of informed consent, bossy management, threats and harassment of colleagues if they do not follow instructions or not collaborate e.g. in dubious research [45,47]. Suboptimal practices have been used as per instructions

and leading experts' publications; numerous examples have been discussed previously [48]. To name but a few: the overuse of Halsted and Patey mastectomy with excision of pectoral muscles, electrocoagulation of cervical ectropions without cyto– or histological check for precancerous changes, extensive gastric resections for peptic ulcers, thoracic and abdominal surgery for bronchial asthma and diabetes mellitus [48], overuse of surgery in tuberculosis [49], of bronchoscopy e.g. in conscripts with supposed pneumonia: 1478 procedures in 977 patients [50–52]. Some invasive methods with questionable indications were introduced or advocated by first generation military surgeons [48]. The personnel training could have been one of the motives to overuse invasive procedures. Note that military and medical ethics are not the same. The comparatively short life expectancy in Russia is a strategic advantage as it necessitates less healthcare investments and pensions. Actually, Russia needs international help in the matter of healthcare. In view of the current conflicts, the cooperation in many areas has been interrupted. Obstacles to the import of medical products, coupled with increasing influence by the military, may have adverse consequences for the healthcare. Domestic products are promoted despite often lower quality and possible counterfeiting [53]. Military functionaries, their relatives and protégées, will probably become more dominant due to the current conflict in the Ukraine. Those participating in the conflict, factually or on paper, will obtain the war veteran status and hence privileges over fellow–citizens. War veterans enjoy advantages in the healthcare and everyday life; there are, however, misgivings that the veteran status has been awarded gratuitously to some individuals from the privileged milieu [10]. At the same time, many young relatives of higher officers evaded the mandatory military service under various pretexts. Moreover, sons of military functionaries have enjoyed far–reaching impunity in the Soviet and post–Soviet society, becoming involved in immoral and illegal activities, sexual coercion, etc. High social positions held by perpetrators or their relatives prevented reporting. The contraceptive sabotage, often by negligence under the impact of alcohol, was not uncommon [25]. The abortion rate in former SU has been the world highest [54].

The latter aspect is largely overshadowed today by migrations and inter–ethnic birth rate inequalities leading to geopolitical transformations [1,25]. As exemplified by Cases 2 and 6, the sexual and reproductive coercion is used for the purpose of migration, to cement relationships and marriages, to obtain a residence permit and lodging, or to spread a certain genotype often with conscious or subconscious geopolitical motives. This is a probable cause of increased birthrates immediately after immigration [55]. In some parts of the Russian Federation, as well as in other countries, ethnic minorities tend to become majorities. Within the former SU, the greatest ethnic shifts have been observed in the Caucasus and Central Asia. The emigration of ethnic Russians from these territories began decades ago and accelerated after the dissolution of SU. Conversely, the immigration to Russia from the above–named regions is conspicuous; discussed previously [1].

In societies with the rape myth acceptance, sexual violence is seen as a method of acquiring wives [56,57]. The fact that some victims married their rapists was erroneously seen as indication that women enjoy it; in fact, existing accounts demonstrate various degrees of trauma [57]. In this connection, battered woman syndrome and learned helplessness must be timely recognized [58,59]. Temporary and fictive marriages are becoming more widespread within the framework of migrations [60], being used to obtain lodging and residence permit. Reportedly, ~70% of sexual violence cases in Moscow are committed by migrants from Central Asia; some other ethnic groups are also active in this field. About 75% of rapes in the Moscow province were committed by migrants [61].

The necessity of birth control has been obfuscated by conflicting national and global interests, the population growth being regarded as a tool helping to the sovereignty and national defense. Governmental policies aimed at the fertility elevation in Russia potentially disregard reproductive rights of women [25,62]. For example, extremely popular TV series such as the "Sled" (Trace) and "Slepaia" (The Blind) regularly present unexpected pregnancies both in and out of wedlock as something natural and unavoidable while contraception is hardly ever mentioned. Remarkably, in the Episode 306 of the latter series (shown by TV3 on 10 November 2020) a gynecologist surreptitiously replaced contraceptive pills by vitamins. This was presented by the filmmakers as a good deed as the husband wanted children but the wife did not. The risks associated with contraceptives and abortions are invented or exaggerated by some literature and mass media. Apparently, the propaganda follows policies aimed at the birth rate elevation. In the author's opinion, the contraceptive sabotage must be regarded as crime with infliction of bodily harm if an abortion or unwanted pregnancy, sexually transmitted or genetic disease was inflicted. Cases are known when a hereditary disease was concealed from the partner and then acquired by offspring.

The social progress is supposed to go along with improvements of morality. However, migrations confound this process. As mentioned above, sexual and reproductive coercion are used to spread certain genotypes. In some ethnic–social settings boys are instructed within their families. Sexual experiences with relatives are not unusual in chaotic and some traditional settings [39]. It was reported that 49% of "child perpetrators" had been sexually abused prior to their own abusive behaviors [40]. As mentioned above, there is an association between childhood sexual abuse and similar offences committed by victims in their later life [40,41]. Various tools are used: persuasion and seduction, alcohol and drugs, sexual and reproductive coercion, intimidation and violence. Women should be aware of these tactics. Another demographic problem, the deepening gender imbalance, has been discussed previously [1]. It should be mentioned here that the growing excess of males can contribute to their marginalization, antisocial behavior as well as militarism and international conflicts.

Conclusion

In the past, the overpopulation was counteracted by wars, pestilence and famine. Today, scientifically based humane methods can be used to regulate the population size taking account of ecological and economical conditions in different regions [63]. The globalization has been extensively studied by Baron Giddens [64]; among favorable aspects are the governance of the world economy, ecological management, control of warfare and fostering of transnational democracy [65]. In conditions of globalization, the project of universal basic income (UBI) [66] could be realized; importantly, it must incorporate the concept of birth control. For example, the following can be proposed: basic UBI should be divided by the average birth rate in a given country during e.g. last 50 years. Legal migrants and their offspring would preserve the

UBI of their country of origin for 25 years. As mentioned above, a globally coordinated unemployment protection could help people to develop professional skills according to new demands [7]. Large projects could be accomplished by globalized humankind to improve the quality of life all over the world: irrigation systems, nuclear and other energy sources as an alternative to fossil fuels. Exaggerated ecological and medical concerns about nuclear energy contributes to the strangulation of atomic energy, the cleanest, and safest (if technology is on an appropriate level) and practically inexhaustible means to meet the global energy needs [67,68]. Health burdens are the greatest for power stations based on coal and oil. The burdens are inferior for natural gas and still lower for atomic energy. The same ranking applies to the greenhouse gas emissions and hence potentially for the climate change [69]. The strangulation of nuclear energy would agree with the interest of fossil fuel producers and militarists. Probably not all writers, scientists and Green activists, exaggerating medical and ecological consequences nuclear energy production, do realize that they serve the purposes of militarism. Some of them may have good intentions; others are ideologically biased or serve certain governments or companies.

Fossil fuels will become increasingly expensive in the long run, contributing to excessive population growth in fossil fuel–producing countries and poverty elsewhere. There are no alternatives to the nuclear power; especially for Europe, where large hydroelectric power stations cannot be built. Hydroelectric plants can be built on large rivers to produce hydrogen as eco–friendly energy carrier. New substances used in the industry, nutrition and medicine must be tested in large animal populations to achieve statistical significance and record rare outcomes. Such projects would create many jobs, being a reasonable alternative to excessive military expenditures. Not only durable peace but also mutual trust is required for that. Unfortunately, trust can be abused while certain individuals and institutions seem to be unreliable. Trust is good, but checking that trust is not abused is also necessary. In conclusion, the birth control has been obfuscated by presumed national interests: the demographic growth was supposed to strengthen the sovereignty and defenses. Smoldering conflicts provide motivation for the population growth. An international authority based in more developed parts of the world could counteract the growing overpopulation and environmental damage.

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