



**THE BUREAUCRATIC ROUTES  
AND DOCUMENTARY TEMPORALITIES  
OF THE CONSCRIPT'S QUESTIONNAIRE  
AT A HUMAN RIGHTS ORGANISATION**

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**Abstract:** The article examines the working mechanisms of a non-profit human rights organisation that helps Russian conscripts and their families with questions concerning military registration. Following the aesthetic approach, described by Matthew Hull, in research into bureaucracy, the author concentrates on the functional elements of the template used by the NPO, the conscript's questionnaire. The text devotes considerable space to the question of the understanding of documentary time and its organisation in conscription bureaucracy. With the help of an analysis of its internal organisation and of practices of the use of the questionnaire as a formal tool, the text reveals the mechanisms of bureaucratic retemporalisation of the young man's health and biography in the process of the construction of his "file-self". Connecting the questionnaire with the other documentary forms used at the human rights organisation, the author demonstrates how they embody the working logic of the institution of conscription, and how the clients of the NPO use their knowledge of the peculiarities of the military medical taxonomies of illness in the process of "translating" particular diagnoses and the overall picture of their health from the "civil" to the "military" medical system. The analysis of the structure of the questionnaire and the papers associated with it allows the author to ask how the temporality established within the text of the document ensures trust in its contents on the part both of the citizen and the state.

**Key words:** bureaucracy, medicine, documents, non-profit organisations, temporality.

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## **The Bureaucratic Routes and Documentary Temporalities of the Conscript's Questionnaire at a Human Rights Organisation**

The article examines the working mechanisms of a non-profit human rights organisation that helps Russian conscripts and their families with questions concerning military registration. Following the aesthetic approach, described by Matthew Hull, in research into bureaucracy, the author concentrates on the functional elements of the template used by the NPO, the conscript's questionnaire. The text devotes considerable space to the question of the understanding of documentary time and its organisation in conscription bureaucracy. With the help of an analysis of its internal organisation and of practices of the use of the questionnaire as a formal tool, the text reveals the mechanisms of bureaucratic retemporalisation of the young man's health and biography in the process of the construction of his "file-self". Connecting the questionnaire with the other documentary forms used at the human rights organisation, the author demonstrates how they embody the working logic of the institution of conscription, and how the clients of the NPO use their knowledge of the peculiarities of the military medical taxonomies of illness in the process of "translating" particular diagnoses and the overall picture of their health from the "civil" to the "military" medical system. The analysis of the structure of the questionnaire and the papers associated with it allows the author to ask how the temporality established within the text of the document ensures trust in its contents on the part both of the citizen and the state.

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### **The bureaucratic artefact and its time: posing the question**

As Bruno Latour remarked, although it is bureaucratic artefacts (files, documents, records) that bring about the "rationalisation" ascribed to bureaucratic reason, bringing together on the desk the texts of laws, classifications, maps and other objects capable of being archived, they are at the same time "the most despised of ethnographic objects" [Latour 1990: 54]. Under the influence of the theoretical efforts of Latour, and of other researchers into science and technology, whose aim was to correct this position of material objects, there appeared a series of works in the anthropology of bureaucracy over the two decades following Latour's work whose authors, as Matthew Hull writes, made it their aim "to restore analytically the visibility of documents", "rehabilitation of artifacts in the social sciences", and to allow texts "to regain their materiality" [Hull 2012: 253]. Summing up the work that had been published over that period, Hull identified three basic approaches in research into bureaucracy, in each of which one of the most problematic aspects of the interaction

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between people and documents was foregrounded. Within the first approach, which he called “aesthetic”, researchers focus on the sociality of the graphic elements of the document (tables, signs, fonts and the design as a whole), within the second, on the affects and emotions that arise when people interact with the documents and representatives of authority, while followers of the third inquire into representation and the semiotic nature of papers [Hull 2012: 254–255]. The conceptual movement common to all this research is the understanding of documents not just as instruments used within bureaucratic organisations, but as components of those organisations, their practices and ideologies, that structure social relations within them. This conditions Hull’s call to look not only at communicative practices, but also at the social life of “graphic artefacts” within bureaucratic organisations [Hull 2008: 504–505].

In this article we shall look at the design of one bureaucratic artefact, tracing via its functional graphic elements the institutional logics and bureaucratic routes into which it is incorporated. It is therefore worth dwelling at the beginning on the understanding of the document in the first, “aesthetic” approach. In identifying this approach, Hull uses the work of the anthropologist and jurist Annelise Riles, whose starting points are simultaneously Gregory Bateson, who characterises aesthetics as the sensibility to “the pattern which connects”, and Marilyn Strathern, who defined it as “the persuasiveness of form, the elicitation of a sense of appropriateness” [Bateson 1980: 8; Strathern 1991: 10; Riles 1998; 2000; Hull 2012: 255]. In other words, the template invites interaction with it in a particular manner. It follows from a definition of this kind that the internal structure of the document will be inseparable from the practices of its use (filling in, reading, distributing) and the social context in which it functions. Anthropologists whose work may be assigned to the “aesthetic” approach have examined the connection between the internal structure of the informed consent form in hospitals and the type of subjectivity in patient and donor that it produces [Jacob 2007], addressed the visual aspects of photographs used by migrants to justify their claims [Raheja 2023], and distinguished specific forms of governance in relation to printed and handwritten text in state bureaucracy [Gaaze 2016].

We may place in the same category the works of Marc Berg, the sociologist of medicine, who centres his research project on the patient record and the practices associated with it. Like Annemarie Mol, Berg conducted participant observation in a Dutch hospital in the mid-1990s and developed the results of the actor network theory and of research into science and technology. In an article co-written with Geoffrey Bowker he points to the active role played not only by clinical staff and patients, but also by material artefacts [Berg, Bowker 1997: 514]. However, unlike Mol’s work, at the heart of

which lies the development of the problem of multiple ontologies [Mol 2002], their research belongs rather to the field of the anthropology of the bureaucracy and management of public health.<sup>1</sup> Berg and Bowker examine the medical card as a bureaucratic artefact and assert that the different types of record, together with the different practices of writing and reading them, produce different types of patients' bodies, and at the same time the medical card itself creates and legitimises the organisational design of the clinic [Berg, Bowker 1997: 513, 527].

The authors consider the problem of documentary time separately. The medical card, as they remark, organises the time of the clinic and the time of the patient, not only recounting the patient's history from presentation to recovery (or death), but also creating the history of the illness itself, in which "the accumulation of sets of traces configures a medical past for a specific patient" [Berg, Bowker 1997: 516]. Alongside Latour, the second theoretical foundation for the research is the work of Michel Foucault who, in his genealogy of the institutions of the modern West, also referred to the role of dynamics in the creation of an illness. In *Naissance de la clinique* Foucault writes:

*Le temps, dans cette pathologie, joue un rôle limité. On admet qu'une maladie puisse durer, et que dans ce déroulement des épisodes puissent, chacun à leur tour, apparaître. [...] Mais cette durée numériquement fixée fait partie de la structure essentielle de la maladie, comme il appartient au catarrhe chronique de devenir au bout d'un certain temps fièvre phthisique. Il n'y a pas un processus d'évolution, où la durée apporterait d'elle-même et par sa seule insistance des événements nouveaux; le temps est intégré comme constante nosologique, il ne l'est pas comme variable organique. Le temps du corps n'infléchit pas et détermine moins encore le temps de la maladie* [Foucault 2007: 10–11; emphasis added].<sup>2</sup>

The illness as an ascribed category forms a continuing whole that presupposes the evolution of the disease and the recording of the

<sup>1</sup> Like many other anthropologists and sociologists of medicine, Marc Berg combines academic and applied research. He has taken part in developing indicators to evaluate the quality of the work of hospitals and has studied how the introduction of strict protocols for the clinical personnel affects the work of the hospital [Berg 1997b]. The way of applying the conceptual apparatus of science and technology to the study of the role of paper and electronic records in everyday medical practice that Berg proposes has influenced the "material turn" in research both into medicine (for example, [Allen 2013; Buse et al. 2018]) and management [Orlikowski 2010].

<sup>2</sup> "Time, in this pathology, plays a limited role. It is conceded that an illness may last, and that the episodes may appear in turn as the sequence unrolls. [...] But this duration that is numerically fixed is part of the essential structure of the illness, as it pertains to a chronic catarrh to become, over the course of a certain time, to become a phthisic fever. There is no process of evolution where the duration is derived from its own momentum and from the sole impetus of new events; *time is integrated as a nosological constant*, and not as an organic variable. The time of the body itself has no impact, still less does it determine the time of the illness." [Transl. by eds.]

process of treatment and determination of its success, but also of a change to the initial diagnosis. This time does not belong to the patient, its recording and organisation are integrated into medical practice: temperature charts, regular measurement of weight and blood pressure, calculation of the fluid balance — all this “produces a linear, stable history; [...] performs the temporality that Foucault sees as a crucial innovation of the modern, clinical gaze” [Berg, Bowker 1997: 516]. Moreover, the passage of time figures not only in the medical records, but also in the communication between the patient and the clinical personnel. As the sociologist Aled Jones writes, when talking to someone who has been admitted to hospital, the nurses are actively working with what he or she is saying and often diverge from the prescribed recommendations, which allows them to articulate what is most important in the patient’s narrative of his own condition [Jones 2009]. One can find a similar use of narratives and communication in the interaction of the employees of a non-profit organisation and their clients that will be examined below.

Anthropological research on bureaucracy most often addresses time in two contexts. Researchers into the everyday work of street-level bureaucrats see it as a resource in short supply, which representatives of authority must distribute correctly [Lipsky 2010: 29]. Anthropologists whose attention is focused on the experience of the bureaucrats’ “clients” (such as migrants) identify the maintenance of indeterminacy and the production of “waiting” that forces people to change their usual rhythm of life as key characteristics of bureaucratic time [Geoffrion, Cretton 2021]. As the anthropologist Colin Hoag writes, bureaucracy teaches people to orient themselves towards the future, and the combination of linear and cyclical time allows it to assume power over its clients [Hoag 2014]. At the same time, in studying the configuration of time in the interaction between officials and their clients, social scientists have paid relatively little attention to the time of the documents themselves. Most often they address considerations of duration inherent in the documents when analysing biographies and kinship relations, as has been done by the sociologist Katherine Pendakis, who has studied how the dossiers used by the Greek state to repress communists turned a political identity into a question of origins and heritage [Pendakis 2017].

In this article I should like to propose my own way of understanding documentary time, developing the postulates, noted above, of the “aesthetic” approach in research into bureaucracy, and answer the questions of how a conscript’s medical and social biographies are reassembled within the bureaucracy of conscription, and how the interaction with bureaucracy itself acquires a biographical dimension. What is the pragmatics of constructing an extended narrative in the documents of military registration, and on what

institutional logic does such a narrative rely? Finally, the problem of bureaucratic temporality will allow the putting of the question (in the context of the institution being studied) of the capacity of the document to certify reality.

At the centre of my attention are the working mechanisms of the institution of the conscription service, embodied in one particular bureaucratic artefact: the conscript's questionnaire at the human rights organisation (hereinafter the NPO). I intend to examine how the design of the template used at the NPO reproduces the working logic and bureaucratic organisation of another institution, the military commissariat, and how conscripts reassemble elements of their biographies in accordance with this logic, so as to create a convincing documentary image. After examining the functional aspects of the questionnaire, which participate in the transformation of the young man's experience of development and the creation of a manageable "problem", that can be solved by the methods proposed by the human rights activists, out of his relationship with the institution of the conscription service, I shall show the documentary forms and institutional logic inside and outside the NPO with which the questionnaire is connected.

Before turning to the questionnaire itself, it is worth saying a few words about the organisation within which it functions, and also about the context of the institution of the conscription service and certain aspects of its inner bureaucratic and medical system.

### **The field and the NPO**

This article has been written using material from fieldwork conducted at a St Petersburg human rights organisation in 2020–2023. This organisation is contacted by conscripts and their representatives<sup>1</sup> who have encountered malpractice on the part of the military commissariat or who wish to avoid service in the army on legal grounds. The aim of many of them is to be assigned to fitness category V or D,<sup>2</sup> so as not to serve "on health grounds" or else to have their military service replaced by alternative civilian service. Here I shall concentrate on the first. The members of the organisation have direct interaction with the conscripts at weekly group seminars and online consultations, where an electronic version of the questionnaire is used. I conducted participant observation of these activities over

<sup>1</sup> When I speak of conscripts as the "clients" of the NPO that I have studied, I almost always mean "conscripts and/or their representatives". In most cases it is their representatives who apply to the organisation: most often it is conscripts' mothers, less often their fathers, older relatives, wives or girlfriends.

<sup>2</sup> There are five fitness categories in all: A and B allow service respectively in all or in certain sorts of units, V releases from military service in peacetime, D at any time, and G delays the call-up from six to twelve months.

a year (spring 2022 — spring 2023), recording how the clients interact with the members of the organisation and with each other, paying special attention to the involvement of documents and legislation in this communication. While the NPO was working online during the pandemic, I observed the lawyers in the office and studied the archive of the organisation, where previous years' "files" are kept: questionnaires and papers given to the conscripts (mostly photocopies of medical documents and correspondence with the military commissariats, prosecutor's office and other official departments).

The questionnaire examined here is the standard form that the organisation uses to collect information about the client during seminars and consultations, and also for preserving and keeping track of the conscripts' "files". Since within the "aesthetic" approach, as Hull remarks, bureaucratic forms are considered "self-contextualising", and thus social in essence, their analysis does not require any further description of the social context [Hull 2012: 255]. Nevertheless, for the further understanding of the role of the questionnaire it is worth saying a few words about the work of the NPO that uses it.

The status of "defending human rights" is important to the organisation that I have been studying, and in its work it relies, in addition to legal competence and practical experience, on human rights (each seminar begins with an exposition of a few articles of the Constitution of the Russian Federation). During consultations, in answering the requests and questions of applicants, the members of the organisation regularly have to distinguish the organisation both from the state services (it does not have any direct influence on officials) and from commercial offices (the human rights activists do not provide private services and will not "conduct anyone's case" for them). The basic principle of the work of such a NPO follows from this: the people who apply to the organisation must act for themselves, relying on the knowledge supplied by the human rights activists.<sup>1</sup> When they teach a client particular methods of working with the institution of conscription and with the state as a whole, the human rights activists simultaneously make him into a *needy subject*, who must be included in the mechanisms of the NPO's work [Timmer 2010: 273], and cultivate active *citizenship* in him, which assumes being independent and proactive in interactions with the state [Ellison 2018: 42]. These forms of interaction are generated at group seminars attended by people with similar problems who share

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<sup>1</sup> A significant part of the NPO's activity consists of making and distributing educational materials: commentaries on the laws, templates for applications, and practical recommendations for communication with officials. These materials are published with open access on the organisation's site and are distributed in the form of pamphlets and booklets.

their “histories” and find themselves reflected in the structure of the questionnaire used at the NPO.

### **Fine-tuning the bureaucratic subject**

Both for the bureaucracy of conscription and for the conscripts trying to avoid military service themselves, the main object of interest and the basic artefact that participates in the classification and registration of potential soldiers is the personal file. It is opened at the moment when a person is registered for military service, kept at the military commissariat and contains the basic information about the young man: his education, health, any military or civilian specialities or sports titles that he might have. The personal file is used to classify potential soldiers: not only for classing them as “fit” or “unfit”, but also for the further placing of conscripts according to the needs of the army: depending on their physical fitness, qualifications and skills. It records the results of the conscription commissions that they have attended and their medical examinations, at which the conscript is assigned a fitness category on the basis of the medical data in his personal file and of an examination by specialist physicians. The presence of the necessary documents with correctly formulated diagnoses in his file affects the determination of the bureaucratic status of the conscript: the fitness category that the young man may be assigned to at the commission, the kind of troops with whom he may serve and whether he can serve in the army at all.

At the same time, the personal file may be “fine tuned” by the young man himself. It contains not only documents from the internal bureaucracy of the military commissariat, but all the other papers that have been included in it: medical certificates, extracts, applications, etc. The conscript’s “fitness” — the category that encapsulates his “file-self” [Harré 1984: 69–71; Baiburin 2017: 27] — is determined on the basis of all of them. The personal file, understood as the documentary ego, is a person’s bureaucratic doppelgänger, consisting of a set of documents, each of which contains information about particular aspects of his personality. On the one hand, the file-self, or rather arriving at a particular state of it, is the goal that the conscript is aiming at. On the other hand, as a bureaucratic artefact, it represents the young man to the officials of the military commissariat: they can see the history of his interaction with the conscription bureaucracy, can evaluate the “depth” of his pacifist convictions or the validity of his diagnoses and rely on the results of previous commissions when communicating or when taking some decision. The personal file becomes the key element of performance when the conscript interacts with the officials of the military commissariat (by analogy with the performance of people who are going through checkpoints on the border [Kelly 2006]). At the same time, it is



important to say that both sides of this interaction are suspicious of each other: instructed by the NPO, the conscripts express doubt about the legality of the officials' actions, and the officials of the military commissariat, in turn, are doubtful of the image constructed by the conscript and the reliability of his information. As the sociologist Marie-Andrée Jacob points out, it is the correct presentation of the documents that can support the trustworthiness of the data they contain [Jacob 2007: 251].

### The “Schedule of Illnesses” and its key

In order for a conscript to change his documentary image, he has first to see it. Looking at the personal file, including an examination and photocopying of the documents in it and drawing up a formal description of its contents, is the method recommended by the human rights activists for getting an idea of the state of the young man's file-self. It allows the members of the NPO and the young man who has applied to them to use these data as a resource for drawing up a suitable strategy for fine-tuning the documentary image. In this process it is important to maintain both the trustworthiness of the file itself (it must be bound, and its pages numbered) and the reliability and persuasiveness of the documents included in it, which should be hard to dispute. This bureaucratic work is done by the conscript himself or by his representative, following the recommendations of the human rights activists and the key task that they must accomplish is the “translation” of the diagnoses obtained at “civilian” medical establishments into the status of “unfit for military service”, turning scoliosis, asthma in a state of remission, or some other illness into fitness category V or D. Moreover, the formulation of the diagnoses in the documents presented to the military commissariat must be in accordance with the “Schedule of Illnesses”,<sup>1</sup> and the human rights activists talk about this during their sessions.

**Seminar leader:** *You don't understand the procedure, you don't understand what a postponement is and why it is important when registering to give an assessment of a current illness. It will say “asthmatic bronchitis” [an “inadequate” formulation of the diagnosis] or something like that, and their notion, according to the file, will be that you haven't got asthma [emphases added. — N. Sh.]*

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<sup>1</sup> The “Schedule of Illnesses” is a list of diseases used by the army to determine the category of fitness of a conscript or serving soldier. The taxonomy and formulation of diagnoses in the Schedule do not coincide with those used in the Russian public health system or in the International Classification of Diseases. It is an appendix to the Decree of the Government of the Russian Federation no. 565 of 4 July 2013 (as amended on 3 February 2023) “On the confirmation of the Decree on Military Medical Examination”.

The translation from a “civilian” illness to a successful medical examination at the military commissariat is made in accordance with the “Schedule”. This bureaucratic work requires a study of the differences in the nomenclature of diagnoses and the ways of diagnosing between the “Schedule” and the accepted formulations of civilian medicine, and presumes, in addition, an understanding of the logic of military medicine, which is subordinate to the needs of the army. It is worth noting that diagnoses in this system have their own pragmatics: whereas at a hospital the determination of an illness is a stage in its treatment, in the bureaucracy of the institution of military registration it serves to classify potential soldiers. Moreover, the “Schedule” itself, as a taxonomic scheme, operates in this process as an “mediating interface” between those offices that collect and process the data about the young man’s health and the military commissariat [Rosenberg 2002: 254]. As the human rights activists maintain, they were given the “key” to this interface and the logic of military medicine inherent in it by military doctors in the 1990s. This “key” is called the “Health Questionnaire” — a two-page list of questions and “symptoms”. It may be found in one of the human rights brochures, but their clients rarely make direct use of it. Nevertheless, this questionnaire is the common ancestor of two other forms which almost everyone who comes to the NPO encounters: the “conscript questionnaire” and the “declaration of fitness category”, which we shall consider later. The first part of the “questionnaire” coincides with the contents of the “declaration of fitness”, and includes items about the conscript’s heredity, his mother’s pregnancy and childbirth, and chronic illnesses. The second contains questions to reveal three kinds of illness: asthma, and defects of the musculoskeletal or nervous systems. The question why these are the key points for understanding the difference between “civilian” and “conscript” medicine may be answered by an analysis of the “conscript questionnaire”.

### **The design of the questionnaire and documentary temporalities**

The bureaucratic form that we shall be examining first reached the NPO about twenty years ago. Since then it has changed several times: new items and tables have been included in it instead of the old ones, but the structure itself has remained stable. Here we shall examine one of the later versions, which has been used, with trivial alterations, for the last ten years.

When analysing the component parts of the questionnaire we should begin with those functions that it fulfils in the organisation that we are studying. Firstly, it allows the human rights activists to collect the minimum essential information about their client: a representation of the client’s problem, recorded on paper, and the basic data about him, to which it will be possible to return in subsequent consultations.

The activists themselves call this presentation of the client's situation "the picture". The same analogy of a picture is used by the NPO assisting refugees studied by Heath Cabot [Cabot 2013]. The "picture" allows the human rights activists who study it to determine whether the person who has applied to them has the right to a defence and whether he is in a vulnerable position. It is noteworthy that among the members of the NPO that I studied such a question arises very rarely, but the help that they offer and their involvement in the case depend to a great extent on the "urgency" and "seriousness" of the problem. As Berg stresses, bureaucratic artefacts do not simply record "the problem" (of the patient or client), they also create it and determine the ways and means of its solution [Berg 1996: 505]. I shall follow Berg in using the concept of the *formal tool* to describe the bureaucratic artefact that is included in the interaction between the person and the institution. Such an interactive document works with a limited amount of entry data by means of a set of rules and forms that organise the working space [Berg 1997a: 404–405]. The formal tool is included in the organisation's work through practices of reading and writing and functions according to the social processes that are written into its construction and converted to a material form [Law, Lynch 1990; Berg 1996]. These social processes, bureaucratic routes and institutional logic, converted into tables and lists on paper, make up the bureaucratic form as a tool [Berg 1997a: 414]. To understand how the formal tool works, it is essential to break it down into its component functional elements.

The front of the form may be divided into three sections: the heading, with basic information about the applicant, the section on "the young man's health before call-up", and the section with information about the conscript's interaction with the military commissariat, including notes about confirmed decisions of medical and conscription commissions and also a list of the most common infringements at the time of call-up. The back records the problem with which the conscript applied to the organisation and the recommendations of consultants for further action. There is also a short form of informed consent to the use of the data supplied, with spaces for the signature and date.

Let us examine each section of the form more closely: what functions it fulfils, what information about the young man it contains, and how it participates in the construction of a plan of action for creating a durable and persuasive file-self for the conscript.

### *The header*

At the top of the form there is a field for entering the basic data that the NPO needs for keeping track of the conscripts and communicating with them: name, address, military registration district, contact

Призывник     Допризывник     АГС   

\* Район \_\_\_\_\_  
 \* Фамилия \_\_\_\_\_  
 \* Имя Наден  
 \* Отчество \_\_\_\_\_  
 \* Дата рождения \_\_\_\_\_ 19 \_\_\_\_ г.

\* Домашний адрес, индекс: \_\_\_\_\_  
 \* Телефон \_\_\_\_\_

H.V. .. 28 .. 08 2011 г.    \* Дата обращения

\* Кто обратился в организацию:  
 мать  Брат  Отец  Сестра

\* Фамилия \_\_\_\_\_  
 \* Имя Татьяна  
 \* Отчество \_\_\_\_\_

\* Домашний адрес, индекс: (если отличается) \_\_\_\_\_  
 \* Телефон \_\_\_\_\_

Ill. 1. In this part of the questionnaire, on the left there are fields for information about the conscript (city district, surname, first name and patronymic, date of birth, address and phone number) and on the right about his representative (options are indicated: “mother”, “brother”, “father”, “sister”)

telephone and date of birth, especially important in view of the limits of the age of liability for military service — eighteen to twenty-seven (at the time of writing). Analogous fields for recording information about the conscript’s representative (except for “district” and “date of birth”) who has applied to the organisation are symmetrically placed. It is this representative who most often fills in the form and interacts with the NPO in the process of solving the conscript’s “problem” (ill. 1).

Above the fields for contact date are the three basic statuses that determine the conscript’s track through the NPO — the recommendations that the activists will offer the applicant and the questions that they will be focused on: “conscript” (from eighteen to twenty-seven years old), “pre-conscript” (younger than eighteen), and “ACS”.<sup>1</sup> These three statuses are used to classify the “files” and “situations” and also to create “typical cases”. The point is that forms and files have their own career prospects at the NPO, and may become indicative model files independent of the conscripts to whom they belonged, and be used during sessions as teaching materials derived “from experience”. As the anthropologist Erica Weiss, who has studied Israeli pacifists, remarks, the transfer of knowledge based on experience of interaction with the institution from “the experienced” to “newcomers” confirms the validity of that knowledge [Weiss 2016: 20]. Thereafter certain documents from such “indicative cases” may be used by “newcomers” with typologically similar “situations”.

<sup>1</sup> The status “ACS” may be chosen in combination with one of the other two and indicates an intention to apply for alternative civilian service instead of military service.

**Здоровье юноши до призыва**

<p><b>Наследственность:</b></p> <p>Наследственность отягощенная <input checked="" type="checkbox"/></p> <p><b>Беременность:</b></p> <p>токсикоз 1 пол. <input checked="" type="checkbox"/></p> <p>Угроза выкидыша <input type="checkbox"/></p> <p>Стрессы <input checked="" type="checkbox"/></p> <p>Низкий гемоглабин <input type="checkbox"/></p> <p>Давление <input checked="" type="checkbox"/></p> <p><b>Роды:</b></p> <p>Большой безводный период <input type="checkbox"/></p> <p>Стимуляция <input type="checkbox"/></p> <p>Вакуумэкстрация <input type="checkbox"/></p> <p>Кесарево <input checked="" type="checkbox"/></p> <p>Удушье <input type="checkbox"/></p> <p>Длительные обвитие пупвиной <input type="checkbox"/></p> <p>На какой день принесли кормить 3 д <input type="checkbox"/></p>	<p><b>Развитие:</b> замсанше</p> <p>Задержка развития <input checked="" type="checkbox"/></p> <p>Частые ОРЗ <input type="checkbox"/></p> <p>Снохождение <input type="checkbox"/></p> <p>Сногворение <input type="checkbox"/></p> <p>Сотрясения мозга 2, 4, 5 <input checked="" type="checkbox"/> 2 раза</p> <p>ЧМТ <input type="checkbox"/></p> <p>Головные боли <input checked="" type="checkbox"/></p> <p>Носовое кровотечение <input type="checkbox"/></p> <p>Потери сознания <input type="checkbox"/></p> <p>Влажные ладони <input type="checkbox"/></p> <p>* Попытки самоубийства <input type="checkbox"/></p> <p>* Наркотическая зав-ть <input type="checkbox"/></p> <p>* Алкогольная зав-ть <input type="checkbox"/></p> <p>Была ли судимость <input type="checkbox"/></p> <p>Убегал ли из дома <input type="checkbox"/></p>	<p><b>Характер:</b></p> <p>Раздражительный <input checked="" type="checkbox"/></p> <p>Замкнутый <input type="checkbox"/></p> <p>Псих. Травмы <input type="checkbox"/></p> <p>Странности поведения <input type="checkbox"/></p> <p><b>Направление заболевания</b></p> <p>Неврология <input type="checkbox"/></p> <p>Ортопедия <input checked="" type="checkbox"/></p> <p>Дерматология <input type="checkbox"/></p> <p>Астма <input type="checkbox"/></p> <p>Другое <input type="checkbox"/></p> <p><b>Диспансерный учёт</b></p> <p>Врач <input checked="" type="checkbox"/> замсанше</p> <p>Врач <input type="checkbox"/></p> <p>Врач <input type="checkbox"/></p>												
<p><b>Независимое обследование</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Мед. учреждение</th> <th style="width: 50%;">Диагноз</th> </tr> </thead> <tbody> <tr> <td>Пашкинск ВЛС</td> <td>повышение титра антител III ст</td> </tr> <tr> <td></td> <td>инфекционные артриты прош</td> </tr> <tr> <td></td> <td>СКЕЛЕТОЗ, замсанше</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>			Мед. учреждение	Диагноз	Пашкинск ВЛС	повышение титра антител III ст		инфекционные артриты прош		СКЕЛЕТОЗ, замсанше				
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	инфекционные артриты прош													
	СКЕЛЕТОЗ, замсанше													

Ill. 2. On the left side: information on hereditary diseases, pregnancy of the recruit's mother and childbirth. In the central part: fields with variants of common diseases and symptoms, as well as signs of deviant behavior. On the right side: items on the nature and most pronounced disease of the young man, as well as information on the dispensary record. At the bottom is a record of independent examinations, indicating the medical institution and diagnosis

**“The young man’s health before call-up”**

The main part of the front of the questionnaire consists of a section containing items for the evaluation of the health of the conscript. It is made up of several lists reflecting the conscript’s mother’s condition during pregnancy and childbirth, the young man’s childhood development, his character and possible manifestations of deviant behaviour. Here also are fields for recording medicinal data, confirmed by documents, of the medical practice where he is registered, and any independently conducted investigations that have been carried out on him, and also for the choice of the “tendency” of the disease that is most clearly evident in the conscript and on the documentation of which he plans to work (ill. 2).

What are the items in these lists, and what do they say about the conscript’s health? This is a question that some of the NPO’s clients find hard to answer, and they may have the questionnaire returned to them for further work when they come for a consultation.

**Consultant:** And you’ve never had acute respiratory disease? No headaches?

**Mother:** Well, there are these diagnoses...

**Consultant:** Those aren’t diagnoses, those are symptoms! Write it down!

This is an important distinction, because in this case “symptoms” do not require documentary confirmation, they allow the consultant to be told “everything that is known” about the man’s health, and what in the future might be identified in the form of medical conclusions after going through a series of doctors and diagnostic procedures along the route proposed by the human rights activists. What determines the choice of these “symptoms” will be shown below.

**“Decisions and infringements”**

The lower part of the front of the questionnaire consists of two parts. One of them records the known decisions, confirmed by documents, of the medical (medical examination) and conscription commissions. The second presents a list of the most common infringements committed by the officials of the military commissariat, doctors or other representatives of the state in the course of a person’s call-up (ill. 3).

Why are precisely the procedural “points” articulated — things recorded on paper in the personal file — important? Sometimes interaction with the military commissariat has a quasi-procedural character, when a person understands what takes place as a process of communication with the state in accordance with established rules, but the officials do not take any decisions that are articulated and recorded in documents, or else they take decisions that do not correspond to what has taken place. Therefore, the human rights activists teach their clients to pay attention to procedural actions that are supported by correctly drawn up documents.

Мед.комиссия	
Дата	Категория годности
24.06.2011	

Призывная комиссия	
Дата	Решение

**Нарушения при призыве**

Повестка неустановленного образца <input type="checkbox"/> Отказ в ознакомлении с личным делом <input type="checkbox"/> Ненадлежащее ведение личным делом <input type="checkbox"/> Недопуск доверенных лиц на ПП <input type="checkbox"/> Нарушения врачей-специалистов на ПП <input checked="" type="checkbox"/> Изъятие оригиналов мед. документов <input type="checkbox"/> Изъятие паспорта <input checked="" type="checkbox"/> Изъятие/невыдача приписного св-ва <input type="checkbox"/>	Отказ в постановке на Д-учёт <input type="checkbox"/> Бездействие призывной комиссии <input type="checkbox"/> Бездействие ПК Субъекта РФ <input type="checkbox"/> Насильственный призыв <input type="checkbox"/> Необоснованное повторное обследование <input checked="" type="checkbox"/> Нарушение правил приёма граждан <input type="checkbox"/> Бездействие контролирующих органов <input type="checkbox"/> Незаконные вызовы <input type="checkbox"/>
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Ill. 3. In the upper part there are two plates: with the decisions of the medical and draft board with the dates. At the bottom, the most common violations by officials are listed

**Leader:** *I can ask a couple of questions to see whether you're ready or not. Have you written your fitness category declaration?*

**Conscript:** *No.*

**L.:** *Minus. Have you attached your documents?*

**C.:** *Yes.*

**L.:** *How?*

**C.:** *I've submitted them.*

**L.:** *Are there documents confirming that you've submitted them?*

**C.:** *No.*

**L.:** *Minus. From what you're saying, your picture in your personal file is a bad one.*

Documents confirming the fact that procedural actions have been executed (in the conscript's possession or in his personal file) may serve as a kind of "evidence" for writing persuasive complaints or challenging officials' actions.<sup>1</sup> To discover this evidence the young man must acquaint himself with his personal file. As the human rights activists say, "you see the picture in your personal file, and from it you will understand what application you have to make and who to," because the personal file preserves the traces of the actions of various bureaucrats and doctors, which may be the points on which to develop the conscript's strategy. Placed in chronological order, these "points" allow one to see the dynamics of the interaction between the conscript and the institution of conscription within his personal file. By reconstructing this chronology, the human rights activists can estimate the period of time during which "the procedure went wrong", or some infringement was committed, including one which would prevent the construction of a convincing picture of the young man's health in his personal file (for example, if his certificates were not included in his personal file at the time of his first medical examination, or if his examinations were not documented at all). So as to show the connection between the young man's health before his call-up and his actual bureaucratic status, I propose to revert briefly from the questionnaire to the young man's personal file at the military commissariat and look at the role of duration and temporality in the bureaucratic image created by the conscript.

### *The two temporalities of the file-self*

The conscript's file-self does not necessarily only record aspects of his personality and physical condition. It may also contain "the history of their development". Like some other bureaucratic artefacts, the personal file includes information about the current condition of the young man and his maturation, and determines what

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<sup>1</sup> "Evidence" as understood by Carlo Ginzburg can also be found in the documents that reveal the picture of the conscript's health, because the medical method, as the historian notes, follows the "evidential paradigm" [Ginzburg 1990: 105–114].

functions he might fulfil in the army and whether he is capable of military service at all. In this sense the conscript's "experience", like his "health" or his "convictions", are relevant to the extent that they can be embodied in bureaucratic artefacts and inserted into an unambiguous, consistently evolving and coherent image of the file-self. The conscript's work with the questionnaire as a formal tool at the NPO becomes part of a process of putting together this prolonged "historical" documentary ensemble, including elements of the young man's experience arranged in a particular manner. To describe the bureaucratic practices in which this historical paper personality is produced and functions I identify two types of *documentary temporality* that unfold within the file-self: the *biographical*, which represents fragments of a person's personality as they come into being, and the *procedural*, which records the history of his interaction with the institution.

This understanding of the internal dynamics of bureaucratic artefacts follows the concept of *narrative temporality* proposed by Ann Cunliffe, John Luhman and David Boje. They combine in this concept, on the one hand, Jean-Paul Sartre and Paul Ricœur's concept of time, postulating that the experience of time is subjective, and, on the other, they define narratives as "spontaneous acts of meaning-making that take place and interweave through many moments of discursive time and space" [Cunliffe et al. 2004: 262]. Research that follows such a definition, the authors note, takes the form of a polyphonic process, in which duration and coherence arise at the moment of performance (speaking, hearing, reading). With application to the bureaucratic artefacts that we are examining it may be said that temporality is actualised in them at the moment of reading (the study of the personal file by the conscript, the human rights activist or the military commissariat official), writing (preparing a declaration, drawing up a description, adding new documents to the personal file) and joint use of the formal tool (communication between the client and the member of the NPO mediated by the questionnaire).

It is worth noting that to a large extent the distinction between biographical and procedural temporalities is synonymous with the distinction between actuarial and contractual evidence in documents (and the corresponding ways of reading them) [Garfinkel 1967: 197–207]. Garfinkel introduced these concepts while trying to answer the question of why a well organised bureaucratic (medical) system produced records that poorly reflected the real state of affairs (the condition of the patients). Garfinkel connects the actuarial use of documentation with the recording of the history of all actions surrounding a particular patient, i.e. the histories of their illnesses, and the contractual use with the patient's interaction with the clinic as a provider of medical services, upholding certain



standards. In proposing my own synonymous pair of concepts, I hope, on the one hand, to maintain the focus on the subjective duration of the contents of the documents, which is reckoned and disputed by the conscript, the official or the human rights activist, and on the other, to emphasise, as field material requires, the biographical (medical, ethical, institutional) and procedural nature (correspondence to normative prescriptions) of the conscript's file-self.

Let us examine these two types of documentary temporality in greater detail. By *biographical temporality* I mean the creation within the personal file of a consistent and properly documented "history of development", both with regard to health, if the young man is counting on obtaining a "not liable to serve" category of fitness, and with regard to personal beliefs, if he wants his service converted to alternative civilian service. In both cases the file-self must be made up of papers which do not merely record the existence of particular diagnoses or convictions incompatible with military service, but also confirm for the verifying authority — the officials of the military commissariat — that they are of long standing and rooted in the person's development. The main part of the questionnaire at the NPO implies precisely that logic of the formation of such a lasting image: its structure prompts a revitalisation of the young man's experience of growing up (and his mother's experience of pregnancy and childbirth) and the use of that experience in the construction of a bureaucratic personality.

At the same time, the procedural "evidence" is used both by the human rights activists, as shown above, and by the military commissariat officials themselves. For example, the members of the Alternative Civilian Service commission may point out that the conscript did not submit his application on time, did not respond to his call-up papers (the "covers" of which are in his personal file) or infringed other rules of the bureaucratic order. Relying on these aspects, which are connected with the other, procedural temporality of the file-self, the officials of the military commissariat may see the young man primarily as a "deserter" and a "dishonest conscript", and not as "chronically sick" or "having personal beliefs". Infringements that the young man has committed may prevent the formation of a convincing picture in his personal file and become "evidence" and arguments for the officials in their dispute with him.

### *The back of the questionnaire*

The questionnaire concludes with a number of fields on the reverse, in which the conscript can write down his question or the problem which he has come in with, and sign his agreement to the use of

his data. The main part of the page is taken up by a field for recording the consultant's recommendations, which is filled in by members of the NPO. Here a standard set of the human rights activists' recommendations is combined with those actions that need to be taken depending on the actual situation (for example, the infringements noted on the front of the form), thus bringing together the two sides of the questionnaire. During subsequent consultations or telephone conversations the members of the NPO take note of the actions that have been taken by the conscript, and suggest the next steps. Thus, in a questionnaire where "removal of conscript ID card" and "forcible call-up" figured among the infringements, the first list of recommendations was concerned with those things, and the standard "medical" steps to take were suggested a week later.

<p><u>28.06</u></p> <p><i>Failure to answer call-up with valid reason (-)</i></p> <p><i>Enquiry about the failure to issue conscript ID</i></p> <p><i>Enquiry at the local administration of internal affairs (+)</i></p>	<p><u>6.07</u></p> <p><i>Enquiry at the medical practice (+)</i></p> <p><i>Paper specifying the diagnosis (-)</i></p> <p><i>Declaration of fitness (-)</i></p> <p><i>Independent examination (+)</i></p> <p><i>Medical registration (+)</i></p>
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Beginning with the information supplied by the conscript about his health and his interaction with the military commissariat, the human rights activists offer him typical recommendations, developed in the course of solving similar problems in the past. The points in the plan usually suggest applying to other offices: medical facilities, administrative and supervisory agencies. The conscript's activity in constructing his file-self is directed towards the co-ordination of the papers and data that he obtains there and towards overcoming the *uncertainty* that results when similar documents are produced by different agencies [Hull 2012: 258]. By successfully obtaining the necessary bureaucratic forms and adding them to his personal file in the requisite manner, the conscript brings together roads that lead to a whole series of "civilian" institutions that hold information about him: school, clinic, medical practice, workplace, etc. In this way, the plan proposed by the human rights activists becomes one of those *rhetorical instruments* which, as Lucy Suchman writes, "arise through activity and are incorporated into the activities that they project" [Suchman 2007: 21]. The two-sided questionnaire transforms the conscript and his experience into a map of divergent bureaucratic routes, and launches him into the future, directing him to a potential plan of the file-self which he is to create.

### **Reassembling health: practices of working with the questionnaire**

Now that we have examined the component parts of the questionnaire, let us proceed to the specific working practices, in which alone, as Marc Berg writes, “does a formal tool come to life” [Berg 1997a: 415]. As we have already seen, the questionnaire has a central place in the interaction between the NPO activists and the conscripts during consultations, and structures the whole working process. Clients fill it in during the break after the seminar, and, once filled in, the questionnaire gives them access to a consultation. As the human rights activists themselves explain, it saves a lot of time at first contact, allowing them to find out the minimum essential information about a person, and on subsequent meetings it helps to reconstruct the conscript’s “situation”: “A new consultant or a volunteer who picks up the questionnaire should understand the problem situation in ten minutes, and not have to find everything out from square one, from the beginning.”

Moreover, the formality and structured nature of the questionnaire does not imply any extreme rigour in filling it in. Sometimes clients have difficulty working with these templates: for some of them the existing fields and suggested set of “symptoms” are “not enough”, and they write down alongside those that they consider important. In the same way, the consultants, after receiving the completed form, “go through” the structure of the questionnaire, asking the client questions and adding notes to some points, for example adding detail to the “symptoms”: the degree of necrosis, the number of concussions or the regularity of nosebleeds.

When they fill in the questionnaire or answer the consultants’ questions, clients often make use of supplementary sources: the conscript ID, the call-up papers, medical cards and certificates, or else the “fundamental source”, the conscript himself, like the father who rang up his son — “Hey, Vanya, what’s your fitness category? B or A?” The human rights activists encourage the use of papers that they have to hand, because it allows them to obtain reliable information about documented facts, bypassing the “loose connection” — the conscript or his representative. The members of the NPO often have recourse to analysis of the contents of the school or childhood medical card during consultations, as this permits them to find the roots of the “symptoms” indicated in the questionnaire and choose the “tendency” of the illness for further diagnosis and bureaucratic work.

The format of the consultations allows the activists to spend more time on the situations of particular conscripts and study their problems in detail, and they suggest recommendations that could also be used by other participants. Beginning with the analysis of

the client's documents and the story that he has told them, they offer him a series of bureaucratic steps to confirm his illness according to one of the "tendencies" or else to appeal against the actions of the officials of the military commissariat. As they analysed the story of Viktoriya, a conscript's mother, the members of the NPO suggested, in the course of a consultation, recommendations in reply to misconduct on the doctors' part that had come to light: "Write a whole *War and Peace*, send it to the prosecutor's office, show them which doctor it was, what they did wrong, and beat them into the ground for treating you on the basis of out-of-date diagnoses." So as to explain to her how to appeal against the military commissariat's request for supplementary examinations, one of the consultants sketched a plan on the board: "Dermatologist" and "Allergist", and underneath "Head Doctor", explaining the sequence of actions: "You go to the dermatologist and you say that you don't need to be examined, then to the allergist and do the same. You get them to sign off the forms, and the head doctor will write you a note that you don't need any further examinations." Here the member of the NPO sketches the route step by step, explaining and showing what bureaucratic actions must be taken in order to get the necessary document that would allow confirmation of the correctness of the conscript's diagnosis. The procedural and biographical aspects of the personal file are intertwined in her recommendations: in formulating a complaint against the doctor who refused to acknowledge the long-term nature of the disease, and declining the appointment for a supplementary examination, which might have "spoil the picture".

When working with the questionnaire at consultations the NPO members often engage in a peculiar "putting together of the anamnesis", supposing, through various oblique indications, that the young man suffered trauma or other illness in childhood. The presence of the conscript himself at the consultation plays an important role in this process, since the consultant can immediately assess his emotional state, the way he holds himself, the state of his teeth and whether he is overweight. The documents can then serve either to confirm the human rights activists' guesses or else as a starting-point for the proposed diagnostic routes: one "symptom" may conceal a long chain of related diagnoses and the corresponding specialists and procedures. Thus, during one consultation the NPO member asked her client about her son's weight. It turned out that he had lost a lot of weight during adolescence: from 120 to 78 kg, though now his weight was stable. In response to this information the leader concluded: "You need an endocrinologist!" and suggested a possible diagnostic route, which required (given the intimate nature of the disease) the involvement of the young man's father: "Is there a man at home? He needs to have a closer talk with his

son. There may be a varicocele that often happens with such erratic hormone levels, I wouldn't be at all surprised." Or, learning from another woman her son's height and weight, "176 cm, 51 kg", she concluded: "Too thin! You need an endocrinologist and a gastroenterologist at once, you get to deal with thoracic spine there's no getting away from it." Visible and easily measured physical indicators become the starting points for bureaucratic actions.

The consultant's way of working at the NPO resembles Marc Berg's description of the work of a doctor who has the skills to write down and read "the situation". By means of what they write down the members of the NPO can direct a particular case, choose the priority directions of illnesses, "narrow[ing] down the plethora of potential tasks and divergent data" and thereby creating "the problem" that is to be solved by means of the specific, comprehensible actions recommended by the organisation [Berg 1996: 505–507]. Nevertheless, while the conscript's medical card and personal file are intended to collect immediate data about the person (his health, skills or education), the questionnaire at the human rights organisation shows the person's position within another institution and regulates the work with it. Unlike a patient in a hospital, the conscript actively works on his own record and with the functional elements of the questionnaire, and through it he assimilates strategies for working with his personal file at the military commissariat. Through a consultation, mediated by the questionnaire, he prepares to undergo a medical examination: he learns about the procedure and the possible infringements of it, and prepares the documents that can confirm his illness.

### **The family case**

Among the medical documents that the human rights activists recommend obtaining and including in the personal file, there is one bureaucratic form that stands out. The conscript does not obtain it at the clinic or medical practice, but writes it himself. This document is called by the activists "the declaration of fitness category". Its format is not prescribed by any normative or legal regulations; the members of the NPO have developed it themselves in the course of the organisation's work. This declaration contains the fullest and most highly developed picture of the conscript's health in its dynamics. It is addressed to the military commissar and relies on a long list of documents, including extracts from the childhood medical practice card or the paper that specifies the diagnosis, certificates from specialists and other papers, photocopies of which are usually attached to it. The declaration contains information about the course of the mother's pregnancy and childbirth, the heredity and causes of death of family members, a detailed history of the disease and information about the conscript's social skills and

character, in particular his attitude to conflicts. All this information will, in one way or another, supplement and refine the conscript's documentary image and, as the human rights activists note, assist the medical commission in correctly determining his category of fitness: "It is the family's civic duty to assist the conscription commission in determining fitness, and therefore they must carry out a meticulous examination on their own initiative."

A family preparing such a declaration, which is usually written in the name of a relative, carries out unique and complex bureaucratic work. As the members of the NPO remark, "there is nowhere this picture can come from except the family memory." On the one hand, the family brings together and combines in a comprehensible documentary form data from the various medical establishments linked to the young man's childhood. On the other, it represents unique information about his early years and the factors that influenced his health and development. Although they are not supported by documents, these data are significant for the assessment of his health, and support the dynamics of the file-self as the background to the confirmed diagnoses or, as the seminar leader said, "the stock in which the medical documents are cooked." By collecting and combining these documents and data, the family becomes an informal bureaucratic body, like the doctor who makes the diagnosis that, as Charles Rosenberg wrote, "helps makes [sic] experience machine readable" [Rosenberg 2002: 257].

What exactly has to be included in such a declaration? Let us look at some of the points in the model provided by the human rights activists.

1. [...] Describe in detail the existence of chronic illnesses and pathologies in the family, the causes of death of close relatives, and so on ...
2. My son was born (then describe in detail the course of the pregnancy and birth). A photocopy of the discharge certificate from the maternity home is attached (if there is one) ...
3. [...] Describe in detail the period of the child's early development (the first year of his life), the illnesses he suffered, what medical practice records there are, the results of his treatment, and so on ...
4. At present my son's health has deteriorated ... During his lifetime my son has been examined at the following medical establishments: ...

A declaration written according to this plan will include information about the young man's health from the moment of his birth until the time of writing the text. If we return to the lists of "symptoms" that make up the middle part of the questionnaire (ill. 2), we shall

see that they are synonymous with the information that must be indicated in the “fitness declaration”. Filling in the questionnaire thus becomes the first step towards writing it, allowing an initial gathering of the significant data about the conscript’s health and development. The relatively free format of the declaration allows the indication in it of data without documentary support that are assumed by the model and appear significant to the compiler. This might include information about older relatives (“maternal grandmother: mental health issues due to overwork”), the infant’s feeding (“06/04/95 we began to add rabbit meat”), how he felt at school (“complained of headaches during the third lesson”), and particulars of his character (“he loves animals, is sorry for the homeless, does not eat meat, does not wear leather, dislikes violence (violent films)”).

Why is the writing of such an extensive declaration important for fine-tuning the conscript’s personal file? As the NPO members state, there are indications of dynamics in the “Schedule of illnesses”, such concepts and characteristics as “congenital”, “hereditary”, “dynamics”, “treatment”. In other words, the genre of this declaration answers the requirements set by the military medical taxonomy of diseases, that conception of health and fitness that is “built into” it. This concept assumes duration in time, the presence of a dynamic picture of the disease accessible to the officials of the military commissariat, that is, included in the conscript’s personal file. Thus, in the commentaries to § 25v of the “Schedule”, “Trauma to the brain and spinal cord and its consequences” it is stated that a person can be certified under this point “only in the absence of a positive dynamic of pathological symptoms as a result of treatment, and also if there is prolonged or repeated deterioration.” Accordingly, in order to be certified under this point it is necessary to include in the file documents that confirm that treatment has been unsuccessful or that there has been a relapse. Let us recall the “Health Questionnaire” mentioned at the beginning of this text, which the human rights activists call “the key to the ‘Schedule of Diseases’” and the structure of which has been inherited by the questionnaire and the “fitness declaration”. In all three of the tendencies of disease listed in the Health Questionnaire (asthma and defects of the musculoskeletal or nervous systems) “injury at birth” is mentioned and “symptoms” from the questionnaire (ill. 2) are encountered. Thus, in the section “Neurological illnesses” one may find the “toxicosis” and “state of stress” during pregnancy indicated in the questionnaire, “arrested development”, “headaches” and even “running away from home”. Although he does not interact directly with the “Health Questionnaire”, a conscript who has applied to the NPO works with documentary forms that have inherited from it not only part of their structure, but also the working principle of military medicine embodied in it and the understanding of the duration of illness that belongs to it.

## Conclusion

At what, in the end, is this meticulous work on the conscript's file-self aimed? Both the preparation of the necessary documents and their addition to the personal file, and the careful reading and study of the papers included in it by the conscript, human rights activist or official, are dictated first and foremost by mutual suspicion.<sup>1</sup> Suspicion, and the necessity of addressing it, allow us to understand the pragmatics both of the formulation of diagnoses in the "Schedule of illnesses" and the medical conceptions innate in it: the unmasking of a potential malingerer may rely on the lack of any earlier evidence of his current illness or on inconsistencies in his personal file. The questionnaire used by the human rights activists helps the conscript, at the first stage of his interaction with the NPO, to discover the most important "symptoms" for this medical concept, so as to supplement them later on and put together an extensive, integrated picture of his health in the "declaration of fitness". The narrative of his health that unfolds in this declaration, if it is accepted by representatives of the institution, allows the individual, as Kenneth and Mary Gergen note, simultaneously to assert himself as a stable personality and to justify his own mutability [Gergen, Gergen 1988: 31–36].

It may be said that it is the aim of anticipating suspicion on the part of officials and answering it in advance that dictates the actualisation by the human rights activists of biographical and procedural temporalities: using elements and lacunae in the first one for disputing the consistency of the second. The trustworthiness of the data in the personal file may be defended by the creation of an integrated, durable documentary image rooted in the biography, history of development and family ties. In turn, a bad history of the relations between the conscript and the military commissariat threatens any trust they might have in the image of the "unreliable individual" that is being formed, and an "empty" personal file without medical documents makes them regard a conscript who has not answered his call-up as a deserter. Equally, the documentary traces preserved in the record may be used by human rights activists to trace the procedural genealogy and look for "evidence" for writing complaints, and by officials to look for inconsistencies and traces of infringements that undermine the image that is being formed by the conscript.

In the end, the opposition between the variously directed suspicions surrounding the personal file becomes a dispute about the nature

<sup>1</sup> The role of suspicion in the interaction between people and representatives of the authorities has been examined, in particular, by researchers into migration [Kelly 2006; Navaro-Yashin 2007; Alpes, Spire 2014].



of documents, their capacity for reliably describing reality and the strength of the “vertical trust” to authorities that create them [Baiburin 2017: 24]. As this work shows, the key aspect of this dispute is the understanding of time and of the biography — their documentary record and a way of reading it focused on temporalities. In connection with this there arises the possibility of asking the wider question of how documents produced by the institutions with which a person’s growing up and life are connected take part in the construction of his biography, both for the person himself and for other institutions. Together with the question of duration, it is worth following Marilyn Strathern in asking what a *whole* personality is in biomedical, ethical and other social contexts [Strathern 2004]. One would like to think that a careful look at bureaucratic artefacts, on paper or digital, might suggest answers to these questions.

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