

Ukraine: Christmas at the Front. “Mutual Help is the Most Important Thing Here,” Say Medics

Wednesday 19 March 2025, by [DAVYDENKO Polina](#), [DOBEŠ Lukáš](#) (Date first published: 30 January 2025).

Vitalij, nicknamed Painter, has just lit the stove in an old house. His colleague Oleksandr immediately offers us tea and coffee. Both are combat medics recently transferred to a newly formed special company that specialises in developing ground drones. These are smaller remotely controlled terrain vehicles that deliver supplies or evacuate the wounded from forward positions, where no other help can reach due to the intensity of fighting. Painter and Oleksandr’s task is to provide first aid to the injured. We meet in the time between the “new” and “old” Christmas. Since last year, the Ukrainian government has moved Christmas to 25th December, instead of 7th January. The January date is associated not only with the Russian branch of the Orthodox Church but also with the Soviet past.

Painter’s nickname is no coincidence. The fifty-year-old from Zaporizhzhia painted cars in civilian life. Nevertheless, he speaks with ease about the beginnings of his new profession: “At first, I was afraid that as soon as I saw a torn leg, I would faint, but nothing like that happened. We went to field hospitals closer to the front line as paramedics. We helped surgeons. We handed over things, wiped sweat or cleaned glasses. I did this non-stop for two months.”

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The stories of both current soldiers were initially connected by the problem of how to join the ranks of the armed forces. With increasing age, the possibility of mobilisation decreased. “I couldn’t enlist right after the invasion began, nor later into the drone unit where my older brother was already serving. But my nephew contacted me saying they were looking for reinforcements at the hospital. When I came to the centre for the second time, they looked at me saying ‘what are you looking for here again?’” Painter says about his failures at the mobilisation centre and adds with a laugh, “nevertheless, with the paper saying I would help at the hospital, they accepted me. I passed the medical commission in fifteen minutes and the next day I was already on duty.” Both thus found their place in field surgical units.

Service at a field stabilisation point

Oleksandr, on the other hand, already had experience with the hospital environment from civilian life: “I come from the Dnipropetrovsk region, then I travelled quite a bit in our country and a bit abroad. Before the invasion, I lived for years in Zaporizhzhia, worked in the local hospital, specifically in forensic medical expertise, that is, in the morgue. To be able to go to war, I had to take academic leave. I’m also not the youngest anymore and physically, I wouldn’t be able to handle it in the trenches. But at the hospital, I’m useful and I like the work.” He is a coordinator and recorder at the field hospital.

Evacuation vehicles often bring the wounded in an unconscious or disoriented state, with memory loss. His task was to document all personal data, including the type of injury, procedures performed, and medications already administered. These often must not be given simultaneously, or specialists' medications don't work after them. There are also cases where soldiers apply strong painkillers even before evacuation without alerting their colleagues or medics. In a situation where they arrive unconscious, the caregivers must then search through their belongings, or otherwise from previous experience deduce whether the wounded has drugs or other painkillers in them. When asked if more drugs have spread to the front with the invasion, as we've heard before in a civilian centre for helping addicts, Painter adds: "No, these are isolated cases, consequences of civilian life. If someone was taking something then, here in constant stress, it becomes all the more necessary."

We're talking with Oleksandr and Vitalij on the Donetsk front line, which is currently the most tested by daily attempts to break through Ukrainian defences. This is also related to the number of wounded. "I'd rather not comment on current numbers," says Vitalij, "but there have been moments when we've had to take care of sixty people. Then we worked two shifts and didn't even leave the operating theatres."

With the onset of frost, frostbite and hypothermia have also appeared. In the frost, soldiers can't simply heat water, for example, because Russian reconnaissance drones are flying around looking for any sign of human presence. Units on the front lines can remain completely without water. At that time, colleagues can drop water and food supplies into the trenches even from drones. Where not even a drone can reach, according to Oleksandr, soldiers drink from puddles. He thus emphasises the number of cases of tonsillitis, pneumonia, and bacterial diseases: "Common diseases certainly haven't ceased to exist in wartime, and we deal with them here daily."

When we ask both of them if they have any one particular moment or story they'd like to tell, Oleksandr rather slightly shrugs: "All days blend together here. It repeats over and over. You know that film Groundhog Day? That's how I feel. You wake up - it's war. You go to sleep - it's war." And Painter smiles and nods: "Did you manage to get some sleep? Didn't succeed? Fine, no matter, next time. Once we managed to be in the theatre for twenty-nine hours straight. It was a constant stream of wounded, an endless flow." In such a case, the surgeons have time to take turns, but there aren't many paramedics to spare. At that time, there was no one to replace Painter.

The work of a paramedic at a surgical unit near the front begins with cleaning the bloodied clothes after the previous wounded. "Because soon another will arrive, we have to plan preparations in advance with specific injuries. If the next in line has a wounded left leg, for example, I know I have to pad it there, so they don't have to wait for me afterwards. There's also an operating nurse with me, who prepares the instruments. We're well-coordinated, but occasionally bump into each other's backsides and then apologise," Painter laughs and continues. "As soon as the theatre is ready, another wounded person arrives immediately, and everything runs anew. You're driven by stress. You look at that mess and just know you have to add more. But I can say that not a single person died in our theatre. We saved them all. Big thanks go to our specialists, the surgeons. But of course, without us, they would be standing knee-deep in blood," Painter concludes his insight into the long shifts worked only on water and adrenaline. A certain equality in the relationship of differently qualified work is perhaps even more noticeable here than in a regular hospital operation. Finally, Oleksandr complements him with a thought that we hear in variations from almost all units, whether politically profiled or not: "The most important thing here is mutual help."

Everyone according to their abilities

"In our unit, everyone does what they'll be best at. The commanders don't prevent anyone from doing that," says Painter, who thus gradually became a combat medic. "My task is clear, find the

wounded and stabilise them. We use MARCH, an American procedure for estimating the condition of the wounded, stopping critical bleeding, monitoring respiratory functions, shock. Simply the most critical things before the injured can get to safety. If they're stable, I throw them over my shoulder and take them to safety. If that doesn't work on the shoulder, we carry them on a stretcher with two people. Don't we have stretchers? Then we carry the wounded in our hands with more people." After the evacuation vehicle arrives, the wounded go to a stabilisation point for specialists. At a safer distance from direct combat, more demanding procedures can then be performed.

An underestimated or even overlooked danger is the large number of brain contusions. These are seemingly minor injuries from the front line, sound-pressure brain bruises caused by a nearby explosion of ammunition. "In civilian language, it's a much stronger concussion. In severe cases, it's accompanied by ruptured eardrums and bleeding. Hospitalisation, IVs, diet, and blood thinning are needed to prevent blood clots in the brain. I myself suffered a minor contusion when a cluster munition exploded behind the wall. The windows and bulletproof vests, which were on the windowsills to prevent shrapnel, flew out too. It was as if someone had hit me on the back of the head. Immediate feeling of nausea, severe headache," Vitalij describes the consequences.

And Oleksandr adds: "Hearing in most cases recovers over time, of course not completely. But the contusion itself cannot be fully cured." In the future, mental functions worsen for the injured, part of the brain tissue is irreparably damaged by impacts and swelling. Repeated severe contusion can cost soldiers their lives. When we disregard short-term consequences, such as temporary insomnia, contusions also bring long-term harm: "My ears are still ringing. During the day I don't hear it, but as soon as I try to fall asleep, I hear a constant buzzing similar to a drone. These are the consequences of warfare not one-on-one, but drone on artillery."

Mentions of ceasefire

After Donald Trump's re-election to the presidency, the question of peace agreements has increasingly appeared in the media. But when we ask how they personally feel about the possibility of an agreement with Russia in this situation, both soldiers shake their heads. "To be honest, I don't even read the news. My news is when the guys come from the front," Oleksandr waves his hand. Painter ponders the question a bit longer and after a short pause continues for both: "Those who are for ceasefire agreements will only agree to freeze the conflict. The Russians will recover and move on. And who knows if Europe might not suffer next time. That's why in my opinion we must not give them concessions. Freezing the conflict doesn't fit into my plans. I agree with a ceasefire, but with a full ceasefire. With their withdrawal behind Ukraine's borders recognised in 1991."

In the two and a half years that Painter has been at the front, he says he hasn't had to shoot, just save, and he's glad for that. But he immediately adds: "At the beginning of the war, I wished death on only one person, Putin. Because it was he who unleashed all this. And all those guys came here mainly because the Russian Federation is in ruin. They don't get paid there, so to hell with it if they die here, but they'll help their families. I understood them and didn't wish death on them. But I've seen so much, all those atrocities not only in Bucha and Irpin, that I no longer pity anyone..." For all situations, he mentions the November case when Russian units hit an oncology clinic in Zaporizhzhia with a guided aerial bomb. Eight people died in the attack and forty were wounded. "What do they achieve by bombing cancer patients? There's zero chance that soldiers would be staying there, there were only civilians who didn't have much time left in this world. I don't know who's pushing those buttons, but after such scenes, I no longer pity them."

We can find the Christmas atmosphere in small hints even here. Some soldiers decorate their dwellings with baubles and chains. While we glimpsed one small decorated tree in the workshop for making ground drones, we search in vain for the Christmas atmosphere at the medics'. When asked

what it's like to be on duty during the holidays, Painter responds: "We're constantly in combat readiness. Now you can't plan anything." "We'll plan once it's all over," Oleksandr adds resignedly. After a brief thought, however, Vitalij finally smiles and adds: "Before the war, I bought two oak barrels. I had them worked on and filled with good spirits. As soon as the war ends, we'll celebrate both my daughter's wedding and all the Christmases and New Years, birthdays, as much as our health allows. Simply put, we'll celebrate everything we've missed here at the front."

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