

Forgotten wars: Russian nurses reflect on their choices in the armed conflicts of Afghanistan and Chechnya*

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This article examines Russian nurses' reflections about their individual moral experience of the armed conflicts in Afghanistan (1979–1989) and in Chechnya (1994–1996; 1999–2009). The study relies on published documents and interviews featured in various online sources. The study aims to shed light on the main value orientations that influence present-day evaluations of these events and to show how the values systems of those participating in war had become transformed under the influence of wartime experiences. The concept of charity plays a crucial role in the nurses' reflection as it enables them to emphasise their special mission in war: not only to provide people with health care but also with moral support. This concept also underpins the practises of justification of moral choice. The article demonstrates that the discrepancy between established commemorative practises and the personal inability to make sense of death in war makes any justification of casualties impossible on the level of individual reflection relative to the events of the WWII. The circumstances of war's 'trauma epidemics' remain significant within these women's personal moral experience. In addition to the paralysis or passivity in the face of death that they experienced, in their civilian lives, they become acutely aware of the impossibility of finding any meaning in the death toll that is war's inevitable result. The nurses' memoirs lay a special emphasis on their attitudes toward the enemy. On one hand, they remember the feelings they experienced toward the enemies in Chechnya or Afghanistan; on the other hand, from a more recent perspective, it becomes clear that these armed conflicts require new interpretations and evaluations.

Keywords: ethics of war, moral experience, death, compassion, charity, representation of the enemy.

Introduction

By its very nature, war presents not only professional challenges but also challenges associated with its moral dimension. This is especially true for those who see their mission as saving lives and staving off death. Combat medics have to provide emergency care under difficult and dangerous conditions, but they also have to make choices that do not always conform to moral ideals. Therefore, studies of the ethics of warfare should give due regard to participants' individual moral experience in order to gain a more in-depth understanding of the value orientations which come to the fore under battlefield

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conditions. The finality of death as manifested in war at once points to the fact of human mortality while also becoming a fact of mundane existence. Terrifying, imminent death and, consequently, the impossibility to circumvent its constant presence in one's life at war bring forth those values, and those forms of reflection, that are capable of justifying both one's own death and that of others, and even the killing of one's enemies. Ideological tropes, norms of communal living, justifications of mortality and death inherited from religious traditions and traditional cultural practices lay the foundation for this evaluation and reflection on death. What seemed self-evident in civilian life and did not require any reflection, needs to be revised in wartime. "This encounter melts down the normative tradition and decouples the legitimating principles and factual reality. There no longer exists the unity of the lifeworld in which social significance and social practise are merged" [1, p. 170]. While an individual finds him/herself at a distance from the familiar lifeworld, an awareness of the need to reflect upon the events and to place these events in the framework of personal value orientations comes to the fore. Reflection may prompt one's personal moral order to be reconfigured by individually significant values. The experience of setting this moral order, stemming from the need to construct the meaning of death and dying, is expressed in the texts produced by the participants of armed conflicts. The study of these texts sheds light on the situations of moral choice that reveal the traumatic and disturbing ambiguity of values as well as the diversity of the cultural contexts shaping them.

Undoubtedly, there is a considerable difference between war letters and memoirs written by participants many years later. War letters, despite the military censorship that their authors are well aware of, often reflect more immediate reactions to events and the authors' attempts to comprehend the possibility of their death. In this case, as the editors of the anthology *20th Century: War Letters* [2] emphasise, on one hand, the authors of the letters struggle to express their deeply personal feelings; on the other hand, in their justification of death, they attempt to master dominant ideological tropes and reconstruct the practises of religious culture.

The war stories narrated by the participants of those events tend to reflect the more recent politics and practises of memory that set not only discursive forms but also moral standards. In other words, authors craft out their narratives from new vantage points with the benefit of hindsight that comes from years of reflection. They also aim to give an honest account of the events by sharing what had previously been hidden for ideological reasons, sometimes making their narratives more insightful than war letters.

There is one important factor that shapes the memories of the Russian participants of the wars in Afghanistan and in Chechnya¹ — the particular status of these conflicts.

¹ The armed conflict in the Democratic Republic of Afghanistan involved the Soviet-backed communist government and the Mujahideen (resistance fighters). In 1979, Soviet forces or, as it was described by the official Soviet discourse, 'a limited contingent of Soviet military forces', entered Afghanistan. The final and complete withdrawal of Soviet troops happened only 10 years later, after Mikhail Gorbachev came into office in 1985. The casualties of the Soviet army were heavy, amounting to more than 15,000. The history of the military conflict in the Chechen Republic comprised several stages. The first stage, known as 'The First Chechen War or the First Chechen Campaign (1994–1996), was officially aimed to 'restore the constitutional order'. The second stage, or the Second Chechen War, which took place in Chechnya and the North Caucasus borderlands, was officially dubbed a counterterrorist operation (1999–2009). The conflict is estimated to have killed more than 6,000 Russian military and law enforcement officers.

Once mobilised to aid and protect, to fight for a good cause, now the veterans of the wars in Afghanistan and Chechnya have to encounter contradictory evaluations of the goals, outcomes and casualties of these conflicts. This is, in a sense, its own trauma that, in equal measure, necessitates public discussion while also impeding it. This is why, even though such publications are comparatively scarce in the public media, they are of great interest to the studies of individual moral experience of war.

In this paper we are going to focus on the memories of only one category of participants in these armed conflicts — medical nurses. Among the mid-level medical personnel (as they were officially referred to) in Afghanistan and Chechnya, there were few who had actually been trained as combat medics. The majority of them were young nurses who had worked in civilian hospitals as surgical, maternity, and emergency room nurses for some time. These women joined the military forces and found themselves in the midst of an armed conflict much the same way as the soldiers conscripted in the Soviet (and later Russian) army. They were unprepared psychologically for war. Nevertheless, they had to adapt to its harsh realities. Unlike the medical workers who went to Chechnya, however, the nurses dispatched to Afghanistan thought that they were sent to provide healthcare in a country that was severely lacking in doctors. Nobody had warned them that there was a war raging there. In their memoirs, nurses emphasise that the medical profession is a peaceful occupation while admitting that they found themselves pondering over the question of who they were: soldiers or civilians. The answer to this question was unambiguous: “I am not a soldier even though I serve as a soldier”. The nurses compared themselves to military doctors who followed army regulations.

It should be noted that medical ethics is a fairly well-developed domain and that, among other things, it deals with the challenges faced by physicians in time of war. These challenges include the ambivalence inherent in various ethical codes of military medicine which fail to provide an unambiguous answer as to who should be given the priority of medical assistance, especially if medical supplies are scarce. On one hand, following the logic of war, the sooner a soldier returns to the battlefield, the more successful the military campaign will be, which means that priority should be given to lightly wounded soldiers. On the other hand, following the logic of medicine, the highest priority should be given to those whose condition is life-threatening — to heavily wounded patients. In peacetime, the patient and his or her interests should be the doctor’s main concern; but the war fundamentally transforms these principles and instead brings to the fore the principle of military expediency. Therefore, decisions taken by combat medics might be reckoned morally dubious in civilian life. These dilemmas are: what makes the nurses’ reflections about the armed conflicts particularly worthy of attention.

There is an evident scarcity of documents and media sources containing memories of the medical workers who took part in the wars in Afghanistan and Chechnya. Regional veterans’ associations, however, publish and store interviews with the war participants and their diaries in online resources. The anthology *Charity Tested by War*, commemorating the 30th anniversary of the Soviet troops’ withdrawal from Afghanistan, was published in 2019 [3]. The anthology features dozens of stories told by the nurses about their experiences in the Afghan and Chechen wars. These narratives are unique and shed light on the traumas and moral choices of the participants of these armed conflicts.

We were taught this way

The doctor-patient relationship is described in detail in the codes, protocols, and normative documents. These regulations sometimes contain the text of the Doctor's Oath [4]. It is, therefore, expected that in an armed conflict, healthcare workers should adhere to quite obvious moral principles. In the 1980s in the USSR, apart from the Hippocratic Oath, which was known and taken by students of medical universities, health care practitioners (like all other Soviet citizens) were supposed to follow the Soviet moral code (Moral Code of the Builder of Communism), Komsomol ethics, and so on. Soviet media culture abounded in the representations of medical workers making the 'right' moral choices. A popular topic used for essays written as part of the entrance exams to medical universities was 'Representations of Health Care Workers in Soviet Literature'. Here were many films that featured doctors as enthusiastic, self-sacrificing professionals — not ambitious doctors climbing up the career ladder but village health workers or doctors working in a large city clinic. In films about civilian life, nurses played mostly minor roles, but in the films of the Great Patriotic War (WWII), they were depicted as strong female characters with heroic undertones. Their experiential knowledge and wisdom were often juxtaposed with young doctors' bookish knowledge. A nurse had to adhere to the code of medical ethics but stay in the doctor's shadow; she was expected primarily to take care of the patients rather than to treat them.

Though a comprehensive overview of the nurses' representations in Soviet culture is beyond the scope of this study, these facts should be kept in mind because authors of the memoirs in question often explain their motives to go to Afghanistan or Chechnya by saying "we were taught this way". Thus, the nurses seek to distance themselves morally from the modern youth and to emphasise that, unlike younger generations, they had been guided by less pragmatic motives. The authors of the memoirs point out that, at the time, when — the what seems now inexplicable — decision to go to war was taken, no extra explanations or justifications were necessary.

"They said: 'You are Komsomol members, who else should help our friends, the Afghan nation, to protect the achievements of the revolution? Help the locals to fight infectious diseases?' (italics mine. — E. Ch.). Not a word was said about our boys dying there in a hail of bullets every day. This left a mark on many medical workers of my generation: we all shared this desire to help others. I didn't hesitate long: if help is needed — I will go!" [5, p. 44].

The second war in Chechnya took place at the turn of the 2000s, when everything that was in one way or another associated with the Soviet lifestyle was resented and scorned by the Russian public. Nevertheless, the moral principles and values inherited from the Soviet epoch persisted despite the difficult social circumstances. The post-Soviet economic collapse and severe cuts in healthcare funding made medical practitioners search for extra sources of income, take odd jobs or master new professions. The nurses' memoirs, however, make no mention of money as a driving motive. Some of them were called up because they were reservists while others went to war voluntarily. Reflecting on their motivations, the nurses note that at that time they did not see their work as a paid service in contrast to what health care is positioned to be nowadays.

"I was interested about the motives that had driven my fellow workers when they decided to go to war. How glad was I to find out that none of the medical brigade had done this because of the money!" [6, p. 176].

In their reflections on the Chechen wars, the nurses often draw parallels between their own moral impulses and those of the combat medics in the Great Patriotic War. This can be explained by the desire to base the argumentation on absolute unconditional moral ideals that transcend time and, as the authors assume, are understandable to contemporary readers.

Analysing the principles and value orientations they adhered to while being in Chechnya and Afghanistan, the former nurses accentuate that in their post-military life, they missed the moral certainty and the hierarchy of values that structured their lives in the realities of war:

“The prevalent emotion I brought with me from Afghanistan was the feeling of being needed, the feeling of purpose, the significance of my work and responsibility for the result. It’s not like that in civilian life... There, beyond the river, the system of values was different” [7, p. 148].

Life and death

One might surmise that, unlike other participants of armed conflicts, health care professionals should be better prepared for seeing death and suffering. Nevertheless, as the memoirs make clear, blood, wounds, and patients’ deaths had a powerful traumatic effect on the nurses. Each of them explains that even though they had had prior experience in surgical nursing or in an emergency unit, they were not ready for these feelings and could not get used to seeing people die.

“Sometimes there is not even a whole body, it’s so mangled, arms and legs lying separately. It’s gruesome... You can’t get used to this... It’s grief, only grief!” [8, p. 69].

“Of course, it was the hardest in intensive care because you remember clearly all those who were critically wounded. And it hurts so much when he dies. I remember many such tragedies: only yesterday there was a soldier, and today he’s dead...” [9, p. 103].

“I witnessed many deaths in Afghanistan. Each time you experienced the pain and powerlessness of being unable to save them, to shield them with your body. You can’t get used to death. Death is horrible and ugly” [10, p. 61].

One feature of the horrible reality of warfare was termed by the surgeon and scientist N. I. Pirogov ‘traumatic epidemic’. This describes a situation where the number of wounded patients exceeds the amount of healthcare available and the number of medics. In their war accounts, the nurses report feeling overwhelmed by suffering and death, something they found they could not get used to and could not forget.

“Every day we were surrounded by suffering and pain, very young boys dying around us. We worked night and day, there were so many wounded. Our charity knew no bounds” [11].

“There was a young soldier on the table, I bent over to him and started crying, taking a picture of his shattered leg. It was appalling to look at what I was photographing. Body fragments. Sometimes, it seemed to me that my eyes were like an X-ray machine, making X-ray shots, they recorded so many pictures of hospital life, so many faces of soldiers that passed through my hands — I remember all of them...” [11].

The nurses’ attitudes to death were shaped by the suffering they went through while witnessing their patients’ pain. The nurses’ co-suffering in the face of the imminent death of their patients who, despite their efforts, could not be saved became an existential chal-

lenge, a factor that contributed to the moral framework underpinning these women's present-day reflections.

Emmanuel Levinas describes a special attitude toward the event of death that occurs in suffering. Levinas explains that this understanding of death is different from the Heideggerian 'being-towards-death'. "It is *Dasein*'s assumption of the uttermost possibility of existence, which precisely makes possible all other possibilities, and consequently makes possible the very feat of grasping a possibility, that is, makes possible activity and freedom. Death in Heidegger is an event of freedom, whereas for me the subject seems to reach the limit of the possible in suffering. It finds itself enchained, overwhelmed, and in some way passive" [12, p. 70]. Since an individual is not a subject in relation to the event of death, then suffering, which precedes death, plunges this individual into the feeling of their own powerlessness. Suffering makes us think about death, it dwells in the presentiment of death. "There is not only the feeling and the knowledge that suffering can end in death. Pain of itself includes it like a paroxysm, as there were something about to be produced even more rending than suffering" [12, p. 69]. Suffering prevents an individual from countering death with resolution and clarity, drains him or her of the power to overcome fear.

By virtue of their occupation, nurses are supposed to be active subjects in relation to death, their aim is to defeat or stave it off. This is why the act of suffering makes them experience so strongly the loss of their position as a subject, their passivity/paralysis, in relation to the event of death. Wartime situations of 'trauma epidemics' become traumatic within the personal moral experience of those women. In this case, compassion is not only about the ability to understand emotionally what other people feel or to express sympathy, even by practising acts of kindness. In the accounts of the former war nurses, compassion comes as a major shock and as a memory of plunging into despair because of being unable to help and save: "... all I have to do is to travel back to Afghanistan in my mind, just for a moment, and it all instantly comes back to me — the pictures and images of the past and the multitude of faces... the faces of those whom I can no longer help — they were doomed to die young" [10, p. 61].

The experience of suffering is the foundation for the need to speak about these events and their victims, to uncover and mourn the irreplaceable losses caused by the wars. For the authors of these memoirs, human life is an absolute value, which provides the ultimate point of reference for all further reasoning, including the condemnation and justification of these wars. Almost every text in the anthology notes that in Afghanistan and Chechnya, the Soviet (and later Russian) army suffered heavy casualties because many soldiers were untrained and inexperienced. Accidental firearm injuries and even deaths were common, soldiers died not only in action but also as a result of mishandling weapons: "...our boys, who had just started their service or served half of the period, had but a vague idea how to reload a rifle. We had many accidental injuries because someone had mishandled a gun... It was heartbreaking to lose young boys" [6, p. 182].

Decades later, these women revisit their painful memories of a whose end brought no uplifting joy at the victory and which is now all but forgotten: "They did not know then that their own motherland had sent them to the most meaningless war and could not imagine what would be waiting for them back in the Soviet Union, which was soon to collapse like a house of cards" [10, p. 61].

The impossibility to make sense of death in a way comparable to the practises of commemoration associated with the Great Patriotic War renders unfinished the justifica-

tion of casualties at the level of individual reflection. In addition to the paralysis/passivity in the face of the death that they experienced during the war, in their civilian lives they become acutely aware of the impossibility of finding any meaning in the war's death toll.

Encountering the Other

The nurses' memoirs dwell at some length on their attitudes toward the enemy. There is a contrast between the feelings the authors vividly remember and the new interpretations and evaluations that the actions of Mujahideen fighters and their supporters now receive.

Recounting their war experiences, the nurses emphasise the disparity between the ideological interpretation of the war and what was happening in reality, which, as they say, was the hardest to endure. It turned out that local civilians tended to support the enemy more than the supposed liberators and the medical workers found themselves — along with military personnel — being hated by the local population. This fact contradicted the official version of events which, at the beginning, the nurses took for granted.

They were dispatched to Afghanistan to deliver medical assistance to local communities — that was the mission that they supposed they were pursuing. Even their good intentions, however, could be interpreted differently by local people: “We treated everyone who needed medical help... There were many cases of infectious diseases, skin conditions, advanced stages of venereal diseases. People often brought us fruit: dates, tangerines, grapes. We could eat them and *not be afraid of being poisoned* (italics mine. — *E. Ch.*). The Afghans usually *repaid our kindness by being kind to us* (italics mine. — *E. Ch.*). And they did not shoot at our field hospital” [13, p. 90]. However, a trip to an Afghan *kishlak* to deliver medical aid could easily end in tragedy, which seemed unfair to the medical workers, who had to stay vigilant even though they were behind the front lines. These feelings are still strong and almost all of the memoirs describe the difficulties associated with the transition to civilian life. According to the nurses' accounts, they found it difficult to readjust and stop being constantly on the lookout for danger: “Danger could hide everywhere, who knows what is hidden under the rags of a little urchin or a venerable old man? They had weapons and we did not so much as hold a gun! There's a red cross on my cap — and that's all you have for protection!” [7, p. 144].

In the memoirs, there are similarities in the way the images of rebel fighters and local civilians are constructed. The Mujahideen are depicted as brutal and treacherous, acting both openly but also employing stealth and surprise; they are also better prepared than Soviet soldiers, better equipped and have higher quality first aid and medical equipment. Local people are described as illiterate and uncivilized, ready to accept medical help and grateful for it but still wary of the doctors. The locals were also a source of danger as there was no way of distinguishing those who supported the Mujahideen from those who did not. As the nurses' accounts make clear, in their eyes, it was the Soviet forces who had the moral advantage over the opposing side who used guerrilla tactics while the Soviet army, like Soviet doctors, acted openly. Almost every author makes bitter remarks about the fact that the Soviet humanitarian aid for the Afghan people is mostly ignored nowadays. Similarly, the nurses observe with resentment that contemporary Russian society is oblivious of other similar facts, for example, that the Soviet forces left in Afghanistan a fully equipped hospital.

The difference between the war in Afghanistan and the conflict in Chechnya is that in the case of the latter the warfare was waged on the territory of Russia. In the Soviet period, the North Caucasus had various ethnicities that peacefully co-existed, but the post-Soviet period witnessed rapid escalation of ethnic tensions as these communities grew increasingly antagonistic toward each other and former neighbours soon turned into bitter enemies.

“Our surgeons operated together with Chechen doctors. There is no arguing that they were highly experienced surgeons. And the surgical nurse was also Chechen... When our soldiers started arriving, however, she first made a point of stepping back from the operating table and then she left altogether. In 24 hours male surgeons were also gone. Sometimes, national strife and politics seem to prevail over the Hippocratic Oath” [14, p. 190].

Thus, the conflict that blazed out in Chechnya was morally reprehensible from the perspective of medical ethics. The nurses describe their gradual realization that it was impossible to predict the outcomes of the war where, like in Afghanistan, those whom the Russian military were supposed to protect supported the opposing side: “The car where I was sitting with two other soldiers got broken midway. We had to stop near a Chechen cemetery. Everywhere you looked there were signs calling for revenge for their compatriots” [15, p. 216].

The accounts about Chechnya are very similar to those about Afghanistan in the way they depict the enemy — the Chechen fighters are described as unpredictable and cunning, and their equipment and, in particular, first aid supplies were more advanced and of higher quality: “Afghan fighters had medication ten times better than ours. They got Canadian humanitarian aid, including bandaging materials and broad-spectrum antibiotics. On my return from the trip to Chechnya, I carried butterfly needles with me. At that time we had not even heard of those things while our enemies were actively using them” [6, p. 176].

By their own admission, the nurses had to stay on their guard around the locals. Although medical assistance was welcomed and local people accepted it with gratitude, it did not mean that they considered the Russian doctors and nurses friends. Even though Chechnya is a part of Russia, it is not referred to in the memoirs as the author’s own/native/Russian land invaded by the enemy, on the contrary, it is described as alien — ‘a foreign republic’ [16, p. 162], ‘militant and hostile Chechnya’ [17, p. 168].

In the nurses’ accounts, the episodes when the locals were hostile towards them are counterbalanced with the scenes of warmth and hospitality. In the nurses’ view, people of the medical profession should stay above the conflict and the us/them antagonism, approaching what is happening from the perspective of universal human values. At this point, it should be noted that the memoirs make practically no mention of the religious differences between the warring parties and do not counterpose Christianity and Islam.

Faith and Orthodox culture

Noteworthy, the topic of faith is mostly discussed in the narratives written by those nurses who participated in the Chechen war, which may be explained by the changing attitudes to religion in post-Soviet culture of the 1990s and the impact of the harsh conditions that these nurses had found themselves in: “When we passed Samara, we saw women on the train tracks. They were kneeling and praying in the direction of the train. Noticing the

girls' faces in the windows, they froze in astonishment. It was then that I felt scared for the first time — what does destiny have in store for each of us?" [6, p. 177].

Those who point out that their faith in God was their pillar of stability amid the horrors of war also tend to explain their survival by divine providence:

"At the time of service I carried the icon of Holy Mother with me. It was always with me in my notebook. The Lord strengthened us in our faith" [15, p. 219].

"I think that if a person is morally stable, if they are well developed, they don't need any external support. They can cope with everything on their own... The Lord helped me. He saved me. I have never strayed from my life's path. I returned from the war alive, I was never wounded..." [18, p. 27].

The memoirs also put in the spotlight the role played by Orthodox culture in moral decision-making. In this regard, the Christian concept of charity is of special significance:

"Every day, we were surrounded by suffering and pain, very young boys dying around us. We worked night and day, there were so many wounded. Our charity knew no limits" [11];

"The main principles of the Nurses' Ethical Code are humanity and charity. But who, tell me, who can be guided by their heart at work nowadays?" [18, p. 14].

As the nurses' reflections on moral dilemmas demonstrate, to show mercy to the opposing side despite their perceived brutality and viciousness required a certain spiritual effort:

"I cannot, I don't have the right to blame that truly kind, warm-hearted nurse for not being able to forgive the Chechens for her broken life. But I also cannot but feel sorry for this mangled boy. He is not guilty of what was done by his clansmen, who cut the throat of a Russian soldier with a dull knife" [19].

Reflecting on the essence of their profession, the nurses dwell on its historical connection with the institution of 'sisters of mercy' going back to the mid-19th century. Revisiting the war events in their memoirs, the nurses write of charity as the main moral quality that this profession is rooted in, interpreting it in the context of Christian values. In Orthodox culture, charity is understood as "a special feeling that has its source in God and that is expressed through kindness, benevolence, compassion for fellow human beings, patience towards sinners and forgiveness of the enemies' offenses" [20, p. 237]. Speaking of what charity means, the nurses make it clear that it is not only about helping the body but also about helping the soul. In other words, it is not enough to look after the patients but it is also necessary to "bring those who strayed off back to the right path, divert from sin, straighten out those who have deviated, strengthen those who are tempted, console those in grief, and tolerate the weak" [20, p. 238–239]. The concept of charity, which supplies a moral foundation for justifications of moral choice, plays a crucial role in the nurses' discursive practices: they insist that their mission in the war was not only to provide people with health care but also to give them spiritual support.

Life after War

The nurses look at their war experience with the benefit of hindsight, from the perspective of the new reality and new values, which shed a new light on the Soviet past. With some clarity they realize that the memory of the wars in Afghanistan and Chechnya is preserved only by the immediate participants of those events — the veterans. The nurses

believe that the fact these conflicts have become forgotten is unfair in relation to those who served in them.

“We returned from the ‘wonderland’ burnt by the sun not only in the literal but also figurative sense. We are just an infinitesimal group of people who went to war while the majority continued living their usual lives... Since our mission in Afghanistan was not completely defined, on all the levels of power and ideology they tried to forget about it as soon as possible” [7, p. 149].

Both psychologically and morally, the former nurses still feel different and isolated from those who have not been to war. Fear and trauma are the recurring themes in their narratives as well as the time it took them to get used to civilian life. They also mention that back home they are often viewed with apprehension:

“At first, it felt as if I was shell-shocked, I was not quite myself. During sleep I shouted: ‘*Bring in the wounded!*’ (italics added by L. Klokova). It was really tough” [18, p. 26].

“I failed a job interview twice because they found out that I had served in Chechnya. Once, when my husband was doing an internship at the Burdenko Centre, some of the other interns came over to dinner... When they were taking their leave after a pleasant evening, they suddenly confessed: ‘*Guys, you’re great! Thank you. We thought that those who’d been to Chechnya were different!*’ (italics added by V. Rogova)” [15, p. 219].

The authors of the memoirs ponder the questions as to why the Soviet or Russian troops were so ill-prepared and why the medical supplies were so scarce and inadequate. The nurses vividly recall those young soldiers whose deaths they witnessed. The deaths that were accidental (e. g. from a fatal accident, infection, or heat) stand out from the rest and are interpreted as unwarranted.

Conclusion

The analysis of the nurses’ memoirs has shown that in their moral orientations these women mostly rely on the moral values of Soviet culture. Speaking of the situations of moral choice, the nurses point out that, unlike the Great Patriotic War, the armed conflicts in Chechnya and Afghanistan are mostly remembered solely by the participants of these events and forgotten by the rest of society. The status of the veterans of the wars in Afghanistan and Chechnya is not on a par with that of the Great Patriotic War veterans. In their moral argumentation, the nurses primarily rely on the moral examples that kept being reproduced in Russian culture, especially the representations of the combat medics in the Great Patriotic War. The core concept that the nurses’ reflections are largely centred around is the concept of charity.

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Забывшие войны: анализ рефлексии о проблемах морального выбора медицинских сестер — участниц военных конфликтов в Афганистане и Чечне*

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В статье осуществляется анализ рефлексии о персональном моральном опыте, представленный в воспоминаниях российских медицинских сестер, участвовавших в военных конфликтах в Республике Афганистан (1979–1989) и в Чеченской Республике РФ (1994–1996; 1999–2009). Используются как опубликованные документы, так и интервью, представленные на различных интернет-ресурсах. Целью анализа было выявить основные ценностные ориентации, которые влияют сегодняшнюю оценку военных событий, показать, каким образом трансформировался ценностный порядок под влиянием пережитого на войне. Отмечается, что концепт милосердия очень важен в опыте рефлексии медицинских сестер, так как позволяет им подчеркнуть их особую миссию на войне: не только оказывать медицинскую помощь, но поддерживать духовно, морально. Также этот концепт является универсальным основанием в практиках оправдания морального выбора. Показано, что невозможность придать смерти тот же смысл, что и в практиках памяти о событиях Великой Отечественной войне, делает процесс оправдания смерти для бывших медсестер в персональном акте рефлексии незавершенным. Ситуация «травматической эпидемии» войны становится травматичной в горизонте персонального морального опыта этих женщин. Пережитое ранее бессилие/пассивность перед лицом смерти дополняется сегодня пониманием невозможности отыскать смысл гибели людей. В воспоминаниях особое место занимает тема отношения к противнику. В сегодняшних обстоятельствах участницы военных событий в Афганистане и Чечне, с одной стороны, помнят прежнее чувство к врагу, с другой стороны — современный контекст обсуждения этих военных конфликтов требует новых формулировок и оценок.

Ключевые слова: этика войны, моральный опыт, смерть, сострадание, милосердие, образ врага.

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