

Sanitary (Medical) Service of Latvian Armed Forces, Its Formation and Activities in the Period of Independence War 1918-1920

 **Liana Plavina** Dr. med.

Riga Stradins University of Latvia, Latvia

liana.plavina@rsu.lv

Abstract: Directly after proclaimed independence of Latvia State in 18th of November in 1918, the Latvia as a young state commenced formation of Defence system: military unit formation and establishing Medical service. The study provided theoretical research and analysis of topical activities of Sanitary (Medical) service: recruiting Medical personnel and management of Health care system, monitoring treatment capacities and readiness of hospitals and organized medical logistic system, transportation of casualties. Results of the study indicated that Sanitary (Medical) service of Latvian Armed forces successful solved the tasks of Health care and saved the lives and health of hundreds and thousands of soldiers. Sanitary (Medical) service provided significant and effective Healthcare system of personnel, managed of medical treatment facilities in period of Independence war; supported and taken guidance of medical logistic process. Sanitary (Medical) service managed support of armed forces units in period of Independence war 1918-1920 by establishing first aid posts/dressing sections for casualty's care, organizing casualties transportation to medical treatment facilities, providing support with special medical equipment, and medical materials. The aim of the study was to describe and analyse Sanitary (Medical) service personnel leadership, adaptability, resilience, empathy, compassion in period from 1918 till 1920 that adapt quickly to changing circumstances in complicated political situation and aggravated economic reality. Sanitary (Medical) service personnel made decisions that had saved the lives of thousands of soldiers.

Keywords: Sanitary (Medical) service personnel, Independence War 1918-1920

Introduction

Latvian defence system establishment started directly after 18th of November of 1918, when Latvian State independence was proclaimed. The young state soon was involved in Latvian Impendence war in period 1918-1920 (Ciganovs, 2013). Latvian State was ready to protect it's the independence from Germanies encroachment in west part of country and Bolshevik Soviet in the east part of country. Defence system formation realized from November of 1918 in fluctuated political situation and deep economic crisis, that had negative impact on formation process of Latvian Armed forces as well on formation process of Sanitary (Medical) service (Andersons, 1983). The medical personnel involved in the Sanitary (Medical) service faced numerous obstacles, including shortages of resources, manpower, and infrastructure. Sanitary (Medical) service personnel shown ability to work together, despite the challenges, that was important for collaboration in achieving common goals. The Landwehr forces (National guard) were mobilized and structured into four regions (Kurzeme, Vidzeme, Latgale and Zemgale) in 1919 by Germanies supporters. Military unit had the urgent necessity in sanitary (medical) service, therefore some army regiment organised medical treatment facilities with assistance of local (regional) medical personnel, but logistic support come from Germany. As well there were two brigades in Latvia, that were formed by Latvian volunteers (Ciganovs, 2016). The North Latvian brigade was formed in northern part of Latvia and Southern part of Estonia (Ainaži -Pērnavā- Tallinn). The Southern Latvian brigade established in Riga region. Independence war embraced wide territory of Latvia. Battles between military formation took place in different regions in all territory as a result numbers of casualties were high. They transported to the closest medical facilities. The capacities of available war hospitals did not correspond to required necessities, therefore state involved municipal and private medical facilities, where casualties get medical care (Bebrišs, & Bambals, 1991). But hospitals were overcrowded, shortage of medical personnel and medical materials was reality.

The Latvian Armed forces was established only in July of 1919, and directly after was organized Sanitary command of Sanitary (Medical) service. Each regiment had medical facility (division lazarettes). Latvian armed forces had a new structure: there were four divisions (Kurzermes, Vidzemes, Latgales and Zemgales). The main task of Sanitary administration of Sanitary (Medical) service was

create structure of Sanitary service corresponding the structure of Armed forces, recruited medical personnel and organized logistic system with medical equipment and medical materials support (Bebris & Bambals, 1991). The medical personnel in the Sanitary (Medical) service demonstrated emphasized empathy and compassion qualities daily as they cared for injured soldiers, often under difficult conditions. Sanitary Command worked hardly to organised adequate medical care of military personnel in shortage of financial resources. Very helpful was private donation that Latvian army get as well donation from US Red cross mission. Health care of Latvian armed forces had the main urgent tasks in initial period (in 1919) to provide support of battle casualties: establishment of first aid sections, organizing medical evacuation assets, formation of system of war hospitals and immediately solving the problems of medical supplies. One of the topical tasks of Sanitary service was recruiting different ranges of medical personnel. Sanitary service used existing system of municipal and private hospitals and managed health care facilities as war hospitals, division lazarettes, garrison lazarettes, first-aid posts. Formation of medical logistic system started with establishing sanitary stores that were topical for providing medical materials supplies. Involving of Latvian army unit in numerous battles in wide territory shown necessity to organize rapid casualty's transportation, therefore sanitary train and sanitary ambulances played important role in solving problem with casualty's movement and further treatment. The proximity of battle line called for establishing regional medical facilities (garrison lazarettes) with strict coordination and organization.

Methodology

The main tasks of theoretical research were to describe formation and structure of Sanitary (Medical) service, characterize activities of Sanitary (Medical) service in Latvian Armed Forces. The main research method was a theoretical analysis of available resources that was done in last two years, with explanation Sanitary (Medical) service personnel qualities (leadership, adaptability, resilience, empathy, compassion) in period of organizing casualty care in battlefield, providing first aid in front line, analyse casualty's transportation system and providing health care in health care facilities: war hospitals, and others medical components divisions lazarettes, garrisons lazarettes, during Latvia's struggle for independence.

Results and Discussion

The Latvian Army Sanitary command was established in 19th of July in 1919 directly after the Latvian Army establishing (in 10th of July in 1919). The Army Sanitary command provided control and management of health support, logistic procedures as well medical treatment facilities in army. Formation and development of Sanitary (Medical) service needed competent guidance, experience and knowledges in complicated political and difficult economic period of Independence war. The individuals tasked with forming and leading the Sanitary (Medical) service during Latvia's struggle for independence period, they needed strong leadership skills to navigate the complexities of the political situation and economic challenges. The first commander of Sanitary (Medical) service was doctor - general Pēteris Sņiķers (Vīksna, 2007). He was experienced professional and leader of Sanitary (Medical) service. Sanitary service had two parts: Medical part and Veterinary parts (Fig.1). Medical service provided control and management of health care of casualties, medical logistic support as well guidance of treatment capacities of dressing sections, lazarettes and hospitals. Involving the army formations in active battles had consequences - numbers of casualties were high. The capacities of available war hospitals did not correspond to required necessities. There was one hospital (in Riga) in 1919, in the period of Independence war the numbers of hospitals increased till five in 1920.

Formation of divisions of Latvian army (Kurzermes, Vidzemes, Latgales and Zemgales) continued with establishment and organization of functional activities of divisions lazarettes that was merit of Sanitary Command. The garrisons' lazarettes were formed in Valmiera, in Liepaja, in Daugavpils and in Ludza. Active war situation, large numbers of casualties revealed urgent problem was casualty's evacuation. Problem was solved by organizing two kinds of the transports modules that included sanitary transport service (ambulances) and sanitary train. Crucial problem of medical logistic were solved by establishing logistic system that included store for medical equipment and medicines. Essential traits of medical personnel in diverse and inclusive environments were resilience and collaboration.

After the Independence war 1918-1920 Latvian Army was reduced and Sanitary (Medical) service undergone transformation. The number of hospitals were reduced till three (in Riga, in Daugavpils, and in Liepaja). The one sanitary store provides logistic for all army sanitary formations.

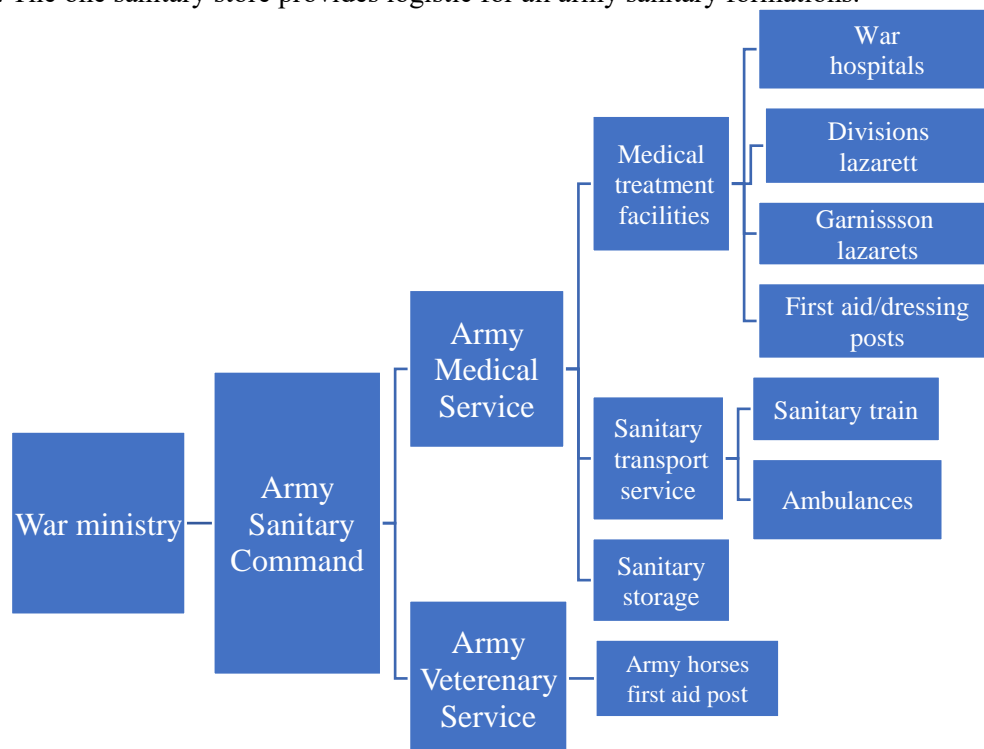


Figure 1. Army Sanitary Command established structure and organisation of Sanitary service

Casualty care in combat operation

Battles of Independence war embraced all territory of Latvia. Sanitary service had urgent problem with all ranges of medical personnel. Sanitary service command organized recruitment of professional medical specialists (doctors, nurses, feldshers, combat medics). Initial Medical service was established by Latvian doctors (physicians), who get medical university education in St. Petersburg. Military medical education allowed to implemented ideas of military medicine and developed Latvian army medical service (Bebris et al, 1992). Medical personnel in units provided combat casualty care (first aid, emergency care). Medical personnel demonstrate personality traits such as leadership, adaptability, resilience, empathy, compassion, that played a vital role in the successful establishment and operation of the Sanitary (Medical) service during Latvia's struggle for independence After the first aid on the battlefield casualty were transported to in first aid posts/ dressing sections where they get medical treatment, after that casualties were transported to next medical treatment facilities (lazarettes and hospitals). The hospital system in Latvia was old, it was inherited from Tsars Russia and included three hospitals: Riga war hospital, that was built in 1754, Hospital in Daugavpils that was built in 1827 and hospital in Liepaja, that was built in 1900.

War hospitals

Riga war hospital was established in 1919 in 25 of May. The head doctor was K. Rozenkalns. The medical personnel included 29 employers (2 doctors). At the beginning (from May 1919) medical equipment and medical materials were enough for providing health care for casualties: in June it admitted 605 patients, in July it admitted 460 patients. Transportation section of hospital included three horses. Initially hospital location was on J. Astra str., but in autumn of 1919 it has additional base on Hospital str. Active combat situation demanded increasing the hospital beds numbers in Riga war hospital. The numbers of hospital bed increased in September of 1919 till 300 hospital beds, in October of 1919 till hospital beds 500; and till 900 hospital beds in November of 1919; but in December of 1919 hospital beds reached 1000. The numbers of medical personnel also increased from 128 in September till 294, but in December of 1919, but in January of 1920 there were 427 employers in Riga war

Hospital (Fig.2). Medical personnel of Riga war hospital participated in assessment recruits. Medical commission were organized in October 1919. Infrastructure of Riga war hospital was renovated and arranged after Independence war. At the beginning of peace period (1921) numbers of bed in Riga war hospital was 500 (Bebris et al,1992).

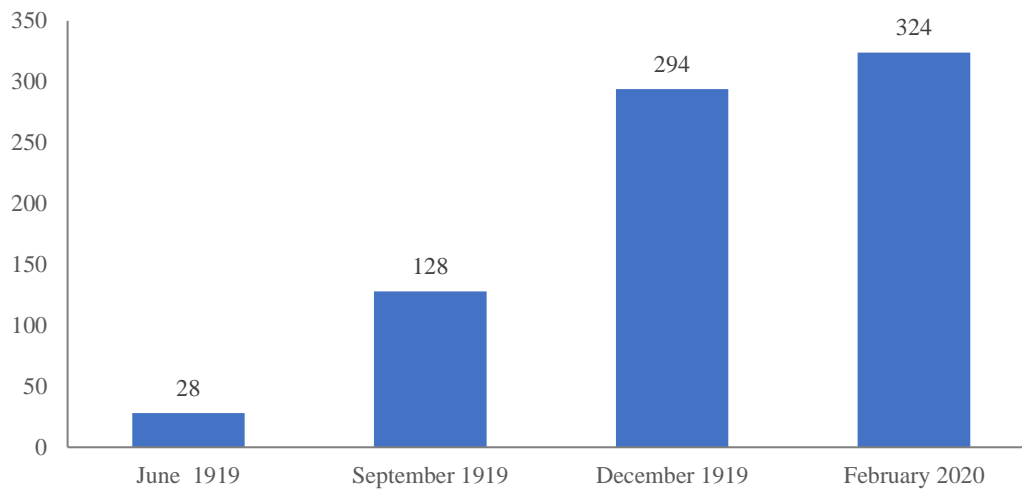


Figure 2. **Medical Personnel employers number in Riga war hospital 1919-1920**

Daugavpils war hospital was organized on the basement of Rēzekne lazarette that moved to Daugavpils. Initially capacity of Daugavpils war hospital was 150 bed, the numbers of employers - medical personnel were 47. The great challenge for Daugavpils war hospital was dysentery epidemy in 1920. After Inferences battles in Daugavpils war hospital medical equipment were up-dated, infrastructure was improved. At the beginning of peace period (1921) numbers of bed in Daugavpils war hospital was 300 (Bebris et al,1992).

Liepāja war hospital was established on the basement of Liepāja garrison lazarette in July of 1919. Medical equipment provided as donation of USA Red Cross and Liepāja citizens donations. It started admitted patients in August 1919. Initially capacity of Liepājas war hospital was 60 bed, then the numbers of beds increased till 400 in 1920, but at the beginning of peace period (1921) numbers of bed in Liepāja war hospital was 150 (Bebris et al,1992). Medical personnel ability to empathize with the suffering of others and provide compassionate care have been crucial in maintaining morale and cohesion within the armed forces.

Division lazarettes

There were four divisions in Latvian army (Kurzermes division, Vidzemes division, Latgales division and Zemgales division) according established regional system of Latvia (Ciganovs, 2013). Each regiment had medical facility (division lazarettes). Head doctor of division lazarette was responsible for health support in unit, as well logistic and storage of medical /sanitary equipment and medicine Head doctor has taken care about provision and sanitary status in food preparing process Division lazarette should plan capacity for 160 patients (beds) and numbers of medical personnel were 12 persons (3 doctors). The medical personnel in the Sanitary (Medical) service have demonstrated ability to work together, despite numerous obstacles and challenges, to achieve common goals. There were two first aid/ dressing posts and transportation section that included five sanitary ambulances and five sanitary carts (Bebris et al.,1992).

Kurzemes division lazarette was established in September of 1919 in Madona and was active till December of 1920. The first head-doctor of Kurzemes division lazarette was doctor – captain E.Vanags. Kurzemes division lazarette had capability 60 beds (in September of 1919) that increased till 150 beds (in February of 1920), its location in February 1920 was in Rēzekne.

Latgales division lazarette was established in September of 1919 in Cēsis, but active forward line had necessity to move it to Bolderāja, where in the forward surgical post, dressing section admitted 650 casualties. Then the forward surgical post moved to Jelgava, where its capacity was 450 beds in October

of 1919, but in December of 1919 the first aid / dressing post with dressing section take care about 716 casualties. After that the first aid / dressing post displaced to Balvi, where it taken care about 307 patients. Latgales division lazarette transferred to Lizums, where number of beds were 140. Latgales division lazarette support forward activities of Latgales division. Sanitary train evacuated patients from forward line to Latgales division lazarette. There were 476 patient who get health care in period from January till April of 1920 in Latgales division lazarette.

Vidzemes division lazarette was established in August 1919 in Valmiera. It coordinated activities with Estonian Army, get logistic support from it. It provided health care support for 1683 patient in period from august 1919 till august 1920 (soldiers and prisoners). It provided healthcare in infection department for typhus patient in Mach of 1920 in Valmiera.

Garrison lazarettes

There were four garrisons that support divisions Sanitary service.

Valmieras garrison lazarette was established in August of 1919. It was involved in consequences abolishment of typhus epidemic. It organized healthcare for patient with typhus, the largest part of them were prisoners. Valmieras garrison lazarette received logistic support from US Red Cross.

Liepājas garrison lazarette was established in July of 1919. The head doctor of Liepājas garrison lazarette was colonel doctor J. Alksnis. The number of beds in August of 1919 were 30 then it increased till 100 in September, and till 300 in January 1920. Liepājas garrison lazarette provided health care for typhus patients. The number of typhus patient were 439 in January of 1920. Activities of Liepaja garrison lazarette continued in 1921, but number of beds reduced till 300, then till 150 and finally till 126. Liepājas war hospital was established on basement of Liepājas garrison lazarette.

Daugavpils garrison lazarette was established in April of 1920. It had 150 beds. The first head doctor of Daugavpils garrison lazarette was doctor captain Blumfelds till may of 1921 and them lieutenant colonel E. Skadiņš. Daugavpils garrison lazarette provided health care for dysentery patients (n=300) in July 1920. Daugavpils war hospital was established on base of Daugavpils garrison lazarette.

Ludzas garrison lazarette was established in April of 1920. The first head doctor was A. Rubins. The number of beds were 60, lazarette was overcrowded, it provided healthcare for 150 patients. It was active till September of 1920. Collaboration of Medical personnel in making decisions process, quickly adaptation to changing circumstances was important and crucial for saving lives of thousands of soldiers.

Army logistic system

Sanitary (Medical) service Logistic module was essential support element for successful activities of Latvian Armed forces units. Medical Logistic system establishment was huge challenge for government of recently formed Latvian state. The medical personnel involved in the Sanitary (Medical) service have faced with shortages of resources, and infrastructure. Initially reserves were empty, destroyed, local funds could not realize adequate medical logistic support for new formed units. Blockade excluded using external resources on this moment (1919). There were some number of medicaments and medical materials as remnant from Germany and Russian abandon reserves. The special position- Pharmacologic administration board was establishing by Sanitary (Medical) service command in 1919. There was large scale of responsibilities: control of medical supplies (medicines) and medical material; medical equipment management; surgical instrument survey, medical clothes distribution ect. The army sanitary store started work from June 1919 the first chief was pharmacists captain N.Daugulis. Large amount of medical materials was adopted after Germany armed forces retreat in June 1919. Medical supplies and medical materials in store were distributed in short time. The next step was updated various materials that income as donation, purchase and humanitarian help of US RED cross. The sections of army sanitary store were open next to the units that participated in active war operations in autumn 1919 in Jelgava, in Rēzekne. But after active battle period these sections were closed in 1920, the main sanitary store was established in Riga.

Sanitary transportation

Sanitary (Medical) service command organized two sections of Sanitary transport. There were sanitary train section and sanitary land transportation section with ambulances and carts. Sanitary train was

established in August 1919 as a main way for casualty transportation. The head doctor of Sanitary train was V. Jaunzems. The Sanitary train received eight carriage and actively involved in casualty's transportation process from Latgale region where were active battles. Medical personnel shown ability to empathize with the suffering of casualties and provide compassionate care, it have been crucial in maintaining morale and cohesion within the armed forces. The Sanitary train centre was organized in Pļaviņas. The Sanitary trains had 21 carriages in March of 1920. It provided transportation of more than 1180 casualties. The Sanitary train finished its work in April 1921.

Sanitary land transportation section was established in December 1919. It included car-ambulances and Sanitary carriage-ambulances (two- horses and one- horse). There 9760 casualties transported by land sanitary transportation section assets. Army sanitary transport section existed till August 1920.

Army veterinary system

The animals (horses) were used as transportation means in divisions units in cavalierly and in artillery. Veterinary care was essential to keep working capacity of horses. The first aid veterinary post was established in December 1919. They existed till August 1920. Logistic of Veterinary system were provided through Sanitary store. The large number of horses was abandoned after Germany forces withdrawal. There were 5630 horses in February 190 in divisions, 25% of them were ill (*Latvijas kareivis* [Latvian soldiers], 1939). The veterinary disinfection section was established in February 1920 in the first aid veterinary post. The Veterinary system during Latvia's struggle for independence period shown strong leadership skills to navigate the complexities of the real situation

Conclusions

Independence War 1918-1920 period reflected personality development in diverse and inclusive environments. The medical personnel involved in the Sanitary (Medical) service have faced numerous obstacles, including shortages of resources, manpower, and infrastructure. The medical personnel have needed strong leadership skills to navigate the complexities of the political situation and economic challenges. The development of personality traits such as leadership, adaptability, resilience, empathy, compassion played a vital role in the successful establishment and operation of the Sanitary (Medical) service during Latvia's struggle for independence and saving the lives and health of hundreds and thousands of soldiers. These traits are not only essential for historical endeavours but also remain relevant in today's diverse and inclusive environments.

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