Heal and Serve

Soviet Military Doctors "Doing Masculinity" during the Afghan War (1979–1989)

Magali Delaloye

ABSTRACT

The Soviet intervention in Afghanistan can be seen as a laboratory for examining the Soviet construction of masculinity during the last decade of the USSR. Focusing on male Soviet military doctors as individuals, this article aims to present how these doctors constructed their virile presentation of self in a war situation and how they managed their position within the military community. Taking a pragmatic historical approach, the article considers the doctors through their interactions with both women and men, examining gendered practices such as "protecting weak people," "asserting authority," "expressing emotions (or not)," and "impressing others." It offers a case study for the analysis of one of the many forms of Soviet military masculinity under late socialism and its place in Soviet society.

KEYWORDS: Afghan War, authority, doctors as actors, emotions, gender relations, late Soviet Union, military masculinities

On 25 December 1979, the Soviet 40th Army entered Afghanistan and the Soviet Union embarked on the last long-term armed conflict of its history. In the context of widespread change in the country, which included a reconfiguration of gender relations, the Afghan War represented a laboratory redefining the model of late Soviet military masculinity presented by the State.¹ The Afghanistan War was a conflict of a totally different nature than World War II. The commitment of troops fulfilling their "internationalist duty" took place in a faraway country, even if it was on the borders of the USSR. The men on duty were soldiers without the necessary resources—financial or network—to avoid deployment to Afghanistan, or officers who wanted to graduate quickly (one year in Afghanistan was equivalent to three years of ordinary service) or who were looking for adventure. The difference with respect to the previous conflict can also be seen in the composition of the army from a gender point of view.² With-

out the express need for female fighters, the army more clearly presented a homosocial structure; women were not absent in Afghanistan, but were relegated to their traditional roles (as cooks, laundresses, political workers, nurses, etc.).³ Within this configuration, gender relations developed in tension between the traditional homosocial army model—where the army is viewed as a context for constructing military masculinities⁴—and the radical conception of Soviet gender policies giving a positive position to women. By “military masculinity” I mean a category or form of masculinity that is constructed in the context of the institution of the modern army, which produces a number of values that are specific to the achievement of its objectives, namely absolute obedience to the hierarchy and the use of violence, such as the possibility of giving and/or receiving death, and the creation of individuals as heroic.⁵ These values are shaped in an army context through practices that may be typical for the military, such as martial violence, or not, such as the widespread use of alcohol.

As research in recent years has shown, the period of late socialism in the Soviet Union was marked by a questioning of the triangular model developed in the aftermath of the Revolution, in which a third actor, the state, intervened in relations between men and women. In the Soviet vision of equality between the sexes, it was the state that took over the patriarchal function previously devolved to men.⁶ Soviet male identity was no longer defined by men’s private patriarchal power, but by working for the state and achieving public status. By the second half of the twentieth century, this gender order was called into question, so much so that some have spoken of a “crisis of masculinity,”⁷ more a sign, as Erica Fraser⁸ shows, of a paradigm shift in gender relations, marked by the fear of denatality and flagging demography. If the contours of the military-virile model varied only slightly in the post-World War II period—a man was called upon to be the heroic defender of his homeland—the army’s power of attraction no longer had anything to do with the 1930s, when serving in the army was considered a privilege by young men and by society.⁹ Although the army remained an institution in “the making of manhood,” with two years military service being compulsory for all young men,¹⁰ military masculinity had become devalued in Soviet society. The intervention in Afghanistan provided a potential opportunity to update this model. However, as the engagement affected only a limited number of young people¹¹—particularly those from modest backgrounds with no networks to prevent them from being sent to Afghanistan—the context lacked the strength to “remasculinize” the Soviet public space.¹² Moreover, from a “hidden conflict”—recalling the famous images of Soviet soldiers fulfilling their internationalist duty by planting trees, hiding the fact that the operations in Afghanistan were a war effort—to a “conflict condemned” by the Soviet population and state, there was little space to build a virile image of the fighter. However, for soldiers on the ground in Afghanistan, the situation was different. From the line of fire, they could update the model of military masculinity that was attractive to them, further widening the gap between their virile presentations of self and those developed by other men without war experience.

This article does not aim to reconstruct official discourses on the ideal military-virile model during late socialism using a traditional approach based on general representations. Rather, focusing on the case of male doctors¹³ in the Soviet Army, the analysis focuses on individuals and how they actively constructed and actualized

their gendered presentation of self in the war context of Afghanistan. It is difficult to determine with precision their sociological profile, as the data are not accessible. However, we can note a strong presence of Slavs, sometimes even Caucasians, from a middle-class background. They generally arrived in Afghanistan with a minimum of military training, such as that given in civil defense courses, and generally learned how to use a weapon in the field. Most had a degree from a military medical school, but others simply wanted to volunteer in Afghanistan. Most doctors worked in hospitals in cities or military camps, but in the Soviet Army, unlike many other armies, doctors were also attached to combat troops: the doctors of the special troops and the battalion doctors accompanied the troops at the time of attacks. Indeed, the doctrine of Soviet military medicine advocated first-aid interventions on the battlefield by qualified personnel, including doctors. Their mission was to heal their own, but they were sometimes called on to heal Afghan soldiers or, with the permission of the domestic authorities, local civilians.¹⁴ Male doctors provide a specific case because of their place within the military community. They were officers but not combatants,¹⁵ they were better educated and often older than other members of the army, they were usually true volunteers, and, finally, they were the only corps that worked continually with female nurses. Doctors were thus on the fringe of the military community and constantly negotiated their place in it. In this context, male doctors constructed a masculinity of their own, which had to be acceptable, recognizable, and validated by the other members of the community. Their masculinity was built in their relations with both women and men. This milieu was construed and organized as a homosocial one despite the presence of women. Doctors thus developed a gender subjectivity that, within the military community, did not always follow the contours of the Soviet military-virile model. The peculiarity of this masculinity was that it was not purely military, but also professional: doctors were almost the only members of the army to be trained in a civilian profession that they had already practiced before their military service and deployment. As a result, they present a form of military masculinity that was nourished by the codes of their professional medical masculinity. At the level of society, they offer one of the many incarnations of a late Soviet masculinity and represent a case study to question gender norms in the late Soviet Union and the effect of the Afghan War on those norms.

Finding Historical Actors: A Methodological Overview

Official documents—concerning military medical organization, medical records that document the professional experience of doctors, among others, during the Soviet-Afghan War—are still classified. It is for this reason that, in addition to published institutional sources—principally the *Voенно-медицинский журнал* (Journal of military medicine)—this analysis focuses mainly on various ego-documents: “memory” ego-documents, which include different types of narratives, such as memoirs and interviews; and other forms of testimonials such as novels and poems. While some are published in paper form, many are disseminated on the Internet such as on the site *Art of War*,¹⁶ which is a central resource for accessing the voices of Afghan War veterans.

Doctors have published their works, literary or otherwise, on the war, but also their private photographs—another type of ego-document.¹⁷ This rich corpus makes it possible to reconstruct the war experience of the doctors as closely as possible to their own lives, much more so than the often “falsified” institutional documents.¹⁸

To analyze these sources, I apply the theoretical approach developed by the French historian Bernard Lepetit.¹⁹ Drawing from French micro-history,²⁰ Lepetit suggests the possibility, through the analysis of practices, of reconstructing how individuals act within the societal framework. Lepetit’s idea is to analyze the situated action where individuals can be considered active agents. In this micro-historical approach, the analysis is less focused on routine than on episodes that were relevant for the actors, as recalled in the ego-documents. Thus, the analysis deals with interpersonal relations and the presentations of self, which are, according to Erving Goffman,²¹ identities or roles that an actor acts out or performs when he or she is in a representation, in face-to-face interactions where he or she seeks recognition of his or her personality. These identities are actualized in situations the outcome of which is uncertain; the actor acts according to his or her competencies, status, and resources, and must make a choice (consciously or unconsciously). Such an approach is based on the binary divide between “freedom” and “constraint,”²² depending on the place and space of human actions in a specific situation, in given social conditions. According to Goffman, the social structure is informative and is processed by interpersonal interactions in which an individual reproduces norms, negotiates them, or undermines them. In this analysis, I focus on the construction of gender presentation of self (“doing gender”²³), but gender intersects with other categories, such as education, ethnicity, socioeconomic milieu, age, and military status. This article looks at the process of doctors’ construction of masculinity through four gender-relevant practices: “protecting weak people,” “asserting authority,” “expressing emotions (or not),” and “impressing others.” Through the sources, these four practices reveal themselves to be important elements in the doctors’ construction of their male identity in war zones, an identity influenced by the codes of their professional masculinity. These practices also bring to light the tactics used by individuals to position themselves within the military community.

Protecting Weak People

A traditional element of modern military-virile models is the protection and defense of weak people, a category that traditionally includes women and children. The practice of protecting the weak involves relations both between men and women and between men among themselves. In this section, the analysis focuses on the protection that doctors provided to the Soviet women who worked and lived with them, but also on the protection provided to soldiers, especially the “freshmen,” still naive and unprepared for the war, who can be compared here to children.

Before beginning the analysis of this practice, it is worthwhile to briefly consider the presence of Soviet women in Afghanistan. As we have seen, the homosocial structure of the army makes women’s individual and real experience,²⁴ marked by violence, invisible in the representations of the Afghan War. Whether in society, in the collective

memory, or among members of the army, the predominant representation of women is that of promiscuous girls, even prostitutes, who went to Afghanistan to earn money or find a husband. As Jeffrey W. Jones has shown,²⁵ even Svetlana Alexievich does not deconstruct this representation. Alongside the figures in her book *Zinky Boys*²⁶ of “Motherland-mother” and “mournful mother,” which represent women who have remained in the Soviet Union, the “morally-loose woman-at-war” describes the women who have gone to Afghanistan. This view was internalized by the women themselves. In the military camps, they developed tactics to avoid situations of sexual harassment or violence—avoidance often considered vain by other women—making fun of the still virgin girls who refused to sleep with officers.²⁷ But this representation was questioned by the doctors working in the camps. The continual presence of female nurses made doctors more attentive to the war experience of real women, and these same doctors tended not to reproduce a stereotypical representation of women in their different narratives. The point of view of Rafehl’ Biktimirov,²⁸ a urologist surgeon who served in Puli-Khumri from 1981 to 1983, is enlightening. While he admits that women would come to Afghanistan for money or to find a husband, he does not morally condemn this and justifies the practice on the basis of the socioeconomic situation in the Soviet Union. Their attitude is that it cannot be regarded as prostitution, but simply as interplay between young healthy people in terrible conditions: “It was very difficult for all of them. Because it isn’t easy to leave the country for two years. . . . A nurse earns little money in the Soviet Union. Usually, they don’t have a husband. Sometimes they have children and a family. . . . Now a lot of people write that all the nurses were prostitutes, it’s sheer aggression, gender [*sic*] aggression, because there were few of them and there were a lot of men.”²⁹

In spite of this, doctors still perpetuated a vision of women—the Madonnas³⁰—traditional for the Soviet Union. In fact, from its very beginnings, despite official policies of equality between women and men, the State never renounced its “long collective work for the socialization of the biological and the biologization of the social,” according to Bourdieu’s formula, which underlies the difference between the sexes on seemingly “natural” and anatomical grounds.³¹

This positive representation influenced the ways doctors acted and constructed their protection of women. The cases of two doctors show different facets of this practice. The first one is again Biktimirov. Recounting an episode of his experience in a section of the interview about women at war, he explains how he may have been able to protect nurses from physical violence. One day he saw two of “his nurses” (*moi med-sestry*) returning to the hospital. They were injured with their clothes torn. He asked them what had happened. They answered that a drunken soldier had tried to rape them and attacked them with a knife. Furious, the doctor phoned the commandant explaining the situation and voicing insults. The next day, Biktimirov learned what happened after his call. The commandant had called over and interrogated the soldier to discover if it was true he had wanted to rape and assault the nurses. The laughing soldier had confirmed that it was. Using unusual violence outside legal procedures, the commandant severely punished the soldier because of his behavior toward the two women. The doctor’s attitude was one of protection over “his” nurses. Biktimirov did not attack the soldier directly to punish him. His protection was not the action

of a “bodyguard” using direct violence against the soldier, a behavior that could be accepted according to the informal rules of the camp. He delegated the punishment, using the usual hierarchical channels, to his fellow officer. But, not considering the nurses as promiscuous women, he recognized as such the violence done to the two women, defended them against it and laid down, for the soldiers, the limits that were not to be crossed: under the influence of alcohol or not—the practice was usual among members of the army and has very little disciplinary impact—the soldiers must not attack “his” nurses. But at the same time, Biktimirov also warned his fellow officer and spelled out his patronage. This behavior is the sign of a paternalistic relationship, of asymmetrical relations between men and women, expressed even by a person with a non-conservative viewpoint on the place of women at war.

The paternalism of doctors was displayed not only outside of work but through official duties as well, as shown by this episode related in the autobiographical narrative of Alexander Karelin, a surgeon who served as senior lieutenant in the medical service in Kandahar from 1982 to 1984.³² An operation begins:

She [Zina, the nurse] looked at the body with horror, clearly not understanding her role in the operation. . . . He showed Zina her role, passing the shiny long arms into the trembling hands of the assistant. . . .

The noise of the falling body brought him out of a moment’s reverie. He did not notice how Zina rolled her eyes and fainted. Mazurevich rushed to the girl, almost knocking over the operating table. Nevsky was about to moan in despair—the hooks fell, and the edges of the wound converged, again closing the air passage. Galya came to the rescue. . . .

Meanwhile, the doctor dragged the unconscious girl to the couch in the corner of the room, rushing through the cabinets in search of ammonia. Galina pointed at her locker. After inhaling the pungent odor, Zina came to her senses. She sat on the couch and cried softly. . . .

“Zinotchka, you can go. Thank you and don’t worry—you helped at the most difficult time of the operation! Have a drink of strong sweet tea.”

The girl looked guiltily with her huge blue eyes full of tears, nodded and quietly left.³³

Mazurevich, the only female doctor Karelin mentions, had committed a medical error rendering this operation necessary. Two different behaviors according to the status of the women to whom the doctor speaks are observable here. The annoyance is palpable against the female doctor who made the mistake—a common event in Afghanistan but highlighted by Karelin only when it is committed by Mazurevich, a female doctor. In contrast, the error of the young nurse, who was ashamed, and to whom the doctor gave words of encouragement, despite her obvious incompetence, is allowed. In a vision of paternalistic protection,³⁴ the subordinate woman can act wrongly; her mistake will be rectified by the man, which is not the case in a peer relationship. This has the effect of creating a dual professional and gender hierarchy.

In Karelin’s narrative, the protective practice applied to women who remained in so-called female tasks and were not involved, for example, in the handling of weap-

ons. In the latter instances, the gaze became more critical, as is apparent in this example of the training of a nurse to handle weapons. It was terrible: by clumsiness she almost shot a lieutenant and almost killed a sergeant with a grenade. Fortunately, no one was hurt. Karelin got angry at the nurse's incompetence and described it in a very negative light.³⁵ In this transgressive situation—a woman in arms—Karelin provided no protection to the nurse who left her traditional gender role.

It must be recognized that both doctors followed the idea that had become almost a slogan, quoted many times by doctors: "U vojny ne zhenskoe litso" (War does not have a woman's face), to use the famous title of Svetlana Alexievich's work on women veterans of World War II.³⁶ Women were necessary in professional tasks where they fulfilled their traditional roles as women but were not meant to share the tasks of men. Thus, doctors constructed their virile presentation of self in the practice of protection, which was in turn paternalistic. In this sense, it departed slightly from the masculinity of combat officers. Doctors never talked about their sexual adventures, even from a romantic angle, whereas combat officers did. If doctors presented themselves as fathers to the women, the officers, on the other hand, presented themselves as lovers, chivalrously serving their ladies.³⁷

Women were not the only people to be seen as weak and in need of doctors' protection. There were also the soldiers who were at the bottom of several hierarchies: the military hierarchy, the officers' ranks, but also the sociocultural scale, because of their very low level of education. This protection applied mainly to the new conscripts who had to face the *dedovshchina* (or "grandfather's law").³⁸ In this configuration, the young soldiers who have just arrived can be seen as children, without "chin hair" and very naive. Again, Biktimirov offers a prime example. One day, he saw two older soldiers coming to his Puli-Khumri medical center with a young man who had recently arrived in Afghanistan. This group monitored the oil pipelines in the area. The youngest complained of a stomachache; he thought he had appendicitis. Biktimirov took charge of the youngster, dismissed the other two soldiers and noticed there was a problem. His patient fell asleep, which is an impossible phenomenon in the case of appendicitis. Angry, the doctor brutally awakened the young soldier by hitting and insulting him, accusing him of being a fool for almost killing his comrades in a particularly dangerous and unsupported area. The patient began to cry and explained to the doctor what had happened. Being a freshman, he was in charge of siphoning pipelines to extract oil and sell it on the black market—an extremely common practice in Afghanistan. But he had swallowed some oil and started to experience a stomachache. On the way to the hospital, he realized that the pain had passed, but it was too late. "You see, the roads were very dangerous and traveling to the hospital could mean being ambushed and killed. The boy knew that if he had said he was better, the other angry people could have killed him." This was also what the doctor understood, and to protect the young man, he pretended to operate on his appendicitis, by simply making a side incision.³⁹ This episode shows a way of protecting the new conscripts against the violence of the "grandfathers" who could have justified their act by virtue of the *dedovshchina*. It also illustrates the production of a hierarchy built into gestures of protection that can be described as paternalistic.

Doctors offered protection to women and young soldiers. The mechanisms underlying the protection of these two categories differed from one another. In the first,

it was a purely gender-based mechanism, of relations between men and women, that was at stake; in the second the mechanism fell within the professional ethics of the physician who cannot put a patient at risk. However, to return to the male-female-child structure, the protection offered reveals the same role for doctors. Reproducing a hierarchy already tried and tested in their professional environment—where the patient takes the place of the child—and taking up the medical duty of protecting the weak, they can present themselves as father figures, adapting the gender norms of the medical environment to military standards.

Asserting Authority

In parallel to protecting the weakest, other practices, deployed exclusively in the context of interpersonal relations between men, allowed doctors to construct their virile presentation of self. One of these practices, “asserting authority,” occupied a special place in the construction of Soviet masculinity. It expressed itself in the public space, either at work in positions of leadership,⁴⁰ or in the army, which remained understood by the authorities as a homosocial environment. In these spaces, men could produce their virile self-presentation by asserting their authority. In the army, this was the prerogative of officers, a category to which doctors belong. Fighting officers asserted their authority in leading men, which doctors did not. In this context, doctors could find it difficult to negotiate their place, as they were non-combatants and came from a not very prestigious profession in the Soviet context.⁴¹ They had to implement tactics to produce authority over others and drew on resources for it in their professional experience.

In a long interview,⁴² Vladimir Sidel’nikov, a Special Forces (*Spetsnaz*) doctor, clearly expresses the need for doctors to cultivate their authority in front of soldiers in order to inspire respect: “It happened that a doctor lost his authority over soldiers and officers, falling into the category of ‘clyster pipes’ or ‘fly hunters,’ etc. because of their inability to integrate into this complicated military family with its difficult internal relationships. The laws of life in the special sections were brutal and uncompromising.”⁴³

According to him, the situation of doctors contrasted with that of the combatant officers who had battles to build their authority, while doctors engaged face-to-face with soldiers in unique, individual encounters. When their authority was lost, it was difficult to recover.⁴⁴ Without this authority, the loss of prestige was such that their exclusion from the military community was definitive. The lack of consideration given to the doctors by the soldiers echoed the situation in the Soviet Union in general. The military doctor would then become prey to the representations of civilian doctors without prestige. In addition, soldiers saw doctors as non-combatants and “backliners.” This vision was reinforced as a result of an invisibilization of doctors’ presence on the front lines, even though, according to the principles of Soviet military medical doctrine, which was to provide first aid directly in the combat zone, doctors were active and direct participants in combat.⁴⁵

In spite of everything, doctors remained convinced of the importance of their own role, regardless of soldiers’ recognition of the prestige of their profession, as shown by

the statements of Vladimir Sidel'nikov on the definition of doctors at war: "What is a military doctor on the front? These are people who cannot falter for a single second. Seeing that everything must be done for an individual who has suffered a war trauma to survive and who, if there is a small possibility, will return to combat. And not infrequently, the military situation demands that they put medical devices aside and take up arms."⁴⁶

In this definition, Sidel'nikov deconstructs the representation of doctors performing tasks from the back lines. He asserts that military doctors were on the front lines and sometimes had to take up arms; they were not "stashed at the rear," as many combatants thought. This leaves room for the construction of medical heroism.

Biktimirov illustrates this practice very well, by narrating a situation when he was insulted by a soldier:

This soldier—soldiers are different people, they are ordinary people, there are those who come with a criminal history from civilian life or were badly brought up, etc. And I went in a white coat, yes. Firstly, he couldn't understand whether I was busy or not, because I'm in a dressing gown and secondly, he didn't think about anything and raised his head and became—You know the word *mat* [raw insult], right?—He said obscenities to me, "Doctor, your mother! Where are you going" "On YOU [*na ty*—a disrespectful pronoun; he bumps his fingers on the table]—do something for me!" I walked up and hit him like that and said: "If you don't shut your mouth, I'll . . . I'll hit you so hard you'll fly into your bed and stay there, like a ballerina forever. You understand me?" "Yes, I get it."⁴⁷

This brief episode depicts a tense encounter between the medical officer and a soldier. In a section of the interview where Biktimirov offers a reflection on acts of violence committed by doctors—and the ethical transgression that this entails—he regards this practice as among the possible means available for maintaining discipline among the troops. But to which discipline is Biktimirov referring? The violence punished the soldier's lack of respect for the white coat, which was deeply shocking to the doctor. But the episode was not entirely violent. Admittedly, Biktimirov describes with a touch of disdain the typical soldier as being ordinary, often from criminal circles and intellectually limited. In this sense, he drew the line between an educated, refined, intellectual "us" and a more common "them." He nonetheless provided a justification for this lack of respect, insisting that the soldier came from an underprivileged social background. The opinion expressed by the doctor was therefore fully in line with Soviet *kulturnost'* (civility),⁴⁸ building a strong boundary between the educated and the uneducated. By his action, the soldier not only showed disrespect for the doctor, but also articulated his resistance to the military hierarchy, at the same time excluding himself from the dominant group. Biktimirov's reaction was that of a doctor who did not accept this behavior and responded to ensure his authority. He positioned himself at the level of the soldiers' communication and knowingly used violence with a sexual connotation. By threatening the soldier with castration, and therefore feminization, the doctor gave a gendered connotation to the violence and showed the soldier—and not just him, but

also the other soldiers—what their position was in the constructed male gender hierarchy. The soldier took the correction and then accepted this hierarchy.

Whether it was the battalion doctor or the camp doctor, both expressed the need to assert their authority in front of the combatants. This practice contributed to the production of an effective military hierarchy, where dominance was not simply the result of rank, but also to the inclusion of doctors in the military community. Unable to rely on combat to assert their authority, doctors adapted their practice by using the resources offered by their professionalism: confidence in their gestures and diagnoses, but also confidence in their knowing stance, while putting themselves at the communicational level of their interlocutors. The authority produced is as much a marker of military masculinity as of medical masculinity.

Expressing Emotions (or Not)

To compensate for their lower status, military doctors constructed a masculinity based on control over emotions, especially fear.⁴⁹ This control allowed them to present their bodies to others. Of relevance are not the emotions as such, but rather their expression or non-expression, which are bodily and social practices deployed within interpersonal interactions.⁵⁰ The expression—here rather the non-expression—of emotions contributed to the construction of a virile presentation of self within the group. The units where doctors served can be understood as a “community of emotions”⁵¹ within which emotions are categorized according to whether they are acceptable, valued, or harmful. Control and non-expression of emotions are a classic element in many constructions of masculinity, particularly in military masculinities.⁵² Central here is the emotion of fear and its management. Fear was expressed, not denied, but controlled. Biktimirov exhibited a degree of reflexivity in the expression of fear: fear exists, but it must be hidden at all costs and when this was not possible, shame took over. The loss of control over fear brought an important social sanction: experiencing shame, being laughed at by comrades who missed no opportunity to ridicule those who were fearful—often with feminizing, devirilizing insults.⁵³

Several episodes illustrate the management of fear—it is worth noting that all the historical actors considered here are surgeons. The first episode is told by Vladimir Vojt, who served from 1981 to 1983 as a battalion doctor in Kundunz and Baraki Barak and was injured: “I got to Kabul with adventures: I got into the ambulance car of the pharmacist of our brigade, Viktor Gnidenko, who was going to refill the medical supplies. Starting from our location, driving was pretty fun. They hung two bulletproof vests on the right door of the car to protect them from possible bullets. In the end, the column was shelled. We drank a hundred grams of alcohol out of fear, I served up magazines with cartridges, and Victor shot at the bushes almost all the way to Kabul.”⁵⁴

The description is clinical, clear and precise: the convoy was pulled over and, to calm their fear, they simply drank vodka. The expression of emotion following an ambush—one of the greatest fears in Afghanistan—is minimized. This way of presenting control over fear is not surprising from a battalion doctor. He, more than other

doctors, must find his place within the group of combatants; he was barely armed and had to accompany the troops on the raids. It was he—the only one who could save lives—who must be protected by his comrades. In his memoirs, Vojt regularly presents himself as a controlled man, as in this other episode, which also points to the doctor's sense of humor, a tactic to overcome fear. Concerned with the absurdity of being a bespectacled member of an airborne troop unit, he learned of his very dangerous and sometimes lethal posting in Afghanistan, showing great composure on hearing the news: "I realized that I would be sent to the assault battalion. . . . You can understand my initial emotions: I immediately imagined parachute jumping over the mountains of Afghanistan with my glasses in my pocket . . ." ⁵⁵

The control of fear is total: no mention of danger, but simple surprise at being a doctor of the special troops with glasses. But this control of fear can present itself in a heroic light, as was the case in this episode narrated by Alexander Bratichuk, a senior lieutenant, who served in Jalalabad from 1985 to 1987, and then worked as Professor at the Institute of Military Medicine in Samara. Once he had to accompany a raid because the commander wanted a doctor and not a *feldsher* (paramedic) to be present in case help was needed. The unit drove behind the village houses. The medical car passed, but when Bratichuk glanced back he saw that half of the vehicle behind them was gone. As it turned out the road was mined. The driver lay next to the vehicle. As Bratichuk rushed toward the injured soldiers he had this thought: "What if there's a mine here?" "I feel a brief moment of inner contradiction: I'm a doctor, it's my duty to help, but I'm afraid of jumping on a mine." ⁵⁶ In this situation, the professional reflex to intervene to save the injured shows that professional identity takes over and makes people forget the context of danger. But in the eyes of others, this reflex was an act of bravery and became a resource for the doctor to present himself heroically to others and prove his masculinity, by overcoming his fear.

Vladimir Sidel'nikov, too, presents his control of fear in a heroic light. In his virile presentation of self, he relates many clashes in comparison with other doctors. As he moved in the homosocial environment of the special forces, he suggests that his war-time experiences were closer to those of veteran combatants than those of his medical colleagues. This posting naturally also affected his virile presentation of self. A large part of his interview was devoted to the narration of an episode in which a commander leading an assault was wounded and, as the most senior person, the doctor had to take the lead in the attack. ⁵⁷ The story goes into detail showing Sidel'nikov's calmness in leading the men into battle. In this edifying story, he presents himself as being in total control of his fear, making him a full-fledged member of the fighting community. But he goes even further.

According to Sidel'nikov, the control of fear is a fundamental element for any soldier. This point of view is clear when he gives his opinion about Afghan Syndrome, the Soviet and then Russian name for post-traumatic stress disorder (PTSD). If PTSD was construed as a mental disorder, it undermined the social representation of courage in the sick soldier, who then became a coward seeking to avoid combat. Although discussion of Afghan Syndrome did not appear in published Soviet medical research until the 1990s, ⁵⁸ it was not foreign to military doctors, who recognized the disorder as an illness and treated those who struggled with it. ⁵⁹ But Sidel'nikov did not follow

the line of his medical colleagues; he rejected the pathologization of fear in combat, denying the very existence of Afghan Syndrome: "With proper professional selection, it is impossible to have combat stress. We must simply not take sissies [*khliupik*] into the army."⁶⁰ By "feminizing" victims of Afghan Syndrome, he assured his place in the virile military hierarchy. In his narrative he presents a "virilized" self with regard not only to his profession, but also to his experience in combat, describing how he acted in this situation. It has to be noted that in his eyes and in the eyes of others Sidel'nikov had the legitimacy to speak about his combat experience: he was seriously injured twice and was once captured, which was rare even among officers. These events contributed to increasing his prestige among the *Spetsnaz*, making him into a "real man."

As in the case described above, doctors tended to rush toward the injured, often following a mine explosion, without regard for their own safety. It was an internalized professional reflex—especially for surgeons who were trained to keep their nerve in any surgical situation—to put patients before their own health, and hence overcome their fear. Descending on a minefield to save lives was seen by the combatants as an embodiment of courage, which was an intrinsic value of military masculinity, as were male comradeships and solidarity. The control of fear among doctors was a response to a double injunction with respect to their identity, as a doctor who must not lose his nerve and as an officer. The control over fear, internalized from the time of university training, turned into an asset for the doctors who included themselves and were included in the emotional community represented by their unit. And, since controlling fear was one of the values of Soviet military masculinity, they could contemplate belonging to the same male community as the other officers. In such situations, they might find themselves impressing fellow combatants.

Doctors' Bodies Impressing the Group

Finally, it is worthwhile looking briefly at one last practice, which mainly concerns battalion doctors: "impressing others." It is quite obvious that doctors who performed their work during the attack and withdrawal of the combat troops had a very different war experience than those who were stationed in the camps. This context plays an essential role in the virile presentation of self, as these doctors actually experienced combat and not just ambushes. Nevertheless, in the eyes of their fellow combatants they remained "at the rear." They were not full-fledged members of the fighting community. The battalion doctors must therefore succeed in impressing the combatant personnel and used a variety of tactics to achieve this goal.

Vladimir Vojt, like most doctors, had no combat training before leaving for Afghanistan. His behavior of impressing others is pointedly illustrated in his private photographs, which are grouped into thirteen virtual albums.⁶¹ In the majority of the photographs in which he appears, Vojt is not distinguished from the others by his clothing. On rare occasions, in fact only when the battalion was stationary, did he appear in a white coat. The rest of the time he was in uniform, with no distinctive sign to show that he was a doctor. Another marker of differences is that he is often depicted armed. We see him, for example, with his helmet on, behind a machine gun.

The caption says: "Training for the defense of the medical point."⁶² This image conveys that Vojt constructed himself as a fighter, a full-fledged member of his unit. And this presentation of self was recognized by the officers, since they were the ones who took pictures of the doctor in that position. This membership in the male community of the unit is evidenced by the words the doctor uses to describe his memories: "This is our life, our war. I am personally proud that I happened to serve in the air assault battalion with real men. I have no regrets whatsoever; I myself chose the fate of a military man. I tried to do everything I could."⁶³

Ending his testimonial with these words, Vojt defines his perception of masculinity. He served with "real men," the airborne troops, the extreme fighters, in combat terms and in climate terms, as they faced both the freezing temperatures of the mountains and the overwhelming heat of the deserts. Is he one of the "real men"? The way he writes this sentence, however, suggests that he makes a distinction between them and himself, while still presenting himself as a member of the community.

Disciplining the body is a tactic used by Alexander Karelin, who had to replace the senior lieutenant doctor of the 3rd battalion of the motorized rifle brigade. It was from this experience that he drew the material for his first autobiographical narrative.⁶⁴ As a doctor coming from the safe military camp, Karelin also sought to impress his fellow men. This was not a winning bet: like Vojt with his glasses, he did not have the typical physique for a soldier. He presented a very delicate silhouette, which became even skinnier with the stress of war, without apparent muscle. Not being able to count on an imposing physique and being a potential victim of mockery, he went on to adopt a different, unconventional tactic. The Afghan climate was already hostile for the Soviets, but the Kandahar region presented an even greater challenge. Numerous documents describe it as "hell," with the summer temperatures peaking at 70° Celsius in the sun. After spending several weeks getting used to the intense heat and dealing with the injuries and other inconveniences it caused, he decided to resume a habit of his youth:

Deciding that this issue was closed, the major invited the entire "decent company" to play cards.

"I won't invite you, doc. I know you're not keen on cards. . . .

"Yes, I'd rather get a tan."

"While the sun is still out," Nevsky joked.

The officers, sitting down at the table, only shook their heads doubtfully. They were already accustomed to the eccentricities of the doctor. Was there something to be amazed at—sunbathing under such a hot sun?! . . .

Noon had not yet arrived, and the sun was already burning mercilessly. He had to literally "turn himself" every minute, like a "lamb on a spit." . . .

He thought several times about going back. But, no, he needed to hold out for at least an hour, otherwise the officers would have ridiculed him.

Lying on his back, he tried to look at least through his eyelashes at the sun. But he couldn't stand it for a long time—"his eyes burned out."⁶⁵

Sunbathing to impress is not a self-evident tactic. The doctor realized that the officers put this practice down to his eccentricities and his sense of humor. But he knew

that by withstanding the heat for long enough, he would avoid mockery and make a lasting impression on them, because he had “held out.” At the same time, he showed here the discipline that he applied to his body. Holding out in such heat was first presented as a pleasure, but quickly became a tribulation with harmful bodily consequences. This display of discipline was part of a virile presentation of self, to himself and to others. For doctors, remaining in the harshest of situations without losing their nerve was behavior that secured their place in the military community, bringing them closer to combat officers.

Doctors’ bodies often did not have the characteristics of the fighting body, marked by muscle development or imposing size. Doctors were enlisted more for their professional skills than for their physical fitness. If doctors could not impress others with their strength, they might compensate for this lack with other body practices. Dressing and carrying weapons were one possibility, as shown by Vojt, who, wearing the uniform and no distinctive sign of his function as a doctor, blended in with his battalion, but impressed others by going beyond his role and acting like a fighter, despite his glasses and slender physique. Another tactic was disciplining the body through suffering, as in the case of Karelin. Through these tactics, the doctors included themselves in the virile community of their group by “doing” or performing their own form masculinity. At the same time, however, a gap was created. Tanning is a coquettish practice that refers to the feminine, and the uniform did not necessarily make the soldier. The consequence of this discrepancy was that the place of doctors as men in the military community remained at best on the margins.

Conclusion

The four practices analyzed have allowed us to grasp the outlines of a subjective construction of wartime masculinity among military doctors in Afghanistan. Using different tactics, doctors adapted their professional masculinity to the war situation and proposed a virile presentation of self that could be recognized by others and that thus allowed them to be included in the military community. Whereas some of the behaviors were integral to a form of military masculinity common to all officers, the doctors presented here possessed specific characteristics. In their relations with the weakest, especially women, a form of protective paternalism emerged which was intended to be benevolent, far from the chivalrous image of combatant officers. This paternalism had the effect of reproducing a gender hierarchy in which male doctors occupied a dominant position reinforced as well by their protection of young “freshmen” soldiers in the field. In their relationship with men, whether officers or ordinary soldiers, doctors in non-combat roles developed tactics and seized opportunities to assert their authority as officers. There was an exception in the case of special or combat troops where authority could be established on the combat field by making an impression. To do this, other tactics were used, such as showing endurance in extreme situations. But the recognition of masculinity was not always given. What appeared to be evidence of masculinity to doctors did not appear in the same light to other servicemen. This created clashes in the communication of virile values and hence in doctors’ integration

into the combatant military community. In contrast, doctors acquired full recognition of their masculinity through the control of their emotions, especially fear. The doctors followed military injunctions completely. Not only was controlling fear a cardinal value of military masculinity, but it was also a value and a necessity in medical practice, especially surgery. But the various discrepancies in their virile presentation of self in relation to other officers meant that doctors remained on the margins of the military community.

At the level of society, the doctors' virile self-presentation was in line with the norms of the dominant Soviet masculinity. Doctors were committed to the service of the state, where they could, as officers, produce gender identity linked with their status, which was less evident as doctors, since the profession was not very prestigious. In this position of domination, they embodied the Soviet man who worked and defended the nation. The Afghan experience should have given them more social power. But this does not take into account the collapse of the army's prestige during the 1980s, partly because of the revelations about the Soviet-Afghan War, which served as a mirror for the discrepancies between ideology and reality.⁶⁶ While doctors followed the norms of Soviet masculinity, they distanced themselves from it on certain points and came closer to the positions of liberal dissidents who considered that gender relations in the Soviet Union were not "natural" and that men must regain patriarchal power.⁶⁷ In this sense, the paternalism deployed by doctors echoed the norms discussed at the time. Experiencing the assertion of their authority and protecting the weak enabled doctors to overcome the image often conveyed in Soviet society of the weak, drunken, irresponsible man.⁶⁸ Without falling into the brutality associated with the masculinity of the *Afgantsy*—the Soviet combatants in Afghanistan—doctors nonetheless produced a masculine subjectivity that did not make them "devirilized" or "emasculated," contrary to the claims made by a late Soviet discourse of a "masculinity in crisis."

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◆ About the Author

Magali Delaloye is a researcher in the Department of History at the University of Basel after having been a visiting scholar at the REES in Oxford and at the History Section of the University of Hamburg. She obtained her doctorate in 2012 with a thesis on the theme "Moustaches and Skirts. Gender Relations within the Circle of the Kremlin

under Stalin,” published in French for a wide audience under the title *Une histoire érotique du Kremlin* (Payot, 2016) (translations into Polish, Romanian, and Czech) and in Russian by ROSSPEN 2018. Her current research focuses on the experience of Soviet military doctors during the Afghan War from a pragmatic and gender perspective. ORCID: 0000-0001-9511-5457.

◆ Notes

1. On gender relations and masculinity in the late Soviet Union, see Lynne Attwood, *The New Soviet Man and Woman: Sex-role Socialization in the USSR* (Basingstoke: Macmillan & Centre for Russian and East European Studies, Birmingham, 1990); Amy Randall, ed., “Soviet Masculinities,” special issue, *Russian Studies in History* 51, no. 2 (2012); and Julie Gilmour and Barbara E. Clements, “If You Want to Be Like Me, Train!': The Contradictions of Soviet Masculinity,” in *Russian Masculinities in History and Culture* (London: Palgrave Macmillan, 2002), 210–222.

2. For an analysis of the construction of military masculinity among *Afgantsy* (Soviet veterans of Afghanistan) see Nataliya Danilova, “Die Veteranen des sowjetischen Afghanistankriegs: Gender und Neuerfindung der Identität” [The veterans of the Soviet Afghan War: Gender and reinvention of identity], in *Sovietnam: Die UdSSR in Afghanistan 1979–1989* [Sovietnam: The Soviet Union in Afghanistan], ed. Tanja Penter and Esther Meier (Paderborn: Ferdinand Schöningh, 2017), 213–229.

3. While the army was never a place of women’s emancipation, from the 1960s the institution became more clearly a masculine one. Maya Eichler, *Militarizing Men: Gender, Conscription, and War in Post-Soviet Russia* (Stanford, CA: Stanford University Press, 2012), 24–27.

4. For a discussion of thinking the plurality of military masculinity, see Amanda Chrisholm and Joanna Tidy, eds., *Masculinities at the Margins: Beyond the Hegemonic in the Study of Militaries, Masculinities and War* (London: Routledge, 2019).

5. See Mathieu Marly, “The Military-Virile Model,” *Encyclopédie pour une histoire numérique de l’Europe* [Encyclopedia for a digital history of Europe], 22 June 2020, <https://ehne.fr/en/node/12399>. Because of its homosocial organization, the army is the place par excellence for the production and incorporation of military masculinity, with war being the time to put it to the test. See Stéphane Audoin-Rouzeau, “Armées et guerre: une brèche au cœur du modèle viril?” [Armies and war: A breach at the heart of the virile model?], in *Histoire de la virilité* [History of masculinity], ed. Alain Corbin, Jean-Jacques Courtine and Georges Vigarello (Paris: Seuil, 2011), vol. 3, 201–223. The literature on this subject is vast, but see, for example, Odile Roynette, *Bons pour le service: l’expérience de la caserne en France à la fin du XIX^e siècle* [Suitable for service: The barracks experience in France at the end of the 19th century] (Paris: Belin, 2000); Ute Frevert, *Die kasernierte Nation: Militärdienst und Zivilgesellschaft in Deutschland* [The barracked nation: Military service and civil society in Germany] (München: Beck, 2001); George L. Mosse, *The Image of Man: The Creation of Modern Masculinity* (Oxford: Oxford University Press, 1996).

6. Sarah Ashwin, ed., *Gender, State and Society in Soviet and Post-Soviet Russia* (London: Routledge, 2000), 13.

7. Elena Zdravomyslova and Anna Temkina, “The Crisis of Masculinity in Late Soviet Discourse,” *Russian Studies in History* 51, no. 2 (2012), 13–34.

8. Erica L. Fraser, *Military Masculinity and Postwar Recovery in the Soviet Union* (Toronto: University of Toronto Press, 2019), 13.

9. See, for example, Fraser, *Military Masculinity and Postwar Recovery in the Soviet Union*, or Lilya Kaganovsky, *How the Soviet Man Was (Un)made: Cultural Fantasy and Male Subjectivity under Stalin* (Pittsburgh, PA: University of Pittsburgh Press, 2008).

10. The conditions of application varied widely, for example, people from the *Nomenklatura* or studying were either exempted or placed in rear functions. For example, for medical students, military service could be completed by studying for two years at their university's Institute of Military Medicine.

11. Contrary to a certain idea conveyed by the veterans, it is not possible to speak of a "lost generation" and the impact of the conflict on the decaying Soviet society is not to be overestimated. Mark Galeotti, *Afghanistan: The Soviet Union's Last War* (1995; reprint London: Routledge, 2012), 30.

12. Zdravomyslova and Temkina, "The Crisis of Masculinity in Late Soviet Discourse." There is a widely held view, particularly among liberals and dissidents, that the paternalistic state gives too much power to women and devirilizes men.

13. Female doctors were present on the ground in Afghanistan, but they have been very reluctant to talk about their wartime experiences, resulting in an invisibility of their presence and an inability for this research to focus on them.

14. This was used by Soviet propaganda. See, for example, Markus Mirschel, *Bilderfronten: Die Visualisierung der sowjetischen Intervention in Afghanistan, 1979–1989* [Image Fronts: The Visualization of the Soviet Intervention in Afghanistan, 1979–1989] (Vienna: Böhlau, 2019).

15. On the role of combat in the construction of military masculinity, see Katharine M. Millar and Joanna Tidy, "Combat as a Moving Target: Masculinities, the Heroic Soldier Myth, and Normative Martial Violence," in Chris Holm and Tidy, *Masculinities at the Margins*, 44–62.

16. For example, see the ArtOfWar.ru site. According to the website presentation, the "main aim of our ArtOfWar project is to allow veterans of small- and large-scale wars after World War II, be they former or current, to express themselves. . . . We are sure that the least painful, although possibly the most difficult, way of reflecting on the past and freeing oneself from the gnawing inner memories is to write." *ArtOfWar*, "Welcome Message," 1 June 2005, http://artofwar.ru/i/info/text_0015.shtml. This website was founded in 1998 by Vladimir Grigoriev, a translator in Afghanistan. After his death, friends continue to manage the website.

17. A very large photographic collection on doctors in Afghanistan is available at the Central Museum of the Armed Forces in Moscow, but the images have little or no captioning and contextualization, making them difficult to use in this research.

18. Doctors may admit in their narratives to having hidden certain circumstances in the documents, for example, the mention "death in combat," which includes suicides, murders, and accidents, as well as losses in raids.

19. Bernard Lepetit, ed., *Les formes de l'expérience: Une autre histoire sociale* [The forms of experience: Another social history] (Paris: Albin Michel, 1995).

20. Francis Chateauraynaud and Yves Cohen, eds., *Histoires pragmatiques* [Pragmatic histories] (Paris: EHESS, 2016).

21. Erving Goffman, *The Presentation of Self in Everyday Life* (New York: Anchor, 1959).

22. Alexei Yurchak, *Everything Was Forever, Until It Was No More: The Last Soviet Generation* (Princeton, NJ: Princeton University Press, 2005), 5.

23. Candace West and Don H. Zimmerman, "Doing Gender," *Gender & Society* 1 (1987), 125–151.

24. In her project published among others on artofwar.ru, Alla Smolina, a former worker in the Jalalabad Prosecutor's Office, collects testimonies from *Afganki* (feminization of *Afgantsy*, veterans of Afghanistan) in order to deconstruct these stereotypes and offer a word space to women to express their war experience. It is noteworthy that the huge majority of women who agreed to testify are nurses, certainly the only female group feeling legitimate enough in this expression. Smolina Alla, "Kak predali 'Afganok'" [How the *Afganki* were betrayed], http://artofwar.ru/s/smolina_a/ (accessed 15 May 2015).

25. Jeffrey W. Jones, "Mothers, Prostitutes, and the Collapse of the USSR: The Representation of Women in Svetlana Aleksievich's *Zinky Boys*," *Canadian Slavonic Papers/Revue canadienne des slavistes*, 59, no 3–4 (2017), 234–258, <https://doi.org/10.1080/00085006.2017.1381545>.

26. Svetlana Alexievich, *Zinky Boys: Soviet Voices from the Afghanistan War*, trans. Julia and Robin Whitby (New York: W. W. Norton, 1992).

27. Olga Capatina, *Afghanistan, mon rayon de soleil sauvage* [Afghanistan, my wild sunshine] (Paris: 7 Écrit, 2012).

28. Interview with Rafaehl' Biktimirov conducted by the author, 3 May 2016, Moscow Region.

29. Ibid.

30. Quoted by Alexander Karelin, "Utkasheja . . .", *ArtOfWar*, 13 June 2011, http://artofwar.ru/k/karelin_a_p/karelin3.shtml. In memory of Afghanistan, nurses cover both the image of the saint who watches over the sick and that of the easy girl, reproducing the Mary-Eve dichotomy.

31. Quoted by Brigitte Studer, "La femme nouvelle" [The new woman], in *Le siècle des communismes* [The century of communisms], ed. Michel Dreyfus, Bruno Groppo, Claudio Ingerfom, Roland Lew, Claude Pennetier, Bernard Pudal, and Serge Wolikow (Paris: Éditions de l'Atelier / Éditions Ouvrières, 2004), 565–581, here 566.

32. The genre of Karelin's memorial production is particular. While it is described as a novel by the publishers, he calls it an autobiographical narrative. He has chosen to give his character a pseudonym—Alexander Nevsky—his alter ego, to relate his own experience, and is thus able to incorporate an element of literary fiction, always mentioned as such in his works: Alexander Karelin, "Kandahar: I remember," *Proza.ru*, <https://proza.ru/2012/08/18/821> (accessed 20 October 2016).

33. Alexander Karelin, "№ 5 Vrach rezal vdol' i poperek" [The doctor cut this way and that], sections 11–12, *ArtOfWar*, 20 December 2009, http://artofwar.ru/k/karelin_a_p/karelin6.shtml.

34. The paternalistic protection of doctors also had a sexual cost for women, who sometimes had to "pay" for this protection. See Capatina, *Afghanistan, mon rayon de soleil sauvage*, 267.

35. Alexander Karelin, *Afganskaja vojna glazami voennogo khirurga* [The Afghan war as seen by a military doctor], chapter 2 "I daruet emu blazhenstvo na zemle . . ." [And grant him bliss on earth. . .], *ArtOfWar*, 20 December 2009, http://artofwar.ru/k/karelin_a_p/karelin6.shtml.

36. Svetlana Alexievich, *War's Unwomanly Face* (Moscow: Progress Publishers, 1988).

37. In the stories about how they met their future wives, officers offer full narrative details about this significant moment when they were dangerously at odds with the military hierarchy, which allowed them to present themselves as heroes protecting their ladies. See, for example, Alla Smolina, "Vojna i svad'by" [War and marriage], http://samlib.ru/s/smolina_a_n/00011.shtml#2 (accessed 17 March 2017). For a reflexion on this kind of masculinity, see Magali Delaloye, "Performing Gendered Spaces and Presentation of Self at War in Afghanistan: The Case of Soviet Military Medical Services (1979–1989)" (public presentation delivered at ASEES Convention, Boston, 9 December 2018).

38. *Dedovshchina* [the rule of the grandfathers] is a disciplinary practice among soldiers (not officers) of the Soviet Army. This involves the establishment of an informal hierarchy linked to length of service: from 0 to 6 months, the soldier is a "freshman," then there is "the elephant," "the skull," then "the grandfather," and the "demob," each stage being the subject of a rite of passage. This hazing can take violent forms, particularly in war zones, sometimes leading to the death of the victim. This practice is tolerated by the military hierarchy since it allows more effective disciplinary control than regulatory practices. To go further, see Rodric Braithwaite, *Afgantsy: The Russians in Afghanistan 1979–89* (London: Profile Books, 2011), 169–173.

39. Interview with Rafaehl' Biktimirov.

40. Ashwin, *Gender, State and Society in Soviet and Post-Soviet Russia*, 13.

41. On the position of Soviet doctors during late socialism, see Mark G. Field, "The Position of the Soviet Physician: The Bureaucratic Professional," *The Milbank Quarterly*, 66, suppl. 2 (1988), 182–201.

42. *Oni zasshishshali Otechestvo: fotoal'bum o voennykh medikakh v Afganistane i Chechne* [They defended the fatherland: Photo album about military doctors in Afghanistan and Chechnya] (Galitsky: Saint Petersburg, 2008).

43. *Ibid.*, 11.

44. *Ibid.*

45. During the World War II, directly behind the frontline soldiers in terms of deaths were the third-rank doctors, young university graduates or even final year students. The high mortality obviously prevented the establishment of a memory of the presence of doctors on the front. This representation persisted during the Soviet-Afghan War, even though the difference between "the front" and "the rear" was completely deconstructed and in every battalion doctors were seen going into battle. This reality was not considered by the General Staff, which continued to send doctors to Afghanistan without specific combat training.

46. *Oni zasshishshali*, 3.

47. Interview with Rafaehl' Biktimirov.

48. *Kul'turnost'* is a set of bodily and moral practices that make a person a "cultivated" as opposed to a "backward" being. This principle is one of the crucial elements of the creation of the "New Soviet man" and a quality to become a member of the Soviet elite. For a precise analysis, see Vadim Volkov, "The Concept of *kul'turnost'*: Notes on the Stalinist Civilizing Process," in *Stalinism: New Directions*, ed. Sheila Fitzpatrick (London: Routledge, 2000), 210–230.

49. Other emotions are also expressed in war zones, such as hatred or the pain of loss (grieving). See Stéphane Audoin-Rouzeau, "Apocalypses de la guerre" [Apocalypses of war], ed. Alain Corbin, Jean-Jacques Courtine, and Georges Vigarello, *Histoire des émotions* [History of emotions] (Paris: Seuil, 2017), vol. 3, 213–228.

50. Marietta Meier and Daniela Saxer, "Die Pragmatik der Emotionen im 19. und 20. Jahrhundert; La pragmatique des émotions aux 19^e et 20^e siècles" [The pragmatics of emotions in the 19th and 20th centuries], *Traverse: Zeitschrift für Geschichte. Revue d'histoire* 2007 (2), 11–14.

51. Barbara Rosenwein, "Worrying about Emotions in History," *American Historical Review* 197, no. 3 (2002), 821–845, <https://doi.org/10.1086/ahr/107.3.821>.

52. For an example from Russian history, see Jan Plamper, "Fear: Soldiers and Emotion in Early Twentieth-Century Russian Military Psychology," *Slavic Review* 68, no. 2 (2009), 259–283.

53. Interview with Rafaehl' Biktimirov.

54. Vladimir Vojt, "Vospominaniya vracha batal'ona" [Memoirs of a battalion doctor], *ArtOfWar*, 30 March 2006, http://artofwar.ru/w/wojt_w_p/50.shtml.

55. Vladimir Vojt, "Vospominaniya vracha batal'ona" [Memoirs of a battalion doctor], *ArtOfWar*, 12 February 2006, http://artofwar.ru/w/wojt_w_p/10.shtml.

56. Interview with Alexander Brajtichuk, conducted by the author, Samara, 3 May 2017.

57. *Oni zasshishshali*, 63–87.

58. On this point, see Elisabeth Sieca-Kozłowski, "L'État postsoviétique face à la souffrance psychique de guerre: conception et héritage [The post-Soviet State in the face of the psychic suffering of war: Conception and legacy]," *Revue d'études comparatives Est-Ouest* [Review of East-West Comparative Studies] 4, no. 43 (2012), 5–33.

59. See the memoirs of the psychiatrist Jurij Koltashev, *Afganskij dnevnik psikhatrija* [The Afghan diary of a psychiatrist] (Novosibirsk: Nemo-Press, 2006).

60. *Oni zasshishshali*, 12.

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61. Vladimir Vojt, "Logarskije fotografii" [Pictures from Logar], *ArtOfWar*, http://artofwar.ru/w/wojt_w_p/ (accessed 10 February 2016).
62. Vojt, "Logarskije fotografii," *ArtOfWar*, 12 April 2006, http://artofwar.ru/w/wojt_w_p/foto8.shtml.
63. Vojt, "Logarskije fotografii," *ArtOfWar*, 30 March 2006, http://artofwar.ru/w/wojt_w_p/50.shtml.
64. Alexander Karelin, "Zdes' gde-to riadom Registan pod bokom" [Registan is around here somewhere], *ArtOfWar*, 10 January 2011, http://artofwar.ru/k/karelin_a_p/karelin6-1.shtml.
65. Ibid., Part 3, Section 4.
66. Eichler, *Militarizing Men*, 29.
67. On this discussion, see Zdravomyslova and Temkina, "The Crisis of Masculinity in Late Soviet Discourse."
68. Ashwin, *Gender, State and Society in Soviet and Post-Soviet Russia*, 17.