

# **National Security Implications of Russia's Health and Demographic Crisis**

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The dimensions and contours of Russia's health and demographic situation are relatively well known. Beginning in the 1960s, the Soviet Union and now Russia have experienced dramatic declines in population, fertility, and life expectancy, with parallel increases in mortality and many categories of morbidity. Most of these trends were exacerbated during the turbulent 1990s, with several important indicators still heading in a negative direction despite the country's recent relative economic prosperity.

Widespread illness and premature death represents an undeniable humanitarian disaster for Russia's people and its government. But U.S. attention to these issues should extend beyond altruistic concern for basic human needs. The quantity and quality of Russia's population in the coming decades, should current dynamics prove irreversible, will present a stark series of challenges along multiple dimensions of Russia's national security -- and hence to U.S. national security as well.

### **The Military Dimension**

Staffing its armed services has been one of Russia's most daunting post-Soviet challenges. Particularly because of the conditions of service in Chechnya, young men have resorted to a variety of semi-legal and illegal measures to avoid conscription, chief among those frequently-falsified medical and educational deferments. As a result, only about one-third of 18 year olds -- those without the connections or financial resources to buy their way out -- now present themselves as eligible for the semi-annual call-up. For well over a decade, military reformers have recognized the desirability of a shift toward a new regime that would capture fewer but higher-quality personnel, reducing overall costs and enabling the replacement of manpower with more sophisticated technology. Professionalization of Russia's armed forces, the argument goes, will finally propel it back into the ranks of the world's more flexible, high-tech, elite militaries.

Demographics have transformed this desirable shift into an imperative. The sheer quantitative crunch is compelling. According to United States Census Bureau projections, the cohort of 15 to 19 year old Russian males has risen since the demise of the Soviet Union and will continue to do so through 2004, peaking at around 6.4 million. After that, the number of men around conscription age plunges rapidly and steadily to around 3.2 million in 2016 (due, of course, to the plummeting of fertility and birth rates in the 1990s), with a subsequent bump to about 3.7 million in 2027 and 2028, and then a

renewed descent to roughly 2.6 million by 2050. In other words, when it comes to availability of manpower, the Russian military may never again find conditions as favorable as they are right now. In a little over a decade, it will have to make do with an overall pre-deferment pool half its current size -- and the competition for those 18 year olds will be stiff, with the civilian economy and higher education also making a claim to those valuable human resources.

Under different circumstances, following Lenin's dictum of "better fewer, but better" would seem to solve the problem. The transformation of the military into a partially professional force, under a policy that trades a significantly reduced length of mandatory service (perhaps six months) in exchange for the elimination of most current deferments, could in theory maintain the armed forces with adequately large numbers of personnel. But addressing the issue of manpower quantity leaves on the table the more daunting problem of their quality. In other words, it may prove difficult to pluck a sufficient number of "better" men to fill out those ranks of the "fewer."

Even now, only 10 to 15 percent of draftees are classified as fully medically fit for duty. The rest are sick, underweight, or for a disturbingly large number at the extreme, have psychiatric problems or addictions (narcotics or alcohol) that disqualify them from service. A decade or more down the road, however, the health problems that began to afflict children in ever-increasing numbers during the Yeltsin years will emerge as young adult health consequences, rendering the situation potentially even more problematic than it is today. While the statistics in this area are notoriously ill-defined and unreliable, with the oft-cited half of children currently suffering from some chronic health condition (undoubtedly including those with easily-correctable nearsightedness and hearing problems), the hard facts reflect undeniable acceleration in rates of disability, cardiovascular disease, and infectious disease (including tuberculosis and HIV/AIDS) among pre-adolescent and teenage boys. Current medical research suggests a strong likelihood that these pediatric medical conditions will inspire consequences that cascade into adulthood. In the short and medium-term, for example, it will be difficult to reverse the damage done by average child height that was five to eight centimeters shorter in 1999 than it was in 1989, or average chest size that had contracted by five to six centimeters over that same time period.

For Russia's armed services, the best case scenario looks like one in which it can somehow offer sufficiently attractive benefits to lure into contract service a significant percentage of that declining pool of healthy 18 year old men. Recognizing that as highly unlikely, the military could opt to conscript a much higher percentage of the total 18 year old cohort than serves today into a reduced, mandatory term. Given the rates of disability and morbidity likely to prevail within this population, however, a large portion of the military budget will then have to be allocated to nutrition, medical, and even substance abuse programs in order to maintain troop numbers at desirable levels.

## **The Economic Dimension**

It is now conventional wisdom that Russia is plagued with the natural resource curse, an abundance of oil and gas resources that make it far too convenient to avoid painful economic restructuring and diversification beyond the natural resource sectors. Most

discussions of this issue revolve around stubborn oligarchs and an intransigent policymaking bureaucracy. Increasingly, however, economic reform is also going to be dependent on the existence of a sufficiently large cohort of vigorous, skilled young and middle-aged adults. Once again, should current trends continue unabated, the maintenance and further development of this critical population is in jeopardy.

The time frame for the drop in numbers of this age group -- for the sake of illustration, 20 to 39 year old men -- lags behind that of the draft pool, for obvious reasons (it will take longer for the fertility decline of the 1990s to reach this age level). But the shape and scope of the numerical decline are quite similar, with this cohort beginning its nose-dive in 2010. More important here than quantity, however, is quality. It is true that a significant portion of Russia's small upper and upper-middle classes has become fashionably health conscious in recent years, probably following Putin's lead. The vast majority, however, continue to cling stubbornly to counterproductive behaviors (rates of alcohol and tobacco consumption, for example, are among the highest in the world) that result in shockingly high and still-escalating rates of premature mortality precisely among the working-age adult men who matter most to economic development.

The chicken-egg problem is a frustrating and perhaps damning one here: economists have shown that improved economic circumstances lead to better health conditions and health outcomes, at the same time that a healthier population has been cited as an essential prerequisite to economic growth. If the former applied to the Russian case, however, we should have seen a significant improvement in morbidity and mortality over the last few years, since living conditions and overall socioeconomic stability have improved for the majority of the population. Yet male life expectancy has not recovered from its post-1998 drop below 60 years of age, and rates of death by industrial and automobile accident, suicide, homicide, and cardiovascular disease -- the leading causes of "excess" mortality in the 1990s -- have continued their steady ascent. The hike in the only important and well-publicized population indicator to improve dramatically in recent years, fertility and birth rate, may be chimeric, due largely to a temporary increase in the number of childbearing-age women and the fallout of deferred family formation during the 1990s, rather than to a sustainable trend of conscious and widespread decisions among Russian women to give birth more than just once.

In other words, beginning in 2010 and for decades afterward, the Russian labor force will shrink in size and quality. Furthermore, most official demographic projections (including those of the Russian State Statistical Agency) do not take into account the potential impact of HIV/AIDS. As the experience of sub-Saharan Africa has heartbreakingly demonstrated, HIV/AIDS decimates societies in a manner qualitatively different than most infectious diseases. Rather than afflicting the usually more vulnerable very young and very old, it sickens and kills people in the prime of their productive lives. So far, the Russian federal government and most regional and local governments have chosen to ignore the virus, largely because it has affected primarily "marginal" population groups: injecting drug users and commercial sex workers. For the last few years, however, important barometers such as the percentage of pregnant women who test positive for HIV, as well as the overall male to female ratio of newly detected HIV cases, have seemed to indicate that the disease is spreading beyond the original high-risk groups and into the general population. Insufficient behavioral surveillance has

been done to predict with certainty how spectacular Russia's showdown with HIV will be. But even the most optimistic current projections, including the most generous scenarios for negotiation of reduced prices for the antiretroviral medications that can save the lives of HIV-infected people, predict that HIV and AIDS will constitute a significant drain on the Russian economy in terms of the direct costs to the health care system and the indirect costs of foregone labor productivity and potential.

## **The Political Dimension**

While the population and health status of ethnic Russians, Slavs, and those of the Orthodox faith continue to decline, the reverse is true of Russia's Muslims. Throughout most of the Soviet period and continuing through the present day, the regions of Russia that are predominantly Muslim have enjoyed, on average, significantly higher life expectancy and birth rates, and significantly lower morbidity and mortality rates, than those for Russia as a whole. As is the case globally, the fastest growing religion in Russia is Islam, largely due to demographic factors rather than to conversion. A large percentage of the immigrants (legal and illegal) to Russia that have mitigated the country's demographic decline over the last decade, compensating at least partially for the overall excess of deaths over births, have been Muslims from the Caucasus and Central Asia. Indeed, an acceleration of legal immigration is frequently touted as the ultimate solution to Russia's demographic distress.

To be sure, hostility toward immigrants and minority ethnic groups predates the global war on terror and Russia's conflict in Chechnya. But Nord Ost and Beslan have upped the ante when it comes to race relations. How will the Russian military react to the probability that it will have to recruit an increasing number of Russian Muslim soldiers in order to maintain adequate staff levels? How will Russian industry respond to a similar imperative? The ranks of neo-Nazi and skinhead youth groups across the country, still relatively small but growing at an alarming rate, routinely and violently target non-Russians, particularly those from the Caucasus. Incidents of racial violence, including murder, are now routine occurrences in Moscow and other large Russian cities. As the ratio of Muslims to Slavs inevitably increases, Russia's political landscape could undergo significant change as a result, with ultra-nationalist political parties following the lead of their counterparts in France, Austria, and Germany.

Another element of the political equation is the discontent over the government's inability to address head-on the health and demographic situation, fueled most recently by the summer 2004 decision to monetarize an array of benefits -- including health care for pensioners and the disabled -- that formerly were provided in-kind at a discounted rate or free of charge. To date, Russia's main efforts to tackle these issues have centered on ineffective and sloppy health system reform, and pronatalist policies that rarely work and more often unleash an array of unintended consequences. Over a decade of sustained insult to Russia's human capital has produced a social landscape stratified into a small number of haves, with access to high-quality health care and ample resources to support any family size they wish, and a mass of have-nots. If the majority of the Russian population disengages from a government it no longer trusts to provide even a minimal

safety net of social protections, the voting public may again be nudged toward sympathy with right-wing, chauvinist, and markedly anti-democratic political leaders.

## **Relevance for U.S. National Security**

It is now axiomatic that any future threat from Russia will probably emerge from its weakness rather than from its strength. A stable Russia offers the potential for sensible accounting and maintenance of nuclear materials as well as mutually profitable partnership in the exploration and harvesting of its own natural resource wealth. Russia also shares long land borders with and wields considerable influence in countries and regions where the United States holds a direct economic and/or national security interest - - China, Central Asia, and the Caucasus, to name a few. As a result, cooperation from a stable and relatively secure Russia is critical in the evolution of many policy areas that are of high priority to the West.

One of the most likely sources of multidimensional instability in Russia in the coming years is the ongoing and escalating assault on its population numbers and health. The good news is that at least some elements of this crisis are amenable to relatively low-cost and cost-effective intervention, policies with which the United States has long and instructive experience: public health education to curb alcohol consumption and other contributors to accidents and heart disease, the provision of prenatal education and care, continued attention to childhood immunization, and the containment of potentially high-prevalence infections such as HIV and tuberculosis. A small but sustained investment in these oft-neglected "soft-power" issues -- health-related professional exchanges and cooperative health education between the United States and Russia -- could go a long way toward enhancing Russia's inclination toward stability and productive partnership.

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