The history of military medicine in the last 100 years xxx

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The beginning of the medical military service in Romania is related to the set up of the public institutions with military regime: gendarmerie and military subunits (pedestrians and riders), military firefighters, whose purpose was to provide sanitary services.

Due to the different evolution of Romanian regions, the history of military-medical structures was different.

The unification of the Romanian Principalities under the ruler Alexandru Ioan Cuza - modernist and good administrator - was an important leap in the development of the medical assistance structures of the armies, with the increase, diversification and specialization of the military units. It is the time when battalion infirmaries grow in size, the number of stationary beds for officers and troop's increases, more doctors are employed and therapeutic methods are diversified.

The arrival of King Carol I, one of the founders of modern Romania, in the country, has generated progress and development of the medical-military network.

After the conquest of Romania's state independence, the development of the institutions of the new state under the leadership of Carol I and of a political class of liberal and nationalist orientation recorded a momentum not yet encountered. Consequently, the first military hospitals were set up in addition to those in Bucharest, the period between 1880 and 1900 being a period of massive construction.

In addition to the Central Military Hospital in Bucharest, hospitals were built in Craiova, Pitești, Galați, Focsani and the hospital from Iași was resized. Fortunately for the Romanian people, the beginning of the 20th century found the Romanian Army at a good level of organization, endowment and with enough staff.

In the Armed Forces, the medical service has developed to a great extent: there are specialists in surgery, internal medicine, dermatology, laboratory, etc. Hospitalization conditions are modern, both in the medical departments and in laboratories, the latter being managed by well-trained medical staff. In this period, there is a rise of military-medical professors, some of which turned out to be excellent specialists, role models for the next generations.

With the general physician Carol Davila, the first command (planning / administration / coordination) structure of the Army's medical service appears. He is the first chief in the history of the current Medical Directorate.

Having central activity as support, medical structures - infirmaries, hospitals - are standardized as structure,
The period 1914-1916 until Romania's entry into war provided a partial modernization of the Army. Entry into World War I was an act of courage and sacrifice for all the services of the Army. The medical service was well prepared and managed to provide comprehensive health care in the operations theatres. Unfortunately, the Army's sanitary material conditions were not at an appropriate level, making it possible for the outbreak of typhus epidemic, which has ravaged thousands of lives among the Army's military. The intervention of the medical service, benefiting from the consistent support of volunteer women, coordinated by the new queen of Romania, eventually juggled the epidemic, improving the level of healthcare insurance - especially in terms of providing care for the wounded and sick.

The victorious outbreak of war and the creation of the Romanian national state - Great Romania - allying Transylvania, Basarabia and Bucovina - is the greatest moment in our history. However, the Romanian military continued military operations aimed at imposing order and compelling Hungary to accept the Versailles peace treaty.

On the occasion of the reintegration, the Army's medical care network has expanded accordingly, including hospitals from Timisoara, Sibiu, Brasov, Cluj-Napoca, Oradea, Cernauti and Chisinau. The newly established military units organized unit and garrison infirmaries. One of the Army's sanitary warehouses was organized in an old artillery unit, in Sebes, in addition to the one in Bucharest.

After the great global conflagration of 1914-1918, the principles and norms of organization and functioning of the campus hospitals (mobile and fixed - of the inner area) organized in school buildings, mansions, administrative buildings, etc. - were established. During the war, campus hospitals provided medical services to save the lives of the wounded and sick military.

The interwar period was a period of development of the Armed Forces medical network not only in numerical / quantitative but also qualitative terms: the medical units / departments and medical specialties, as well as the therapeutic resources and the means of diagnostics diversified, the imaging (Rx) developed consistently. In these twenty years, hospitals in Romania (including the military ones) evolved, developed, offering diagnostic and treatment methods similar to those available in Western Europe.

Romanian medical education has matured through the activity of the Medical Faculties in Bucharest, Cluj-Napoca, Timisoara and Iasi, generating a plethora of high-performance medical practitioners and pharmacists (some of the world's recognition personalities).

The interwar evolution of international relations that gradually brought Romania to Hitler's Germany led to the conclusion of the assistance protocol on the military line between Germany and Romania. Due to the offensive actions in particular, the functioning of the medical service has been rethought in order to ensure the triage and saving of life in the battlefield, in the conditions of multiple victims, tactical and strategic medical evacuation, ensuring the continuity of medical care along the hospital network (rehabilitation of wounded / sick military personnel so that it could be used again in combat), storage of functional and reserve stocks, use of blood transfusion (for the first time in history).

During the years 1940-1945, Romanian military medical network (both internal military hospitals and civil ones, as well as campus military hospitals) were tested. The Romanian sanitary trains, used as modern means of medical evacuation - during the First World War, demonstrated the logistic capacity held by the Romanian Army, allowing the strategic medical evacuation to be carried out by placing combat actions far away from the country.

The period 1945-1950 represented, in addition to the introduction of Russian communism dogma in the country, a period of radical transformation of the Army and, implicitly, of its medical service. There has been a general and dramatic regression by the exclusion from military physicians of leading personalities, who were considered counterrevolutionary and irredentist. These people were replaced by less prepared and competent, but "healthy" staff, unable to provide
proper quality of the military-medical activities. The performance of the entire Romanian education system decreased consistently, therefore there was a decrease in the quality of the medical-military education as well.

After the 1960, the number and size of the military units increased by reorganizing the Army of the Romanian People's Republic (the beginning of the Cold War between Western Capitalist Europe and Eastern European Communist Europe).

The number of unit infirmaries and company hospitals increased and the number of military hospitals was decided, as follows: Bucharest Military Hospital, Cluj-Napoca Military Hospital, Craiova Military Hospital, Constanta Military Hospital, Focşani Military Hospital, Galati Military Hospital, Iasi Military Hospital, Oradea Military Hospital (transferred to the Ministry for Internal Affairs after 1989), Pitesti Military Hospital, Sibiu Military Hospital, Timisoara Military Hospital.

Military dispensaries were organized in big garrisons: Bucharest (became CMDTA Acad. Ștefan Milcu), Bacău, Braila, Buzău, Ploiești, Targoviste, Caracal, Alba Iulia and others. At Sebeș the central sanitary storage center was reorganized, as well as the pharmaceutical storage center in Bucharest. The Center for Preventive Medicine and the Armed Forces Transfusion Center were set up within the Central Military Hospital in Bucharest.

In view of the new concept of reaction to weapons of mass destruction (microbiological, chemical, radiological and nuclear means), the Army's Medical-Military Scientific Research Center was established in 1970-1978. Also, in 1975, the Faculty of Military Medicine was established.

After 1960 - with the improvement of the political and social situation in the country, the access to education of all young people and the organization of a fair promotion system are also present within the Armed Forces medical system, thus creating the premises for a series of excellent professionals: doctors and pharmacists.

The school of sanitary petty officers was founded in 1966 in Focsani. It prepares the sanitary petty officers that work in management and medical planning structures and provide medical care within unit infirmaries and campus hospitals.

However, the responsibility of relations with the medical education system from the Western Europe, which was evolved and emancipated by arbitrary restrictions, generated a period of regress in the performance of medical service. The provision of medical logistics was poor by reducing the import of medical devices: the only medical devices factory (ITM Bucharest) and several other medicine factories provided mediocre quality goods for the requirements of medical service. However, at the level of infrastructure, progress was made by building new structures and setting up medical services, diversifying the range of medical services by introducing new medical specialties in the surgical field (cardiovascular surgery, thoracic-pulmonary surgery, neurosurgery, maxillofacial surgery, orthopedics, urological surgery, gynecological surgery and pediatrics surgery) but also in the field of internal medicine (neurology, psychiatry, cardiology, pulmonology, gastroenterology and hematology, endocrinology and nutritional diseases, geriatrics, obstetrics, etc.).

After 1989, the medical-military system went through a regression, between the years 1990-1995, generated by deficiencies in planning, budgeting and supply, but that was outreached. Since 1994, medical-military education has started in an institutional framework again, within the Medical and Military Institute from Bucharest (with two sections: one in Bucharest at Carol Davila University of Medicine and Pharmacy and the other in Targu Mures - University of Medicine and Pharmacy). Although the number of trainees is much lower than the generations prior to 1989, tradition continues.

In accordance to the other institutions of the Romanian State, the Army registered a reduction of budgets and investments in the military field between 1990 and 2000. Military units were reduced in number and size progressively. Military medicine from the level of different forces also declined.

Military hospital units registered a real progress in the years 1997-2000 through the modernization of
medical devices (centralized purchase of medical goods worth US $ 114 million). This strategic budgetary allocation has allowed the development of a network of military hospitals providing superior quality medical services which managed to impose at national level.

The reorganization of the Romanian Armed Forces during the period 2000-2005, which anticipated the entry into the North Atlantic Alliance, generated a regres in the Army's medical system by giving up the Military Hospital from Oradea to the Ministry of Internal Affairs, the retreat of many excellent doctors (introduction of mandatory retirement at the age of 55 - age corresponding to top performance in the medical career), abolition of the campus hospitals network, infirmary of large units, etc.

Medical-military scientific research is reduced because of inadequate budgets (a trend at national level), suspending the production of antidotes and salts used in CBRN interventions - implemented from 1978-1980.

Gradually, from 2007 to 2010, the specialized human resources were fewer and fewer, some of the causes were: low addressability of admission to the military system, migration of work force to the West, lack of vision at the level of the Medical Directorate regarding the future of the military medical system, legislative modifications in the health field, etc.

In 2008 there is an unfortunate event: the reduction of military functions at the level of military hospitals. This event associated with the transition to the self-financing system of military hospitals (public hospital quality) and defense funding gap - generated a major imbalance in the Army's medical network: each hospital evolved separately - depending on the period of medical services in which it was located, the performance of the medical staff, the management and organizational skills of the different managers, lack of vision and involvement at the level of the Medical Directorate, etc.

The foundation of the Health Insurance House of the Army, Public Order, National Security and Judicial Authority was a saving and integrative action in the national health system, establishing a favorable attitude towards maintaining the quality of services, fulfilling the accreditation standards, implementation of systematic management, providing for hygiene and sanitary-veterinary conditions of operation, ensuring respect for patients' rights and life security, etc.

From 2017, the Romanian Army benefits from a budget allocation of 2% of GDP. This financial support has enabled the Medical Directorate of the Ministry of National Defense to develop several projects in line with the major medical insurance objectives of the Army:

1. Modernizing medical and military education and training;
2. Standardization of medical structures (mobile and fixed);
3. Providing operational medical support - according to the training needs, resilience forces functioning and defense of the territory in times of crisis and war;
4. Ensure medical logistics of forces and territory in case of peace (crisis) and war.