
ZAHRANIČNÍ PŘÍSPĚVKY

THE HOME ARMY HEALTH SERVICE IN THE YEARS 1939–1945

Zdzisław Jezierski

Faculty of Military Medicine, Medical University, Łódź, Poland

In September 1939 the Polish Armed Forces were not able to throw back single-handed the aggression of Nazi Germany and Stalin's Russia. Therefore, the Commander-in-Chief and the Polish State Government decided to continue the struggle against the aggressors in the foreign lands, together with the allies. Late in September of the same year in France the Government of the Republic of Poland with General Władysław Sikorski at the head was constituted. Under the General's leadership also the Polish Armed Forces revived in France. It should be emphasised that the Polish Government in exile was acknowledged to be legitimate and legal by the contemporary governments of anti-Nazi coalition states (1).

This situation caused that also the Poles at home did not surrender to the aggressors. The September defeat was treated as a lost campaign, not a lost war. Despite the terror and repressive measures applied by the invaders, the Polish nation did not cease fighting. In the face of the lack of possibility to oppose openly, the struggle was continued in conspiracy that was organised spontaneously in all regions of the country. It should be indicated that from the start the Polish Resistance Movement was characterised by a great dynamism of organisational actions and enormous variety of fighting forms, both civilian and military. It resulted in the quick development and strength of the Polish Underground State (PPP) in the occupied country (2).

The office of the Delegate of the Government of the Republic of Poland, performing executive functions through local administration, was at the head. It was supported by historical political groups, which formed the nucleus of the Underground Parliament. PPP had also at its command underground armed forces existing under the name of the Home Army (AK) in which served citizens who identified themselves with the Polish reasons of State, being the independence strategy of the Republic's Government in exile.

The underground organisation was totally militarised and its aim was to prepare a victorious general uprising. Consequently, the Home Army became its central link. Its real functions exceeded by far mili-

tary aspects and comprised among others jurisdiction, administration, culture and health care.

Specialist services were created within the Home Army to fulfil these tasks properly. Health service included not only the Home Army soldiers but also civilian population, which was deprived of medical aid by the invaders (3).

It should be emphasised that its organisers realised that the struggle they were preparing for would be associated with the exposure of soldiers' health and life. They understood that if their soldiers were convinced of getting quick medical aid in the case of injury their readiness for sacrifices and more emphatic participation in fighting would be greater. Therefore, the Home Army Commanders creating the regional underground net and partisan groups were at the same time organising the health service as an integral element of these structures (3).

The Home Army was formed basing on the organisation of the pre-war army. At first, the attention was paid mainly to creation of regional organisational net. In the areas of pre-war provinces originated the Home Army rings, whereas in administrative districts – regions and in civil parishes – localities. By the end of 1940, the Home Army organisational structure was formed, comprising the whole territory of pre-war Poland (4).

It is interesting to note that in most regions health service was created by the end of the year 1939, before being organised in the Command-in-Chief. The Sanitary Section in the Chief Headquarters was established only in the second part of 1940. It was the regions that played essential organisational role in the process of the Home Army development. Their commanders were given a large scope of independence. They appointed chiefs of divisions of the regional health service. Their task was to create district and regional departments of sanitary service on the areas in their charge.

There were many differences between individual regions, which affected efficacy of their organisational efforts and concerned the invader's policy, the number of its troops and police in the region and attitude of local civilians providing protective and

medical infrastructure. The traditions of national uprisings existing among people in particular regions of the Polish territory were associated with their readiness to support the partisans' fights and played an important role in organisation of the regional health service.

Only in Warsaw, Kielce, Lublin and Lwow the chiefs of regional services were doctors-officers from the sanitary regular service. In most regions these functions were performed by doctors-officers from reserve forces. All of them had taken part in the campaign of September of 1939. The experiences gathered then were very helpful in their work. The Polish war of 1939 was the example of mobilisation of wide community circles in helping people in need. The qualified medical staff at that time was not able to take care of thousands of sick and injured people. The rapid increase in demand for medical help surpassed the possibilities of specialist institutions and their activity. Under these circumstances it was necessary to include in work many people from outside medical service, mainly as auxiliary personnel. First of all girls from the Polish Scouts' Association, Polish Red Cross and Women's Military Training – previously trained in providing sanitary aid – were engaged to it. These organisations were also the basic source of gaining nursing and sanitary staff in the Home Army health service (5).

The first years of Home Army were the time of gradual development of organisational structures. The process of development was regulated by orders and instructions of the Home Army Chief Headquarters. The order given in April 1942 played a special part in this respect. It distinguished 3 stages of the Home Army development, namely: period of conspiracy, insurrection and reconstruction of the armed forces. In each of these stages health service was set to realise different tasks.

In the period of conspiracy a special section called the Union of Revenge was isolated from the Home Army to conduct military operations. It consisted of small diversionary and combat troops that were formed in particular regions. Most frequently they numbered from a few to a dozen or so of well-trained soldiers. There were neither doctors nor stretcher-bearers among them. However, each of the participants of these groups was prepared to give the first aid and had a first aid kit. In the case of injury soldiers were obliged to take the victim away during the retreat.

The Union of Revenge soldiers prepared their actions very carefully. The point was to have as small personnel casualties in its ranks as possible. The actions were short and lasted at the most several hours from the assembly to the end. Few soldiers wounded in them were treated in conspiratorial me-

dical care posts, which were managed by the medical staff serving in the Home Army districts (6).

In 1943 the Union of Revenge forces were transformed into the Troops of Diversion Management (Kedyw). Then forest guerrilla bands started to form. In both of these formations links of medical aid were organised. Each of them, however, had its own specific character of activities.

The Kedyw Troops were appointed mainly from among soldiers living and working in towns, so they were of garrison character, whereas partisan troops stayed all the time in the areas which provided them with moderately adequate living conditions and helped in their activities.

The Kedyw sanitary authorities conducted preventive actions. All soldiers of this organisation were advised in primary health care. Nurses organised in the Women's Military Service (WSK) functioning since 1942 within the Home Army took constant care of the soldiers from their platoons. In the case of a disease they tried to help their colleagues arrange medical visits at various specialists' as well as radiographic and follow-up examinations.

The best developed Kedyw troops were in the area of Warsaw. They used the medical service of the Ujazdowski Hospital. This famous pre-war health service institution of the Polish Army – despite transition to the status of civilian municipal hospital in 1940 – kept alive traditions of military organisation throughout all the war years. Doctors – especially of higher ranks – were addressed according to the military rank and the manager was called the "commander". Most of the staff were pre-war doctors-officers from the Polish Army sanitary service. Thus it was obvious that within this team conspiratorial life flourished. It manifested itself in various forms – from gathering and distribution of dressing materials and drugs, through distribution of underground press, secret training of doctors and nurses, to active participation of teams formed from among them in combat actions and treatment of the Home Army injured soldiers. In 1944 a few doctors went to other AK regions and districts to organise field hospitals and first aid stations there. It should be added that the commander of hospital was at the same time the chief of health service of the Home Army Chief Headquarters. Also the chief of Kedyw sanitary authorities and sanitary chiefs of almost all districts of Warsaw Region came down from there (7).

In the second half of 1943, health service was created in Kedyw troops of many other regions and in then developing partisan troops. They arose from joining the small AK diversionary and combat forces. At that time the so-called uniting action, resulting from the realisation of the Polish Armed Forces Commander-in-Chief's order concerning the union of

all military organisations of the Polish Underground State within the Home Army, speeded up. In the course of this action effective forces of the Home Army units considerably increased. The uniting formations had their own health service structures which merged with AK health service, submitting to the sanitary section of the Women's Military Service. In many districts the uniting process went smoothly because nurses from the Green Cross, serving in Peasants' Battalions and also in the National Military Organisation or in Military Units of the Polish Socialist Party held their courses and trainings in the same district hospitals as AK nurses (8).

The characteristic phenomenon in the activity of the partisan sanitary service was that its members had considerably more work with sick than injured soldiers. These latter were most frequently turned over to conspiratorial dressing stations or field hospitals, while the sick were taken care of by unit nurses until the patients' full recovery.

Many diseases and ailments, resulting from their style of life, occurred among the soldiers from forest guerrilla bands. Pathological states as a result of nutrition deficiencies were a difficult problem to solve. Almost all partisans for a shorter or longer period suffered from enteritis, food poisonings. Suffering from scurvy was quite frequent.

Sometimes tactical reasons compelled partisans to stop in hamlets affected with infectious diseases that caused their spreading in many units. The main infectious diseases occurring then most frequently were: typhus fever, typhoid fever and dysentery. Typical ailments of soldiers from bush-and-forest guerrilla bands were skin diseases, especially scabies, difficult to control when there was a shortage of appropriate treatment agents. Pediculosis was also common then. These diseases spread because of not enough underwear, soap, disinfectants, no possibility of having a bath and problems with maintaining necessary hygiene during constant marches.

The actions of AK partisan units were mainly performed in areas with substantial forest and mountainous regions, wilderness, often economically poor. These conditions were beneficial to some respect because the invader had no possibility of making use of their technical supremacy there. On the other hand, however, they created great difficulties for health service. The transport of the injured in the hilly terrain caused them a lot of suffering and was also strenuous for female sanitary sections.

The activity of the troops was facilitated due to the fact that Polish people considered AK soldiers their protectors and friends and took care of the injured, hid them, prepared lodgings where they could be treated safely, shared their belongings with them and transported them on long distances (9).

The main period of AK activity was the year 1944 when soldiers carried out the plan "Storm". The analysis of the types of wounds inflicted in the "Storm" period showed that first of all they concerned upper and lower limbs, abdominal cavity, chest and head. Most frequently they were bullet wounds, perforating bullet wounds, lacerated wounds, wounds caused by fragments of grenades, bullets from machine and rifle pistols or from small firearms. The wounds of limbs were often complicated with fractures and venous or arterial haemorrhages. Most of abdominal cavity wounds ended with peritonitis. In field conditions it was not always possible to carry out laparotomy or deliver the injured to hospital. Doctors were left only with words of comfort and morphine injections after which the injured stopped complaining of pain and took their last sleep.

Head injuries were often associated with complications in the form of cranial fracture or fracture with dislocation, demanding immediate trephination. Such procedures were successfully performed in field hospitals of AK partisan units. Chest perforating bullet wounds were – on the other hand – accompanied by bleedings from mediastinal vessels or pneumothorax, which was very difficult to treat in field conditions. These injured were turned over to stationary hospitals.

In the course of battles conducted in town conditions, one of the most frequent wounds were burns of all grades, accompanied by depression and psychic (nervous) breakdowns (10).

In the autumn of 1944 diseases in AK units were a far bigger problem than wounds or incidence of traumas. Many reports of the commanders of then re-created regiments and divisions testify to it. We can read in one of them: "...men without shoes, underwear and clothes, they already have a cold, 50% of the regiment soldiers are sick", whereas in another one: "Only because of the flu many partisans went away to hide-outs in October, 1944 to take treatment. The flu was spreading in the regiment alarmingly at that time." (11)

The basic cause of these diseases was the season, prolonged stay in hard field conditions and shortage of proper food that in conspiracy led to weakening of the biological energy even in partisans with longer practice.

The shortage of medicines made epidemiologic situation difficult in combat units at that time. Doctors from AK units and their commanders report it. They also point out that sacrifice and devotion of young people working in AK health service made up for the shortages in material supplies in forest units and also incomplete professional qualifications of the sanitary staff.

Epidemics of infectious diseases – mainly of typhus fever and dysentery also occurred among AK weakened soldiers (12).

The most dynamic development of the Home Army occurred in 1944 when in the summer about 350 000 soldiers served in conspiratorial armed formations. In the whole country they carried out independence attacks under the name of the "Storm", which were conducted with vigour and fierceness. During this action the number of wounded soldiers and also civil population increased significantly. In order to provide medical help for them the AK health service mobilised all its strengths and worked with great devotion and heroism (13).

The "Storm" action was initiated in January 1944 in Volhynia by the 27th Volhynia Infantry Division consisting of more than 7 000 soldiers. Its health service was organised in accordance with the pre-war standards in the Polish Army and employed 19 physicians, 28 stretcher-bearers and 75 field nurses (14).

Fights for independence were carried out on a wide scale in the spring and summer of 1944 in the region of Vilnius and Nowogródek. In July 1944 one of the most crucial battles was the battle for liberation of Vilnius conducted under the name of "The Sharp-Pointed Gate". Professor Michał Reicher, pre-war Vice-Rector of Stefan Batory University in Vilnius, having been appointed as Commander-in-Chief of the Vilnius Region Health Service in the Home Army, mobilised nearly all physicians in this region to provide medical help during fights. When the Red Army entered this territory the Soviet security police arrested and repressed many medical professionals by sending them to labour camps in the interior of Russia (15).

The greatest combat operation carried out within the "Storm" action was the Warsaw Uprising that lasted from 1 August to 3 October 1944. The majority of the Warsaw population participated in it providing comprehensive help for AK soldiers. First of all it was a medical help. All hospitals in Warsaw admitted the wounded due to the fact that their medical personnel had joined the Home Army. Hundreds of girl-guides were trained to be field nurses. The Polish Red Cross organised provisional hospitals in nearby towns and villages for the injured and delivered drugs and dressing materials to them (16).

There were no lists of people working in conspiracy. Thus, it is difficult to present the amount of AK health service personnel. It is generally estimated that about 8000 physicians worked there (out of 12 thousands physicians before the war), 23 000 nurses and 20 000 field nurses derived mainly from the con-

spiratorial Girl Guide movement. The majority of them were arrested and repressed for their activity. During fights they were killed or injured similarly to AK soldiers. Their service was not only performing their professional vocation but also the expression of patriotic attitude in the struggle for independent Poland.

Reference

1. DAVIES, N. *God's playground. A history of Poland*, vol. II: 1795 to the present. Oxford, 1981.
2. SALMONOWICZ, S. *Polskie Państwo Podziemne. Z dziejów walki cywilnej 1939–1945*. Warszawa, 1994.
3. *Polskie Siły Zbrojne w drugiej wojnie światowej*, t. III: Armia Krajowa, wyd. II, Warszawa–Londyn, 1999.
4. Armia Krajowa. *Szkic z dziejów Sił Zbrojnych Polskiego Państwa Podziemnego*. Warszawa, 1999.
5. *Harcerki 1939–1945. Relacje – pamiętniki*. Warszawa, 1985.
6. STRZEMBOSZ, T. *Oddziały szturmowe konspiracyjnej Warszawy 1939–1945*. Warszawa, 1983.
7. WITKOWSKI, T. „Kedyw” okręgu warszawskiego Armii Krajowej w latach 1943–1944. Warszawa, 1984.
8. JEZIEŃSKI, Z. *Kształcenie kadr medycznych w Armii Krajowej*. Łódź, 2002.
9. BAYER, S. *Służba zdrowia okupowanej Warszawy*. Warszawa, 1982.
10. *Powstanie Warszawskie i medycyna. Wspomnienia lekarzy, medyków i sanitariuszek z Powstania Warszawskiego*, vol. I-II, Warszawa, 2003.
11. Armia Krajowa w dokumentach, vol. IV, s. 192.
12. ALEKSANDROWICZ, J. *Kartki z dziennika doktora „Twardego”*. Kraków, 1983, C. Sadowski, *Pamiętnik doktora „Skiby”*, Warszawa, 1990.
13. KOMOROWSKI-BÓR, T. *Armia Podziemna*. Londyn, 1952.
14. FIJAŁKA, M. *27 Wolyńska Dywizja Piechoty AK*. Warszawa, 1989.
15. KORAB-ŻEBRYK, R. *Operacja Wileńska AK*. Warszawa, 1988.
16. DAVIES, N. *Europe. A history*. London, 1996, p. 1107–1108; JM. Ciechanowski, *Powstanie Warszawskie*. Warszawa, 1989.

Correspondence: Pulkownik Dr.med. Zdzisław Jezierski
Wydział Wojskowo-Lekarski Uniwersytetu
Medycznego w Łodzi
ul. Jana Piwnika 9/25
PL-93222, Łódź
Poland

Received 30. 6. 2004