Ukraine: The Battle Hospitals

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Another severely wounded Ukrainian soldier is evacuated in the mud of eastern Ukraine. **If luck is on his side, he is still within what doctors call the “golden hour”**, the 60 minutes following a severe trauma — a shrapnel wound, gunshot, or explosion — during which emergency care has the greatest chance of saving a life.

But fully equipped hospitals are far from the trenches and shelters of this bloody war. Even without delays, it can take hours to reach a real emergency room. **Hours that many wounded do not have.** This is why stabilization points for the wounded exist: small medical stations set up in abandoned houses, cottages, and cellars just behind the front line. Here, the golden hour can be extended, or even “restarted” in cases of resuscitation. **These are places that give the most seriously injured a real chance of survival.**

Often these centers are run by a single doctor who, before the large-scale Russian invasion, led a normal civilian life. Today, they find themselves running one of the most dangerous healthcare posts in the world. Because these stabilization points operate under the constant threat of Russian artillery and drones. **The risk concerns not only the patients but also**

those who try to save them.

Every night is an unknown. You don't know what will come through that door, only that the wounded will arrive. Some unrecognizable, others on the brink of death. Everything happens quickly: pain, rushes, anxious waits, physical effort, few hours of sleep, and a lot of stress. **This is the emergency room of the Donbas.**

As darkness falls, Ukrainian units attempt to evacuate the wounded, avoiding, as much as possible, the threat of drones, which during the day make any movement almost impossible.

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The Bell of the Wounded and Doctors Under Fire

On the worst days, doctors here may find themselves treating dozens of wounded. Leading them is a commander of the medical company. Before the war, he was an anesthetist in Kyiv. He hasn't seen his wife and son for over nine months. In 2014, he was captured by the Russians and spent months as a prisoner of war. His deputy, in peacetime, worked as an orthopedic surgeon in a small civilian hospital.

The facility is spartan but organized: a rest room, a small washing area, a zone for lightly wounded or those in shock, and the improvised operating theater. The symbol of it all is a small silver bell. It might seem like a school bell, but here it has a very different meaning: **each ring announces the arrival of a new wounded.**

Shortly before 7 PM, it rings for the first time. A 55-year-old infantryman arrives with a gunshot wound to the foot. The doctor explains that, in a year of work at the front, he has seen very few bullet wounds: most cases are caused by shrapnel or shockwaves. Later, three more soldiers arrive: one in shock, one in a wheelchair, and a third on a stretcher with mortar wounds. **Modern warfare tears more with explosions than with bullets.**

On a wall of the center, a plaque commemorates five brigade doctors killed when their quarters were hit by a Shahed drone. **It is the most brutal reminder that in these battle hospitals, even those who heal can die.** Yet the work never stops.

In another, smaller stabilization point, the night has already begun with two new arrivals: Sasha and Sergey, both in their fifties. They were wounded hours earlier but had to wait for darkness to be evacuated because any moving vehicle near the front line is a potential target for Russian drones. They have severe burns on their faces and hands. They are stripped, laid on operating tables, and undergo clinical evaluation. The cottage windows are shielded with sandbags: this facility has also been hit recently.

Sasha is the most serious. He had been at the front for just two weeks and fears his lungs are damaged. Coordinating the interventions is the anesthetist, assisted by nurses, paramedics, and young surgeons turned by the war into emergency specialists. **Here, work is done in a precarious balance between medicine, improvisation, and psychological resilience.**

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Sasha, Sergey, and Bodies Returned to Life

Clarifying what happened to the two men is Sergeant V.K., battle name Runa. She is 26 years old, enlisted as a teenager, received a valor decoration, and commands an all-male crew of a 57 mm anti-aircraft gun, now mainly used against Russian ground targets. Forbes included her among the 30 young Ukrainian leaders under 30. **She is the face of a generation raised in war.**

Runa was near Sasha and Sergey's shelter when a Russian tank hit it directly. The two survived the explosion, but the dugout caught fire. To save themselves, they had to cross the flames. That's how they got burned on the face and hands. As night fell, it was Runa who evacuated them to the stabilization point.

The doctors diagnose burns and explosion trauma to the head and upper limbs. Transfusions, rehydration, and electrolyte rebalancing are needed. For Sasha, plastic surgery will likely be necessary in the future. Meanwhile, what matters now is done: pressure, heartbeat, ultrasound to look for fragments, painkillers, dressings, removal of bandages stuck to burnt skin. Sasha begins to shiver from shock; his teeth chatter, his body stiffens. The doctors cover him better, talk to him, try to keep him conscious. **In these places, the fight is against time, blood, and the collapse of the body.**

In the larger center, meanwhile, after a moment of calm, the war reasserts itself. The power goes out due to a Russian bombardment, then the generators restart. Immediately after, the bell rings again. Two very serious cases arrive. The first is a young soldier with his torso devastated by shrapnel. Shortly after, a second man enters, unconscious, even more serious. The emergency room turns into an absolute race against death.

The first has a collapsed right lung and a chest full of blood. The second is devastatingly wounded: a shrapnel entered above the right shoulder, broke the collarbone, passed through both lungs, and exited the left side of the body. He is suffocating in his own blood. Denis leads the team with no trace of lightness. One of the doctors works wearing a bulletproof vest. **Here, operations are literally conducted under fire.**

In the end, the young man is stabilized. Even the second, the most serious, is kept alive long enough to be transferred to a hospital. Without that intervention, he would almost certainly have died. **Doctors cannot always save a life, but they often manage to gain it the necessary time to continue fighting.**

Even Sasha and Sergey are finally loaded onto a Humvee ambulance headed to the hospital. Runa climbs with them for a final encouragement and promises to inform Sasha's wife that he is alive. When the vehicle disappears into the night, in the village turned into a survival hub, silence falls for a moment. But it's only a truce: the doctors know that soon another wounded will arrive from that hell beyond the hill.

In the Donbas, the war is also fought like this: in improvised rooms, among blood, cold, and darkness, where doctors snatch minutes from death and give bodies a chance at life.