War Losses (Belgium)

By Benoît Majerus

The Belgian situation was unique in the sense that military losses were relatively limited compared to neighbouring countries due to the wait-and-see strategy pursued by King Albert I and a less successful mobilisation of the army in the first weeks of the conflict. The invasion and occupation of its territory led to significant civilian losses, which gave rise to a specific form of commemoration. About 40,000 Belgian soldiers died during the Great War; one-third due to illness. 8,756 civilians died, 6,453 during the first weeks of the invasion. Demographers add 78,665 deaths due to a higher mortality during the occupation.

Table of Contents

1 Introduction
2 Military Losses
3 Civilian Losses
4 Conclusion

Notes
Selected Bibliography
Citation

Introduction

As in most other countries, the evaluation of civilian and military casualties was already an issue during the First World War.[1] Belgium – with the image of “poor little Belgium” – played an important role in mobilizing public opinion of the Allies. The killing of civilians in the first weeks of the invasion became a significant propaganda issue on both sides from summer 1914 on: Belgian war losses were represented as the result of German barbarism.[2] The instrumentalisation of civilian casualties in the struggle for public opinion discredited the figures provided by the Belgian authorities. Yet, for
decades, the massacres of August and September 1914 in Belgium and northern France were
referred to as “German atrocities.”

The image of “poor little Belgium,” based on these early heavy civilian casualties, was partially
reversed in public opinion regarding the Allies during the war. Belgium was criticized for the
conservative military strategy of the Belgian military headquarters and Albert I, King of the Belgians’
(1875-1934) unwillingness to participate in the costly offensives of 1915 and 1916.[3]

Agreeing on the number of war losses, which was a sensitive topic from 1914 on, proved to be
particularly challenging. In larger cities, the municipal authorities responsible for establishing
demographic statistics, tried to resume their activities after the German invasion. In 1915, Brussels
published precise figures on mortality but stopped doing so once again in 1916. The recorded raw
numbers of deaths were probably pretty close to reality, but a certain scepticism is necessary
regarding relational data (such as mortality or birth rate) calculated during and after the war.
Migratory flows in Belgium make it almost impossible to know exactly the total population during the
war, which is necessary for the calculation of rates.

The Belgian historiography on the issue of war losses has hardly been renewed since the interwar
period. Most of the figures (also in this article) date back to the 1920s. Unlike other countries, the
figures for Belgium have not been re-evaluated for ninety years.[4] The context of their production and
use has hardly drawn the attention of historians working on World War One.[5] The destruction of
great parts of the archives of the Belgian Army Health Service makes the task no easier.

Military Losses

In 1921, the Ministry of National Defence established an account of the losses incurred by the
Belgian army. In total 378,000 men served in the Belgian army in Europe and about 15,000 in Africa,
supported by 60,000 indigenous African carriers. 1,164 officers and 25,174 NCOs, corporals and
soldiers had been killed as a result of fatal injury or accident; 407 officers and 13,622 NCOs and
soldiers died from diseases or were considered missing. To these 40,367 men, one had to add fifty-
eight Belgians and 9,000 natives that died in Africa. Fifty years later, this account was confirmed by
the Service de l’Historique des Forces Armées.[6] The twelve soldiers executed by the Belgian army
are probably not included in these figures.[7] 237,000 were injured of which one-third was unable to
return to the front.[8] Compared to the number of mobilised men, the 11.06 percent of Belgian military
losses were lower than the figures from other countries who participated in the conflict (France 17.6
percent, Germany 14 percent, Italy 13.4 percent, UK 13 percent). This difference becomes even
more significant when compared to the total male population aged fifteen to forty-five.

<table>
<thead>
<tr>
<th>France</th>
<th>Germany</th>
<th>Italy</th>
<th>United Kingdom</th>
<th>Belgium</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.8</td>
<td>12.0</td>
<td>10.5</td>
<td>7.0</td>
<td>2.3</td>
</tr>
</tbody>
</table>
Table 1: Percentage losses of the army in the male population aged fifteen to forty-five

This relatively low percentage was mainly due to two phenomena. The Belgian army never reached the same mobilisation rate as other European armies. Following the rapid advance of German troops, not all Belgian men were able to join their units. As almost the whole of Belgium was occupied by Germany, the young men who were in the occupied areas could not be mobilised in the Belgian army. Smuggling networks across the Netherlands existed, but they failed to bring enough men into the ranks of the Belgian army to catch up with the delay incurred during the first weeks of the First World War. Recruitment from the exiled populations proved a relative failure, despite the different legal obligations set up by the Belgian authorities as they were unable to enforce the mobilisation orders.

A total of 130,000 men joined the Belgian army between September 1914 and March 1918. Only 20.4 percent of men aged fifteen to forty-five were mobilised. In France the rate was 89 percent, in Germany 86 percent, in Italy 78 percent and in the UK 54 percent. The second reason for the rather low rate was the prudent policy pursued by Albert I, who was also commander-in-chief of the army. After the war of movement of the first months, which had a strong impact on the Belgian army (conservative estimates spoke of 9,000 deaths and 15,000 wounded), Albert I made a significant change in military strategy in order to save as many soldiers as possible. The Belgian army did not participate in the major offensives that decimated the French, German and British armies. These attacks were deemed too expensive in human life and especially ineffective.

Still, death remained a daily reality on the Belgian front: 40,000 soldiers died between 1914 and 1918. The losses were distributed unevenly:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1914</td>
<td>31.7 percent</td>
</tr>
<tr>
<td>1915</td>
<td>13.7 percent</td>
</tr>
<tr>
<td>1916</td>
<td>8.5 percent</td>
</tr>
<tr>
<td>1917</td>
<td>9.1 percent</td>
</tr>
<tr>
<td>1918</td>
<td>31.1 percent</td>
</tr>
</tbody>
</table>

Table 2: Percentage of deaths in the Belgian army by year

The fighting that led to the occupation and liberation of the country were the deadliest. There are no precise figures on the different types of arms causing death or on the units that were most touched by losses. Statistics were often limited to practical questions (number of wounded soldiers sent to the front, length of stay before return to the front, etc.).

Unlike other countries, the issue of the disabled did not result in a very precise quantification by the military authorities in the interwar period. The subject also remains unremarked in the Belgian historiography. In the 1920s, the Œuvre Nationale des Invalides de la Guerre spoke of 50,000 mutilated men. At the same time, the Ministry of Defence advanced the figure of 36,000 disabled,
with an average of incapacity for work estimated at 45 percent. As to the soldiers who had experienced mental disablement during the war, no figures were published by the Belgian army. So-called shell shock was rarely addressed in the medical literature of the interwar period. The subject still awaits its historians, the scarcity of medical records making it an even more difficult task.

The question of military losses played an important role in the tensions within Belgian society. The Belgian army, especially its elites, was francophone. In 1917, a flamingant newspaper published the figure that 80 percent of those who died in the Belgian army were Flemish. This would have been a significant and excessive mortality: before the war, the army consisted of 55 percent Dutch speaking soldiers and 45 percent French speaking soldiers. Members of the Flemish movement attributed excessive Flemish mortality to a lack of understanding of the French language among the soldiers. It was not until the late 1980s that two historians of the Royal Military Academy showed that this narrative was part of a nationalist mythology. Flemish mortality was around 65 percent and this overrepresentation was not due to a plot by the francophone elite, but due to, among other things, the greatly disturbed recruitment process of the early weeks of war when parts of French-speaking Belgium were rapidly occupied by the German army.

Civilian Losses

Conventionally, war demography distinguishes two categories of losses: on the one hand, civilians whose deaths were directly related to the war and occupation; on the other hand, the increase in mortality indirectly related to the war, which allows demographers to calculate the surplus of deceased persons. For the direct losses, precise figures are available for three groups: the massacres during the invasion of Belgium in 1914, the civilians deported to Germany and the Western Front, and the Belgians who were executed after a trial.

Regarding the German atrocities in August 1914, counting the victims was a very early concern for the Belgian authorities. In 1921, the Commission d’Enquête sur les violations des règles du droit des gens mentioned 5,517 victims of attacks by German troops. Alan Kramer and John Horne recently reopened the case and arrived at similar numbers of civilians killed. The violence was particularly concentrated in Brabant and Namur but affected almost all Belgian provinces. The massacres mainly took place during the first weeks of the war (two-thirds of the major incidents were observed between 18 and 31 August) and affected not only men of arms-bearing age but also women and children.

The Belgian Commission also mentioned 2,614 people who died during deportation. Mortality was estimated to be twenty per thousand, which is relatively high if one remembers that this group was mainly composed of young men. Death was mainly caused by diseases (enteritis, respiratory disease, etc.) related to inadequate food supply and poor living conditions.

The last group of victims for which there are more precise figures are “resistance fighters” shot for
opposing the German occupier. 277 civilians were executed between 1914 and 1918 in Belgium and northern France, among them ten women.[16]

For other causes of death directly related to the war such as bombing there are no accurate figures to date. The general figures for mortality related to the war published in the interwar period are difficult to interpret as the Belgian statistics did not distinguish between civilian and military casualties, nor between civilian deaths directly related to fighting (1914 massacres) and others.

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1913</td>
<td>12.0</td>
<td>11.1</td>
</tr>
<tr>
<td>1914</td>
<td>13.1</td>
<td>11.4</td>
</tr>
<tr>
<td>1915</td>
<td>12.4</td>
<td>11.6</td>
</tr>
<tr>
<td>1916</td>
<td>12.7</td>
<td>12.5</td>
</tr>
<tr>
<td>1917</td>
<td>16.9</td>
<td>15.1</td>
</tr>
<tr>
<td>1918</td>
<td>21.9</td>
<td>19.5</td>
</tr>
</tbody>
</table>

Table 3: Death rate per 1,000 for those older than five years[17]

There are no studies on the causes of the indirect deaths for the whole country. For Brussels, there was no significant change before 1916. Until then, death due to organic heart disease remained, as during the Belle Époque, the first cause of the mortality (15 to 16 percent of deaths). From 1917 on, pulmonary tuberculosis became more prominent. That year it was at its peak, causing 17 percent of deaths in Brussels [Index 100 = average (1911-1913); index 176 in 1918]. Of the five major causes of death during the war, the most important was senile debility, which saw a significant increase (index 223 in 1918). This rather vague term covered various deadly diseases affecting the elderly. Considered “superfluous” and no longer integrated in (in)formal solidarity networks around work, older people experienced marginalization which often proved fatal following supply difficulties.[18]

The last months of fighting caused significant new waves of migration: the migrants’ health was particularly vulnerable which partly explains the surge in mortality of 1918. But the main reason for the surge in the last year of the war was the Spanish flu. The pandemic affected the Belgian army on the front[19] and the civilian population in occupied Belgium. But neither demographers in the interwar period nor historians of the Great War have addressed this topic to date. Individual testimonies indicate that the military and the home front were affected by three waves, which have already been largely described in the international historiography: April-May 1918, October-November 1918 (the most deadly wave), and early spring 1919.

If, in general, mortality rose significantly, there is nevertheless a part of the population that experienced an important improvement: infants. Infant mortality decreased during the early years of the Great War as numerous charities discovered childhood as an intervention field during these four years.[20] A multitude of private and public organisations were created and significantly improved
children’s quality of life. Although infant mortality increased again in 1917, mainly due to flawed food supplies, it remained lower than before the war. The overall decline in infant mortality, however, was not distributed equally. The immediate post-birth situation improved thanks to the efforts of institutions such as the Consultation de Nourrison or Goutte de Lait. A third of the children born between 1916 and 1918 were directly supported by one of the many associations, backed by the National Committee for Aid and Food (Comité National de Secours et d’Alimentation) and the Commission for Relief in Belgium (CRB). This effort for childhood was inscribed in a particular context reflected by, among others, Albert Henry, general secretary of the National Committee for Aid and Food: “We could not, amid the general hardships that plagued the population, implement a more humane and patriotic work than save the children, the future of the race and the nation.”[21] The “future of the race” seemed even more threatened to contemporaries as the birth rate significantly decreased until 1919. Demographers of the interwar period concluded that Belgium had lost two birth years, or approximately 340,000 children who were not born during the war.[22] The decline in mortality only applied to children less than one year of age. Children aged one to five were hardly affected by the aforementioned efforts which focused largely on breastfeeding. For these children, mortality in 1918 was more than double that of 1913. References to the war were numerous in support of pro-natalist and pro-family policy in the 1920s and 1930s.

In general, these “natural” deaths whose causes were indirectly related to the war, were poorly articulated in the public space. Dying of tuberculosis, senile debility or the Spanish flu was most often considered as something “natural,” inevitable. If these diseases caused by far the largest number of civilian casualties during the war, they proved to be difficult to integrate into collective memory, contrary to the deaths of soldiers or deportees.[23]

Conclusion

In conclusion, the Belgian situation was unique in the sense that military losses were relatively limited compared to neighbouring countries due to the wait-and-see strategy pursued by King Albert I and a less successful mobilisation of the army in the first weeks of the conflict. The invasion and occupation of its territory led however to significant civilian losses, which gave rise to a specific form of commemoration in a larger European context.

Benoît Majerus, University of Luxembourg

Reviewed by external referees on behalf of the General Editors

Notes
1. ↑ On the different contemporary interpretations of “casualties”, see: Lafon, Alexandre: War Losses (France), in: 1914-1918-online. International Encyclopedia of the First World War, ed. by Ute Daniel, Peter Gatrell, Oliver Janz, Heather Jones, Jennifer Keene, Alan Kramer, and Bill Nasson, issued by Freie Universität Berlin, Berlin 2014-10-08. DOI: http://dx.doi.org/10.1546333/ie1418.10289. For this article, I will focus on military and civilian deaths. For certain armies, the wounded who were unable to return to the front and the prisoners of war were also included in the category “war losses.”

2. ↑ Unlike other countries that gave primary importance to the deceased, Belgium tried to record as accurately as possible the number of civilians killed from 1914 on. For an international comparison of war losses, see: Prost, Antoine: War Losses, in: 1914-1918-online. International Encyclopedia of the First World War, ed. by Ute Daniel, Peter Gatrell, Oliver Janz, Heather Jones, Jennifer Keene, Alan Kramer, and Bill Nasson, issued by Freie Universität Berlin, Berlin 2014-10-08. DOI: http://dx.doi.org/10.1546333/ie1418.10271

3. ↑ After the war, the discussion on the “suffering” of Belgium continued. In 1919, John Maynard Keynes (1883-1946) proclaimed that “It is a popular delusion to think of Belgium as the principal victim of the war.” See: Keynes, John Maynard: The economic conséquences of the peace, New York 1920, p. 53. At the same time, a controversy broke out between British and Belgian physicians on the severity of the supply crisis and its consequences for the health of the Belgian population. See: Demoor, Jean and Slosse, Auguste: L’alimentation des Belges pendant la guerre et les conséquences, in: Bulletin de l’Académie Royale de Médecine de Belgique 30 (1920), p. 457-510. Even in the 1980s the topic was still hotly debated when Peter Scholliers and Frank Daelemans wrote an article to demonstrate that in “fact living conditions in Belgium during the war were far worse than Keynes suggested.” Scholliers, Peter and Daelemans, Frank: Standards of Living and Standards of Health in Wartime Belgium, in: Wall, Richard and Winter, Jay M. (eds.): The Upheaval of War: Family, Work, and Welfare in Europe, 1914-1918, Cambridge 1988, p. 140.


5. ↑ Some information can be found in De Vos, Luc and Keymeulen, Hans: Een definitieve afrekening met de 80%-mythe? Het Belgisch Leger (1914-1918) en de sociale en numerieke taalverhoudingen onder de gesneuvelden van lagere rang – I [A final reply to the 80 %-myth? The Belgian army (1914-1918) and the social and linguistic composition of the deaths among soldiers - I], in: Belgisch Tijdschrift voor Militaire Geschiedenis 27/8 (1988), pp. 589-612.


8. More than 41,000 Belgian soldiers were taken prisoner of war in Germany and more than 33,000 were interned in the Netherlands between 1914 and 1918. Melis, Léopold: Contribution à l'histoire du service de santé de l'armée au cours de la guerre 1914-1918, Brussels 1932, p. 532.


11. The recent Verstraete, Pieter and Van Everbroeck, Christine: Verminkte stilte. De Belgische invalide soldaten van de Grote Oorlog [Mutilated silence. Belgian invalid soldiers in the Great War], Namur 2014 is the first monograph devoted to the theme, but outlines issues rather than offering detailed answers.

12. In favor of the independence of Flanders.


15. This figure was contested by the Parliamentary Committee of the Reichstag, established after World War One, which gave the figure of 1,250 deaths. Passelecq, Fernand: Déportation et travail forcé des ouvriers et de la population civile en Belgique occupée, Paris and New-Haven 1928, p. 437. Thiel, Jens: “Menschenbassin Belgien”: Anwerbung, Deportation und Zwangsarbeit im Ersten Weltkrieg, Essen 2007, pp. 129 and 152. Jens Thiel does mention the diverging numbers but without discussing it further.


17. Olbrechts, La population 1926. For the author, the small difference between men and women is explained by the implicit exclusion of military deaths. The war increased the sex ratio for women from seventeen to thirty-three for 1,000 in Belgium. But the gap remained smaller than in other countries due to the smaller number of military casualties.


Recently the historian Stefanie Van Laere estimates that the Belgian population did experience a loss of growth of 800,000. She does however not discuss if this loss is due essentially due to lesser immigration or higher mortality: Van Laere, Stefanie: “Over-leven na de Groote Oorlog.” De demografische gevolgen van de Eerste Wereldoorlog in België in kaart gebracht, mémoire de master [“Surviving after the Great War”. The demographic consequences of the First World War in Belgium mapped], Gent 2009, p. 95.


Selected Bibliography


De Smet, Saartje: De Spaanse Griep in België (The Spanish Flu in Belgium), Ghent 2005: Ghent University.

De Vos, Luc; Keymeulen, Hans: Een definitieve afrekening met de 80%-mythe? Het Belgisch Leger (1914-1918) en de sociale en numerieke taalverhoudingen onder de gesneuvelden van lagere rang (A final reply to the 80% myth. The Belgian army (1914-1918) and the social and linguistic composition of the deaths among soldiers), in: Belgisch Tijdschrift voor Militaire Geschiedenis 27/8, 1988, pp. 589-612.


Citation


License

This text is licensed under: CC by-NC-ND 3.0 Germany - Attribution, Non-commercial, No Derivative Works.