

NO MERCY FOR CIVILIANS

**Troubling accounts from the
MSF medical train in Ukraine**



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All patients and caregivers quoted in this document chose freely to share their stories and gave consent for them to be shared publicly.

Cover: MSF nurse, Anastasia Prudnikova, monitors a war-wounded patient inside the inpatient department of the medical train during a journey from Pokvrosk, in eastern Ukraine, to Lviv in western Ukraine. The journey takes approximately 20 hours. Since 31 March, we have transported more than 600 patients. © ANDRII OVOD

No mercy for civilians

Troubling accounts from the MSF medical train in Ukraine

“When the war started, I could hear the echoes of shelling but it was still far away. [...] Three weeks ago, I was on my way to the toilet when an explosion happened. I lost consciousness and fell. Once I came around, my face was covered in dry blood. I had an open arm fracture and must have also broken my nose when I fell. I was alone and in pain screaming for help but with no one heard me. Later, a volunteer found me and spent two days trying to call an ambulance that would get me into a hospital.”

(92-year-old woman from Lyman, Donetsk region)

Summary

This briefing note will show through the accounts of patients and medics on Médecins Sans Frontières’ (MSF) medical referral train that the war in Ukraine is being conducted with an outrageous and shocking lack of care to distinguish and protect civilians. We will show that:

- civilians have been shot at while evacuating or attacked while trying to leave war zones;
- indiscriminate bombing and shelling has killed and maimed people living and sheltering in residential areas;
- elderly people have been brutalised, attacked, and their particularly vulnerable status has been completely overlooked by attacking forces; and
- the types of wounds are often extensive and horrific and appear to affect all – indiscriminately affecting people whether male or female, young or old.

The above demonstrates that the rules of war – international humanitarian law – are being broken repeatedly and consistently.

We therefore call urgently for a change; for the due process of the rules of war to be followed, for civilians to be afforded the protections that they can expect

under international law, and for the obligations of distinction and proportion to be observed by attacking forces.

Background – A very heavy toll on civilians

After more than 100 days of war in Ukraine, the heavy toll on civilians is becoming clearer as each day goes by. Hostilities have now largely concentrated on populated areas in the south and the east of the country. The patients we speak to in MSF’s ambulance and train referral services, and through our teams’ support to hospitals in the east and southeast of Ukraine, tell us that airstrikes and shelling by Russian and Russian-backed armed forces are a daily occurrence and are inflicting enormous suffering on civilians as well as putting intense pressure on healthcare facilities.¹ People are safe nowhere. They can be wounded in their homes, inside shelters or during evacuations. Others are prevented from leaving and have been stuck in besieged cities or trapped in fighting with no or only limited access to essential services including healthcare and medication.² According to the Office of the United Nations High Commissioner for Human Rights (OHCHR), at least 4,253 civilians are confirmed to have been killed and 5,141 injured in the country as of 7 June.³ The actual number of civilian casualties is likely

¹ OCHA, Ukraine situation report, 9 June 2022, <https://reports.unocha.org/en/country/ukraine/>.

² Ibid.

³ OHCHR, ‘Ukraine: civilian casualty update’, 7 June 2022, <https://www.ohchr.org/en/news/2022/06/ukraine-civilian-casualty-update-6-june-2022>.

to be considerably higher, as gathering and validation of information from locations where hostilities are ongoing is delayed and reliable numbers in cities no longer under the government's control are difficult to determine. More than half of all reported casualties have been recorded in Donetsk and Luhansk region.⁴

Many Ukrainian healthcare staff continues to work around the clock in difficult conditions in hospitals on or near to the frontlines. Nevertheless, continuous fighting and shortages of staff and supplies limit the medical care that is available for people in the conflict zone and many hospitals, especially in the east of the country, are overburdened. To deal with the influx of trauma cases, local hospitals need to free up space as new patients keep coming in. MSF's medical train has been developed precisely to help in these circumstances; by relieving pressure from hospitals in the east when they are dealing with influxes of wounded patients, to enable patients to get better treatment in hospitals that are under less pressure, and to allow patients to recover in a place that is away from active war zones.

Two months ago, on 31 March, MSF started operating the first specialised medical train of its kind in Ukraine to medically evacuate patients from war-affected areas in the east, mainly in Luhansk and Donetsk regions, to hospitals in safer parts of the country. By 6 June, MSF had evacuated a total of 653 patients and their caretakers in 24 trips to hospitals in safer parts of the country as well as 78 orphans taken with the orphanage staff to a partner orphanage in the west of the country. In the beginning, MSF managed the medical referrals of nearly 300 patients on a four-carriage medical train. Since late April, MSF has added a new, specially equipped medical train that has eight carriages and the capacity to transport about 40 patients at a time. It includes an intensive care unit, supported by a carriage that generates oxygen for patients, as well as a generator to power all the medical devices needed to monitor the patients' health. The train referral journeys usually take around 24 hours, and high levels of medical and nursing care are required to maintain the patient's health and respond to any deteriorations in medical condition during the journey.

As roads are considered too dangerous due to fighting, the MSF train is currently the only means to move large numbers of critically war-wounded people safely across the vast distances of the country. Staffed with a medical team of 15 to 18 nurses and doctors and run

in collaboration with Ukraine's Ministry of Health and National Railways, MSF picks up patients from train stations in the east (usually Dnipro, Kharkiv, Pokrovsk and Zaporizhzhia) to bring them 20 to 30 hours later to major referral hospitals in the west in places like Lviv, Ternopil and Uzhhorod.

Each journey is different and so are the patients. A system has been established with the Ministry of Health where hospitals that urgently need to evacuate patients out are identified, the referral hospitals that will receive the patients in the west are lined up, and some basic information is provided to the MSF train team about the patients that will need to be transferred. However, this is a fast-changing war environment, and MSF teams often only know for certain what patients they will be taking when they get to a train station in the east.

Most patients on the MSF train have fled from or been wounded in areas under direct attack by bombs and artillery such as Bakhmut, Dnipro, Kharkiv, Lysychansk, Sievierodonetsk, or from cities under Russian occupation such as Mariupol. The types of injuries observed by MSF in the first two months of the train show the sheer violence of the war. We have transferred and cared for people with devastating war-related injuries such as shrapnel wounds, open fractures, acute head trauma and multiple amputations - among them children and elderly. Our patients' injuries and words describe the scope of suffering inflicted on people in Ukraine. Our patients and their caretakers who have accompanied them on their trip to safety tell the unimaginable stories of children, men and women trapped in the conflict, bombed in shelters, attacked during evacuations and seriously injured in explosions, by bombs, by gunshots, or from mines and shrapnel. We have cared for people who have lost their homes, who have seen their loved ones dying in front of their eyes and who have been separated from relatives by the war.

The individual stories our patients have shared give insights into the impact this war has on people's lives. Their individual experiences show the level of violence suffered by the civilian population - including the most vulnerable. Their stories point towards the experience of thousands more people still trapped in embattled areas of southern and eastern Ukraine. Drawing on MSF's experience of assisting these people on the referral train, we want to shed light on the toll the war is taking on civilians.

⁴ OHCHR, 'Ukraine: civilian casualty update', 7 June 2022, <https://www.ohchr.org/en/news/2022/06/ukraine-civilian-casualty-update-6-june-2022>.



Dr Guadalupe Garcia Noria monitors a patient inside the inpatient department of the MSF medical train during a journey from Pokrovsk, eastern Ukraine to Lviv, in western Ukraine. The journey takes approximately 20 hours. Since 31 March, we have transported more than 600 patients. © ANDRII OVOD

We note that the train takes people from embattled areas who want to move into government-controlled areas for ongoing treatment. We are not currently able to work in Russian-held areas, so are not able to confirm what may be taking place there.

Evacuations under fire

“It took us almost a week to get out of Mariupol. It was difficult to get out of the left bank of the city, since all bridges connecting the left bank to the other side of Mariupol got destroyed. We saw a man lying on the ground, his legs were lying separately from his upper body. He was screaming for help and trying to crawl towards our car but we couldn’t stop. We had to move onwards. There was active shelling. Then the shooting began. First, I thought they would target the tires of the car. [...] But then I realized, they were actually targeting our windows and more specifically the passenger seat. [...] I slowly turned my head towards my husband and saw that his jeans were fully covered in blood. I looked up a bit more and saw

that his t-shirt was also covered with blood. [...] In the beginning I thought he was dying. He was fully covered in blood. One by one, the kids started crying and sobbing. My son said ‘Daddy, please don’t die’. Then suddenly the shooting completely stopped and there was only silence. [...] I jumped out and started screaming ‘There are kids in the car. How can you shoot at kids?!’ Then I screamed for help. I said, ‘My husband is dying’. But no one replied. There was only silence. [...] we did have signs on the car windows saying we had children on board and we had also used old clothes as a white flag. We also tied white cloths on the side mirrors, clearly marking our car as civilian”
(30-year-old woman from Mariupol, Donetsk region)

Many patients on the MSF referral train were wounded when evacuating or escaping from war zone areas – often with chilling accounts of being targeted.

The war in Ukraine has forced thousands of civilians to flee from the fighting raging in the south and the east of the country to safer places. More and more



MSF nurse, Anastasia Prudnikova monitors a war-wounded patient inside the inpatient department of the MSF medical train during the journey from Pokvrosk in eastern Ukraine, to Lviv in western Ukraine. The journey takes approximately 20 hours. Since 31 March, we have transported more than 600 patients. © ANDRII OVOD

people have been attempting to evacuate from eastern Donetsk and Luhansk regions and south-eastern Zaporizhzhia, but as the battle for control of the Donbas region intensifies, the fighting has made evacuating besieged or contested cities even more dangerous.

With no security guarantees, for many people evacuation from their hometowns becomes a lottery. Reaching safer places often includes extreme levels of risks. On MSF's referral train, patients and the caretakers accompanying them have told us that it took them days and weeks to cross into safer areas, that Russian or Russian-affiliated troops blocked evacuation corridors and that their evacuation vehicles came under fire. Without organised evacuation convoys out of the cities, people were forced to escape in private cars or even on foot, exposing them even more to attacks by artillery or snipers.

"I used to work as a paramedic [...]. One day, I was called to help outside the shelter. I didn't see how it had happened, but apparently an elderly couple had tried to escape the city by car and it was hit by artillery. The woman was injured. When I saw

her, she had a spinal injury. Her back was completely open and damaged. There was nothing I could do for her; she was already dead. All I could do was cover her body with a blanket so that her husband wouldn't have to see her like that any longer."

(68-year-old woman from Sievierodonetsk, Luhansk Region).

"We could no longer stay in Mariupol. A volunteer tried to take us out to Zaporizhzhia but the Russians wouldn't let the buses out of the city. So I decided to go to a nearby village by foot, which was very difficult for my daughter with her injuries. On the way there, they started shooting bullets at our feet. Then we reached a checkpoint with three Ukrainian soldiers. They checked our documents, saw that my daughter was injured, and stopped some man's car, asking him to take us to a hospital. The driver went through small villages off the main road, which turned out to be a mistake because the car became a target of shootings. They [pro-Russian separatist group

Donetsk People's Republic, DNR] stopped at one point and interrogated us. They checked our documents, the driver even had to get out of the car and undress. I think they were searching for tattoos or something."

(46-year-old man from Mariupol, Donetsk region)

Other patients we have met on the train fleeing embattled cities such as Lyman, Lysychansk and Sievierodonetsk in the greater Donbas region, reported that they were evacuated from one shelter or hospital to another in response to continuous shifts in the frontline and that they were subjected to shelling or attacked even during these evacuations.

"In Sievierodonetsk hospital, we could hear the bombings but since the hospital is located a bit outside the city, it was still in the distance. Then, around a week ago, the hospital got into the frontline. The doctors told me I should evacuate along with some of the other patients, but I didn't want to leave. [...] When the first hospital buildings got hit, this was the moment I realised I had to get out as well. During the evacuation from Sievierodonetsk to Kramatorsk hospital, there was constant artillery fire."

(68-year-old woman from Sievierodonetsk, Luhansk region)

Civilians trying to follow guidance to evacuate the area were attacked when a missile strike hit Kramatorsk's train station in government-controlled Donetsk on 8 April and killed at least 50 people, including five children.⁵ At the time the missile strike hit the overcrowded Kramatorsk railway station, hundreds of civilians were patiently awaiting trains to take them to safer areas of Ukraine. MSF had evacuated patients from there only two days before:

"When we arrived there [two days before the strike], [...] the whole region was being evacuated, so the railway station was crammed with people. I had to pass, actually, through a bunch of people to get to the patients, I think it must have been thousands of people just waiting to be evacuated, waiting until they were allocated to a train because the Ukrainians were evacuating all the civilians."

(Stig Walravens, MSF emergency doctor)

In the aftermath of the Kramatorsk station attack, MSF transferred 11 people who were injured that day and their caretakers to hospitals in the west. Most of

them were children with the youngest being eight years old.

"We had many children among the patients from the Kramatorsk attack. One girl got quite severe injuries on both legs. She had lost her mother there. Next to her we had a boy who had lost his sister in the attack. He was travelling along with his parents. He had an amputated arm and both legs broken. Imagine these parents had lost one child and their other child was now disabled. It was so difficult to see."

(Albina Zharkova, MSF emergency doctor)

No mercy for civilians

"One night, there was absolute silence until something was dropped from above, I believe from an aircraft, directly onto the area. The explosion broke the windows of a neighbouring room with splinters flying into the room we were hiding in. There was a family with us in the shelter, three kids, the parents and the grandmother. The smallest was still a baby and the mother was breastfeeding. When the bomb was dropped, the woman died on the spot. The others were more or less fine but my daughter was injured. Seven pieces of shrapnel were stuck in her body. [...] My daughter showed me her ring finger, which was not really there anymore. It was horrifying to look at it."

(46-year-old man from Mariupol, Donetsk region)

Many patients on the MSF train were wounded by military strikes that hit civilian residential areas. Although we cannot specifically point to an intention to target civilians, the decision to use heavy weaponry *en masse* on densely populated areas means that civilians are inescapably and therefore knowingly being killed and wounded.

Civilian casualties are reported daily in Ukraine, especially in the areas most affected by fighting. Our patients have described to us the terrible consequence of shelling, use of heavy artillery and airstrikes in densely populated areas such as Kramatorsk, Lysychansk, Mariupol and Sievierodonetsk.

"My husband's uncle and his wife came for a visit. They were walking on the street, when the shelling started and the wife's arm sprained. She died on the spot. My husband's uncle had shell shock. My

⁵ CNN, 'Dozens killed in train station missile strike in eastern Ukraine as civilians try to flee Russian onslaught', 11 April 2022, <https://edition.cnn.com/2022/04/08/europe/kramatorsk-railway-station-strike-intl/index.html>.

husband helped him to carry his wife's body with a wheelbarrow. He wrapped her into a carpet and buried her in the garden."

(30-year-old woman from Mariupol, Donetsk region)

"Most of the time we stayed in the basement. Just a few hours during the night, the attacks stopped and we used that time to wash ourselves, cook something and take it to the basement for the next day. On the 16th of May, we came under shelling from grad missiles⁶. Two of my children and the husband of my daughter were bringing some food to their grandmother across the street when the unpredictable attack happened. All three of them got injured."

(44-year-old woman from Luhansk region)

Some patients have told us that they were injured and lost their legs because they stepped on land mines placed in residential areas.

I stepped on a mine that went off. I was lying face down on the ground. At first, I couldn't understand what had just happened. There was an immense noise in my head, and it felt like being in a hole. When I turned around and looked at my legs, I saw that I didn't have them anymore, just two bones sticking out of the flesh. I thought 'Better kill me. Don't leave me crippled'. [...] I didn't want my little kids to see me like this"

(23-year-old woman from Lysychansk, Donetsk region)

During two months of working on the train, patients and their accompanying caretakers told us that when attacks hit busy residential areas, they cause not only deaths and suffering but often also damage to essential civilian infrastructure such as hospitals, schools and train stations, as well as water and electricity supply systems. Patients who were trapped in besieged and isolated areas have reported the dire effects of being cut from access to essential services, including primary healthcare and how they were facing scarcity of food and a daily struggle to access vital goods such as medicine, health services, and even water.

"We had no more running water, the residential areas were hit and we would hide in the basement. One time, during a shelling, my wife [...] fell and had a stroke. [...] We tried for three days to call an ambulance that would bring her to the hospital."

On the third day, we finally managed with the help of a volunteer [...]. There was one GP and one surgeon. They had many patients and just tried to somehow manage the inflow of patients. There was simply no time and capacities for proper care. They gave her some medication but that's it."

(82-year-old man from Sievierodonetsk, Luhansk region)

Too old to move

"We had to leave everything behind. We had an apartment in Sievierodonetsk, we were growing our own vegetables. Then the war came. We had no more running water, the residential areas were hit and we would hide in the basement. [...] I felt a profound fear coming up in me when I understood that we had nowhere to go. Since we had no money, no car, where would we go?! Young people can go and work in the cities but the only thing we have is our little pension. Old people have no resources. They are often not able to shelter from bombardment due to mobility issues and are cut off from essentials including primary healthcare, water, food and sanitation."

(82-year-old man from Sievierodonetsk, Luhansk region)

There have been significant numbers of elderly patients on the MSF train, indicating their particular vulnerability and highlighting how the conduct of the war is utterly failing to distinguish between military and civilian targets.

While many younger people have been able to leave eastern Ukraine and to move to safer places inside the country or abroad, the elderly often stay behind. Many are reluctant to leave their homes and lives behind, others cannot take the trains by themselves because they are simply too old.

In some of the medical evacuations on the MSF train, we have cared for large numbers of elderly people who were not mobile enough to move – or for the hospitals to move them – quickly enough to basements or other safer areas when there was shelling or bombing.

"I remember this old man from Sievierodonetsk who got injured in his flat because during shelling he couldn't get down the stairs to the basement of his apartment building quickly enough. He was in his kitchen when an airstrike hit and the blast"

⁶ Self-propelled multiple rocket launcher designed in the Soviet Union.



MSF nurse aid, Dmytro Mohylnytskyi, monitors a war-wounded patient inside the intensive care unit (ICU) of the MSF medical train during a journey from Pokvrosk in eastern Ukraine, to Lviv in western Ukraine. The journey takes approximately 20 hours. Since 31 March, we have transported more than 600 patients. © ANDRII OVOD

wave catapulted him to the other side of the room and tore off his hand at the wrist.”

(Jean-Clément Cabrol, MSF project coordinator)

Elderly people often end up in desperate situations, largely reliant on social services that have shrunk or disappeared. Reorientation of the health system and medical staff to treat war wounded has created significant disruption in primary healthcare and the supply of vital medications. Hospitals and health facilities were asked to stop all non-emergency care in preparation to receive the wounded. Access to healthcare, including primary care, has become extremely difficult. In combination with an already damaged or disrupted healthcare systems this creates serious issues for continuity of care. Patients onboard the MSF medical train, specifically those with chronic illnesses, have described that they had often lost access to their regular medication and medical supervision, in some cases even leading to a serious deterioration of pre-existing medical conditions.

Among the elderly patients and their caretakers on the MSF train, many told us they waited until the very

last moment to leave their hometowns, often only after they were wounded or because they realised they could not access medical care anymore.

“We were being bombed every day. We stayed until the very last moment. Most of my neighbours had left with their cars in the days and weeks before. Me, I was not able to leave. I got paralyzed two years ago. So, I couldn’t leave, I couldn’t go downstairs to the shelter. We were bombed day and night; it was so horrible. I could just stay in my apartment and wait for death to come.”

(69-year-old woman from Lyman, Donetsk region)

Those who are mobile enough to hide in shelters during attacks, sometimes even for weeks, report that basements are often not equipped for people with special needs and that staying there for a substantial amount of time seriously impacted both their physical and mental health.

A severely war-wounded patient is moved from an ambulance stretcher to a bed inside the intensive care unit (ICU) of the MSF medical train, which transports war wounded and seriously ill people from eastern Ukraine to Lviv, in western Ukraine, where they can receive the specialised care that they need. © ANDRII OVOD





“In the beginning, for the patients who were in the basements, we also saw quite a lot of freezing wounds. Well because they’re in a damp, cold basement there with no heating, people not getting fresh clothes, the socks being wet and we often saw part of the toes with frostbite and they had to be amputated. [...] They have been in the shelter and then they get to the hospital but the freezing wounds are from being in the basement for a long time while there was shelling.”

(Stig Walravens, MSF emergency doctor)

“There was a total of 150 people staying in the gym. There were three big rooms but we had only minimal distance between each other in the beds. On 15th of March, the water, gas and electricity supply stopped working. There was no heating system in the gym, so it got very cold. We had to leave the shelter and go outside in order to cook. Several times, while we were outside preparing the food, shelling started and we had to rush back inside. [...] There was continuous artillery. I stayed down in the gym for many days until I felt sick. They brought me to the local hospital in Sievierodonetsk and I was diagnosed with pneumonia.”

(68-year-old woman from Sievierodonetsk, Luhansk region)

In war-affected or besieged cities, many of our elderly patients were completely cut off from communication with their loved ones, mainly their children who had left the area earlier, and told us how this was affecting their well-being:

“I wish to see my daughter and my grandson again. They have no idea where I am right now. When the hostilities started in Lyman, the phone network stopped working. There was also no electricity. [...] When I was brought to Kramatorsk hospital, [...] we could speak for about two minutes. My daughter said to me ‘Mum, please hang on, please don’t give up.’ I answered, ‘I’ve been hanging on for a long time already.’”

(92-year-old woman from Lyman, Donetsk region)

Realising they have lost everything they worked for throughout their whole lives, many shared their distress and uncertainty about their future.

“Everything we gained in a 60 years lifetime is lost. Everything was taken from us. What can you do – resist someone with a weapon? The cruel thing is that this war doesn’t let us spend the last years

of our lives in peace. I thought I could maybe live another five years – and now I have nothing.”

(82-year-old man from Sievierodonetsk, Luhansk region)

The wounds tell their own story

“We spent two weeks in Mariupol without proper care for my injured child [...] There was a volunteer who took us to the hospital where they wanted to amputate my daughter’s finger but I insisted on sewing it back on. My daughter plays the flute. They couldn’t do any x-ray in the hospital since there was no electricity. They said there were no pieces of shrapnel in her body but later it turned out that there actually were. There was nothing else they could do for her. [...] I took care of her wounds, disinfected them, and changed the dirty dressings. She also had a chest injury, there was literally a hole in her chest. For some reason they didn’t stitch it in the hospital, they just put a compress on it.”

(46-year-old man from Mariupol, Donetsk region)

The types of injuries we see on the train illustrate the extent to which civilians are exposed to and affected by hostilities in this war. While the patients we have referred are not necessarily a representative sample, we note that the wounds are often extremely severe, that there is no identifiable discrimination between men and women, and that vulnerable people including elderly and children constitute a significant percentage of the wounded.

Referral patients on the MSF train are mostly either long-term hospitalised patients or recent war-wounded who need post-operative care following traumatic injuries.

The train journeys differ, in part based on what is happening on the frontlines. After a major attack on a populated place, such as the Kramatorsk attack on 8 April or Russian troops advancing towards Sievierodonetsk, there is usually also an influx of recently wounded on the train, requiring ICU care, including pain and bleeding management. On other occasions the majority of patients might be elderly residents of long-term care facilities or long-term hospital in-patients who can be better treated in parts of Ukraine that are not active war zones.

Half of the patients we have seen on the train are over the age of 60. Around eight percent of the patients

are children, the youngest being six weeks old. We have roughly equal proportions of men and women, with 47 percent female and 53 percent male patients.

More than half of the patients cared for by MSF on the train suffered from injuries directly related to the war. Of the 653 patients we assisted on the train, 355 had been injured in their homes, inside shelters or during evacuations in places such as Lysychansk and Sievierodonetsk (Luhansk region), Bakhmut, Kramatorsk, Lyman and Mariupol (Donetsk region) as well as in Dnipropetrovsk, Kharkiv and Kyiv regions. Of the war-related trauma cases, 11 percent were younger than 18 and more than 30 percent were older than 60.

We have assisted numerous patients whose types of injuries result from direct or indirect exposure to an explosion and present with complex forms of physical trauma. In 19 out of 24 train journeys blast injuries was the main medical condition we saw.

“When the blast happened, I didn’t understand what it was at the beginning. [...] People rushed to help me and the ambulance took me to the hospital. I had an emergency surgical operation and [...] the doctor at the hospital told me if I had been 15 minutes late, they would have taken me to the cemetery instead of the hospital. When I woke up they told me they had to remove three kilograms of metal shrapnel from my body.”

(50-year-old woman from rural Kharkiv)

In total, 73 percent of the war-related trauma cases we have seen on the train come from bomb blasts, 20 percent from the use of projectiles, shrapnel or gunshots and the rest from other violent incidents. Among those patients, almost half were post-surgery cases. Out of these 143 patients, 62 (43%) came to us with external fixators and 37 (26%) had undergone surgical amputation prior to evacuation. Five (3%) patients had lost an eye due to war-related trauma.

Numerous patients on the train presented with amputations related to the war. More than 10 percent had lost one or more limbs due to war-related events. Sixteen percent of amputees were over the age of 60, and just over five percent were younger than 18, including a six-year-old child.

“It is very difficult to see the impact the war has on the people, especially the youngest. It is painful to see children with amputated legs and arms.”

Unfortunately, we see many of them on our medical train.”

(Albina Zharkova, MSF emergency doctor)

Some of the patients we saw also had complex head trauma such as open skull fracture, brain injury and cognitive dysfunction.

“I remember the girl from Mykolaiv next to Odesa. She was [about] nine years old and she was the last one of three sisters. And the mother. And they stayed for a week in a bunker, in the shelter. Once they went out and she received a piece of metal in her brain. We referred them to the hospital here [Lviv] to be operated on because she was still with the piece of metal in her brain and the mother showed a lot, a lot, thousands of pictures of her. She was so beautiful with long hair. And the mother told us that she was so smart, speaking German, Polish, and now she forgets everything. She has amnesia.”

(Marie Burton, MSF project coordinator)

Bombs and explosions often cause unique patterns of injury rarely seen outside conflict zones, with the potential to inflict polytrauma. These are injuries that involve multiple organs or systems. Ten percent of the train patients presented with such trauma. Some examples of polytrauma that we saw on the train were:

- explosive combined shrapnel wound to the abdomen and extremities with shrapnel blind injury of the abdominal cavity and damage to the small intestine, shrapnel penetrating wound of the anterior abdominal wall with a massive soft tissue defect and right leg fracture with external fixation;
- shrapnel wound of the left shoulder with gunshot shrapnel fracture of upper limb and vertical fracture of the shoulder blade; and
- open trauma to scalp with shrapnel brain injury and open thorax trauma including pneumothorax and lung contusion as well as limb fractures.

Numerous patients on the train presented with comorbidities. Almost half of all adult patients had one or more non-communicable chronic diseases (NCD), with cardiovascular (150 patients), chronic hypertension (117 patients), diabetes (37 patients) and oncology (17 patients) being among the most common ones. This usually required additional nursing care during the train journey. We also saw that some of these conditions had deteriorated due to significant disruption in primary healthcare in the east of the country, including shortages or ruptures in supplies of

medications, or due to the conditions of sheltering in basements.

“I remember one lady who stayed in a shelter for several weeks. She couldn’t access her diabetes medication there and her condition deteriorated so seriously that they had to amputate her lower leg.”

(Albina Zharkova, MSF emergency doctor)

The fierce fighting, reduced access to essentials and limited freedom of movement has affected people’s mental health. Many patients report that fear of constant bombardment and uncertainty about the future cause acute distress and anxieties.

For the patients MSF has cared for on the referral train, the road to recovery will be long, especially for the war-wounded. Their injuries are devastating and will require specialised care including physical rehabilitation, reconstructive as well as mental health and psychosocial support.

Civilian protection – An obligation at all times, in all places

“You either die because of the bombing or because you run out of food.”

(68-year-old woman from Sievierodonetsk, Luhansk region)

Not everyone is willing or able to leave areas of active conflict. The immense civilian suffering and impact of this war that we attest to from our referral train could still affect many more people.

While over seven million Ukrainians have fled their homes into other parts of the country⁷, an unknown number of people remain in cities and towns under attack in the east and south. These are highly vulnerable people often unwilling and unable to flee. When evacuations are organised, space is often limited and urgent medical cases must be prioritised, so people with chronic and mental health conditions and people with disabilities may not be among the first groups to be moved. Some people have remained in the east because of chronic illness such as kidney failure or cancer that make them dependent on dialysis or chemotherapy. Without assurances that they will be able to access these services if they flee to the west

of the country or abroad, they are trapped, and their caretakers are often trapped with them. Some people simply cannot get out as they have sick relatives to take care of or do not have the means to organise an evacuation. As a result, many are trapped in care homes or private apartments without access to shelters, where they are highly exposed to hostilities.

“My husband is disabled. Last year, the social services gave us a special care bed. I built an improvised shelter around it and covered it with blankets. At the beginning of the war, when the shelling was further away, I would hide under his bed. Every time there was an explosion, I screamed in fear. Later, when the shelling came closer, I hid in the basement of one of our neighbours’ houses leaving him on his bed. I couldn’t carry him with me. He’s immobile and is too heavy for me. Every time I was afraid of what I might see when I returned. Once, when the windows of our house smashed, a piece of glass cut his leg.”

(Elderly woman from Sievierodonetsk, Luhansk region)

The situation is especially difficult for people living in cities in Luhansk region, where fighting continues to escalate. By the end of May, some 15,000⁸ civilians were estimated to be remaining in Sievierodonetsk alone.

“The situation was very dire. No groceries, no humanitarian help available. I have sore legs, so I spent most of the time at home. When the war started, they all ran away. [...] We could hear the whistling of missiles and shelling every day. The house was shaking, and you didn’t know whose house would be destroyed next. All the hospitals, schools, kindergartens and cinemas got ruined. As far as I’ve heard, it’s not possible to evacuate people from this area anymore due to heavy fighting there.”

(Elderly woman from Lysychansk, Luhansk region)

⁷ IOM, ‘Internal Displacement Report - General Population Survey Round 5 (17 May 2022- 23 May 2022)’ 30 May 2022, https://displacement.iom.int/sites/default/files/public/reports/IOM_Gen%20Pop%20Report_R5_final%20ENG%20%281%29.pdf

⁸ BBC ‘Severodonetsk: Battle for key road as fighting reaches Ukraine city’, 26 May 2022, <https://www.bbc.com/news/world-europe-61578156>.

Conclusion

“The story of the train is a telling illustration of the war in Ukraine. A war also waged against civilians”

(Christopher Stokes, MSF Emergency Coordinator)

During two months of operating the medical referral train in Ukraine, MSF has observed the shocking and chilling degree to which civilians are affected by the war in Ukraine. We see that it is often the most vulnerable who are wounded or who come under fire during evacuations. And we see the awful wounds that are the consequences of indiscriminate use of force. Many of the patients we care for on the referral train are elderly and the main injuries we see among all ages and genders are people who suffered war-related trauma are life-changing blast wounds. They reflect the violence of a war fought predominantly with heavy weapons with a wide blast impact area in populated places that make it impossible to distinguish between civilians and combatants.

While MSF provides medical assistance in these regions and on the referral train, we do not have direct access to the places most of our patients come from and where fighting is most brutal.

However, what our patients on the train and their accompanying caretakers have told us, their demographics, and the nature of their injuries point to severe violations of international humanitarian law in the conduct of hostilities in Ukraine. Most patients we talked to when designating who is responsible for their injuries pointed at Russian military forces.

As in all conflicts, we call on all armed groups to respect international humanitarian law (IHL) and abide by their obligations to protect civilians and civilian infrastructure. In Ukraine we are, at a minimum, seeing indiscriminate attacks on civilians and therefore our call is specific and urgent.

All warring parties must allow people to flee to safety, allow for the safe and timely evacuation of the sick and wounded as provided by IHL.

We remain deeply concerned about all people affected by this war and call for humanitarian access to be able to provide assistance to people in Ukraine no matter where they are. All warring parties must allow the unobstructed supply of life-saving medicines, medical supplies and provide safe and unhindered

access of independent humanitarian assistance to those in need.

MSF in Ukraine

MSF first worked in Ukraine in 1999. Since 24 February 2022, we have significantly scaled up and reoriented our activities to respond to the needs created by the war in Ukraine. This includes our medical referral train as well as an ambulance referral system in the east and south of the country. MSF also provides medical and humanitarian assistance to people displaced by the war in Ukraine and in neighbouring Belarus, Poland, Slovakia and Russia, including providing mental healthcare, treating survivors of sexual violence, running mobile clinics, supporting HIV and TB treatment, and donating medical and other supplies to hospitals. MSF surgical teams are also assisting in hospitals in the east and south of Ukraine.



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