

MECEVAC czech

MINISTRY OF THE INTERIOR
OF THE CZECH REPUBLIC



2020

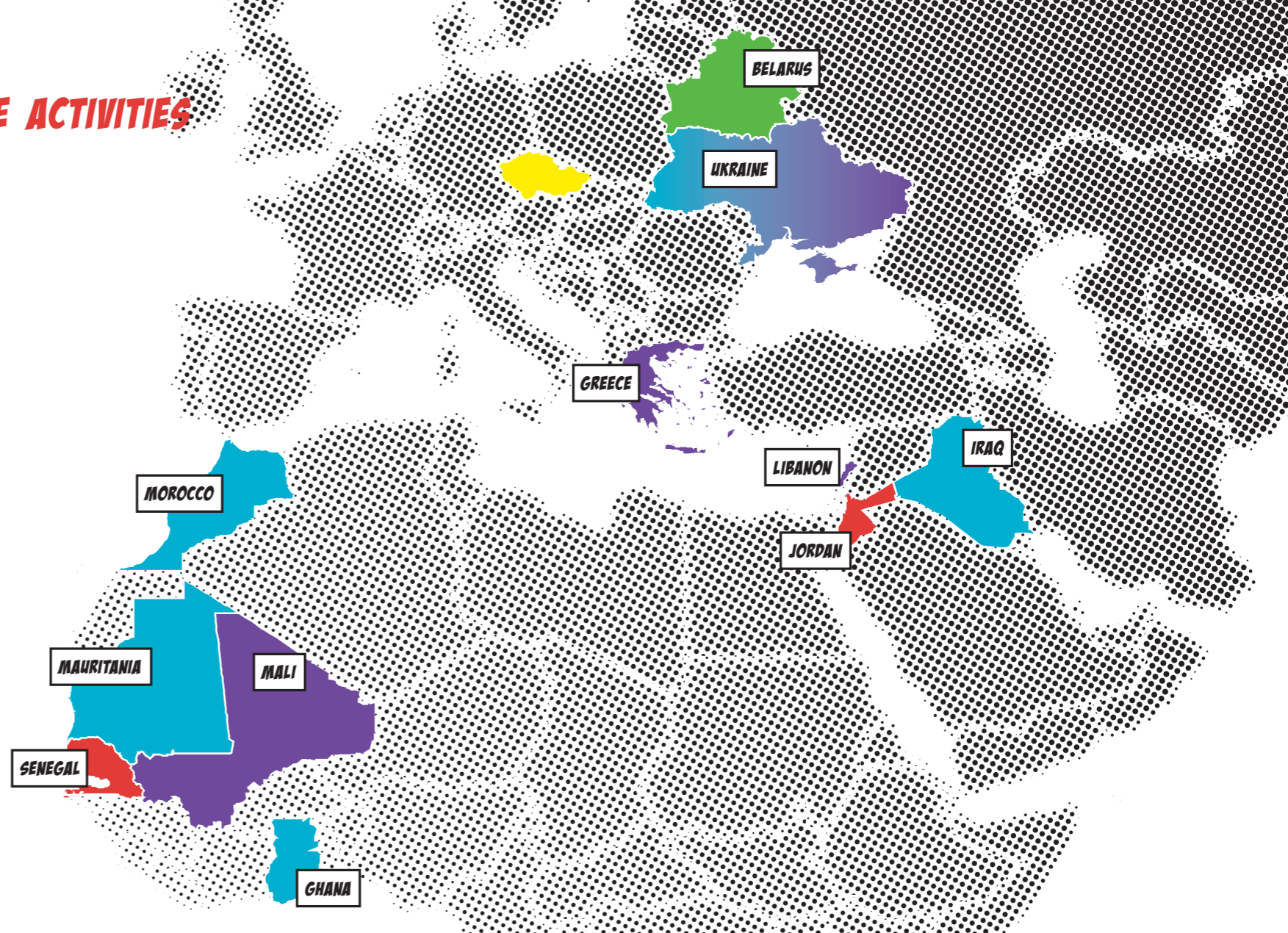
Permanent medical humanitarian programme of the Czech Republic

The aim of the government Programme is to provide health care to the vulnerable part of the population in source or transit migration countries. The Programme operates since 1993 and is coordinated by the Ministry of the Interior of the Czech Republic.

Programme objectives implemented via four activities:

- deployment of Czech medical teams abroad
- specialist internships and trainings for foreign medical staff
- medical humanitarian evacuations for treatment in the Czech Republic
- support of projects to reinforce health infrastructure

TIMELINE OF PROGRAMME ACTIVITIES IN THE YEAR 2020



| | | | | | | | | | | | | | |
|------------------------------------|-----------------------------|---------------------|--|--|--------------------|--------------------|--------------------|-----------------------------|--|---------------------------|-----------------------------|--|--|
| | | | | | | | | | | | | | |
| JORDAN | JORDAN | GREECE | UKRAINE | MAROKO | LEBANON | MALI | UKRAINE | LEBANON | GHANA | BELARUS | SENEGAL | MAURITANIA | IRAQI KURDISTAN |
| Hradec Králové University Hospital | Bulovka University Hospital | Fire Rescue Service | Institute for Clinical and Experimental Medicine | Institute for Clinical and Experimental Medicine | healthcare project | healthcare project | healthcare project | General University Hospital | Institute for Clinical and Experimental Medicine | evacuation | General University Hospital | Institute for Clinical and Experimental Medicine and Bulovka University Hospital | Institute for Clinical and Experimental Medicine |
| ophthalmology | orthopaedics | material donation | online training | online training | june 2020 | june 2020 | june 2020 | august 2020 | online training | September - December 2020 | traumatology | online training | online training |
| 10. - 19. 2. 2020 | 12. - 21. 2. 2020 | april 2020 | 4. 6. 2020 | 25. 6. 2020 | | | | | 9. 9. 2020 | | 26. 10. - 6. 11. 2020 | 10. 12. 2020 | 15. 12. 2020 |

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EUR 1 = CZK 25

A WORD OF INTRODUCTION

FROM THE DIRECTOR OF THE DEPARTMENT FOR ASYLUM AND MIGRATION POLICY

Dear Readers,

the year 2020 was a huge challenge for the MEDEVAC Programme and for all of us. The global COVID-19 pandemic brought fear, uncertainty and many changes to our lives. But it also taught us some valuable lessons, forcing us to close ranks, combine forces (although remotely) and adapt. The same applies to the MEDEVAC Programme which was also affected by the COVID-19 pandemic and which, in spite of the many obstacles in its path, found a way to help. Despite the fact that for most of the year it was impossible to deploy Czech doctors overseas, we provided aid via our partner organisations, gave several online training sessions and the Programme also returned to its roots - to medical humanitarian evacuations to the Czech Republic. The people who managed to endure this difficult time and did not shy from the challenges it presented became a source of inspiration and heroes in our eyes.

I believe that the experiences and new partnerships founded during these difficult times make us stronger and the MEDEVAC Programme will continue to provide aid in a flexible and effective way exactly there where it is needed.

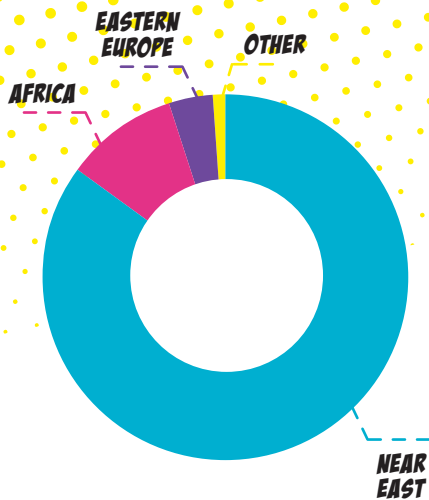
Mgr. Pavla Novotná



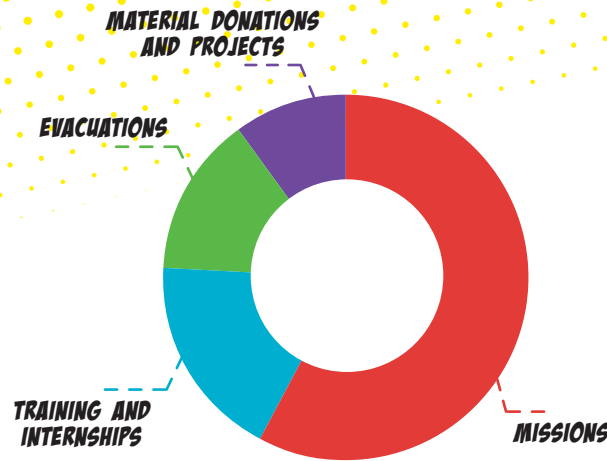
**THE PEOPLE WHO MANAGED TO ENDURE
THIS DIFFICULT TIME AND DID NOT SHY
FROM THE CHALLENGES IT PRESENTED
BECAME A SOURCE OF INSPIRATION
AND HEROES IN OUR EYES.**

OVERVIEW OF THE MEDEVAC PROGRAMME 1993 - 2020

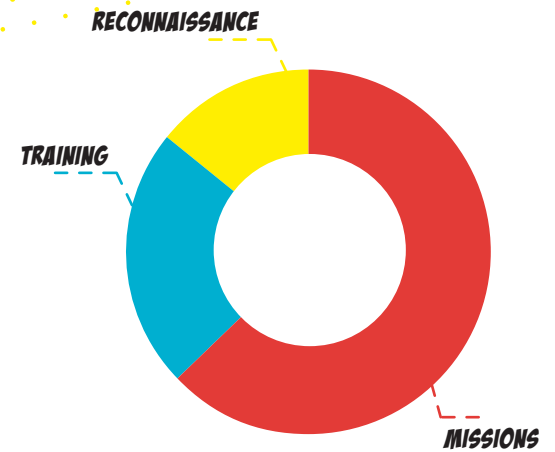
PATIENTS ACCORING TO REGIONS



PROGRAMME ACTIVITIES



TEAMS DEPLOYED



3
PROGRAMME
COORDINATORS



8
PARTICIPATING CZECH
HOSPITALS



19
PROJECTS TO REINFORCE
HEALTH INFRASTRUCTURE



430
STAFF TRAINED



3 774
PATIENTS
OPERATED



287
MEDICAL HUMANITARIAN
EVACUATIONS



24
COUNTRIES IN WHICH THE
PROGRAMME HAS BEEN IMPLEMENTED



106
MEDICAL TEAMS
DEPLOYED ABROAD

MEDEVAC 2020 IN FIGURES

3 MEDICAL TEAMS DEPLOYED TO JORDAN AND SENEGAL (HRADEC KRÁLOVÉ UNIVERSITY HOSPITAL, OLOMOUČ UNIVERSITY HOSPITAL, BULOVKA UNIVERSITY HOSPITAL)

EVACUATION OF 60 PATIENTS AND THEIR FAMILY MEMBERS FROM BELARUS FOR TREATMENT IN THE CZECH REPUBLIC

MORE THAN 300 SPECIALIST EXAMINATIONS WITH DIAGNOSIS

265 OPERATIONS CARRIED OUT ABROAD (OPHTHALMOLOGY, ORTHOPAEDICS AND TRAUMATOLOGY), 10 PATIENTS RECEIVED NON-INVASIVE INTERVENTIONS (E.G. SUBSTITUTE FOR A KNEE JOINT SURGERY)

5 ONLINE TRAINING SESSIONS IN HOSPITAL EPIDEMIOLOGY WITH RESPECT TO COVID-19 FOR MEDICAL STAFF FROM GHANA, IRAQ, MOROCCO, MAURITANIA AND UKRAINE (74 PARTICIPANTS)

3 HEALTHCARE PROJECTS SUPPORTED FOR RENOVATION OF HEALTHCARE CENTRES, EQUIPPING HOSPITALS WITH MEDICAL DEVICES AND TRAINING FOR HEALTHCARE STAFF IN LEBANON, MALI AND UKRAINE AT A TOTAL COST OF CZK 15 MILLION (EUR 600 000) (ADRA INT., ICRC)

2 MATERIAL DONATIONS MADE TO LEBANON AND GREECE TOTALLING CZK 6.5 MILLION (EUR 260 000) (IN COOPERATION WITH THE GENERAL UNIVERSITY HOSPITAL IN PRAGUE, THE FIRE RESCUE SERVICE OF THE CZECH REPUBLIC AND THE MINISTRY OF DEFENCE)



THE SURGERY IS UNDER WAY BY THE ORTHOPAEDIC TEAM OF PROFESSOR CHOMIAK, M.D., C&S FROM THE BULOVKA UNIVERSITY HOSPITAL IN THE PARTNER AL KHALIDI HOSPITAL AND MEDICAL CENTRE.

© MOI



OUR PATIENTS WAIT THEIR TURN FOR THEIR CHECK UP AFTER THE CATARACT SURGERY IN THE AMMAN'S AL KHALIDI HOSPITAL AND MEDICAL CENTRE.

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JORDAN



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THE SURGERY WAS SUCCESSFUL AND SOON ENOUGH THE BOY WILL BE ABLE TO PLAY WITH HIS FRIENDS AGAIN.



OPHTHALMOLOGY TEAM UNDER THE LEADERSHIP OF PROFESSOR JIRÁŠKOVÁ, M.D., PH.D., FEBO FROM THE HRADEC KRÁLOVÉ UNIVERSITY HOSPITAL STARTS THE DAY BY CAREFULLY PLANNING THE OPERATIONS AHEAD.

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THE OLOMOUC UNIVERSITY HOSPITAL TRAUMATOLOGY TEAM UNDER THE LEADERSHIP OF DOCTOR ŠPIROH, M.D., PH.D. COOPERATES WITH THE LOCAL DOCTORS IN THE HOSPITAL IN THIEË.



IN COOPERATION WITH THE MILITARY UNIVERSITY HOSPITAL WE ORGANISED COLLECTION OF TOYS FOR OUR LITTLE PATIENTS.

SENEGAL



BREAK TIME.



WAITING ROOM IN THE FRESH AIR.

DOCTOR PETR SMEJKAL, M.D.

HEAD EPIDEMIOLOGIST AT THE IKEM

The global COVID-19 pandemic and its related impacts also affected the MEDEVAC Programme, where not just deployment of medical teams but also internships and training for medical staff were interrupted for the whole year. So we were pleased that in cooperation with Doctor Petr Smejkal, M.D., head epidemiologist at the Institute of Clinical and Experimental Medicine (IKEM), we were able to quickly offer online training to our partner hospitals. The COVID-19 pandemic has affected everyone.



Do approaches to treatment differ from country to country? How is training conducted, for instance in Iraq? You will find the answers to these and other questions in the following interview.

LAST YEAR YOU CONDUCTED ONLINE TRAINING AND DISCUSSIONS WITH DOCTORS FROM GHANA, MOROCCO, MAURITANIA, IRAQI KURDISTAN AND UKRAINE. THIS GAVE YOU THE OPPORTUNITY TO GAIN FIRST-HAND INFORMATION ABOUT THE COURSE OF THE PANDEMIC IN ALL CORNERS OF THE WORLD - DID YOU NOTICE ANY DIFFERENCES BETWEEN THE APPROACHES TAKEN IN SEPARATE COUNTRIES?

Of course, I did notice differences. Morocco handled COVID-19 best of all, way ahead of the others, probably due to the existence of a good functioning healthcare system resembling that of France. Not much testing takes place in Mauritania; it is a poor country and it is clear that an objective model is missing. Ukraine has similar problems to us, but it has far more limited finances and resources. Each country is different, making our job all the more interesting.

THE COVID-19 PANDEMIC HAS MEANT THAT THE FIELD OF INFECTOLOGY HAS MADE IT TO THE FOREFRONT OF MEDICAL FIELDS. DO YOU THINK THAT THE APPROACH TO HYGIENE AND HYGIENE MEASURES IN GENERAL IN HOSPITALS EITHER IN THE CZECH REPUBLIC OR ABROAD HAS CHANGED IN THE LONG TERM? IN YOUR OPINION, WHAT ARE THE MAIN GLOBAL CHALLENGES IN THIS AREA?

We must not forget that prevention is always much cheaper than treatment. That investing in testing is worth it, as far as viral diseases are concerned. This applies also to cultivation of bacterial diseases; it is always essential to know what we are treating, so that we do not, for instance, just blindly prescribe antibiotics.

A YEAR WITH THE CORONAVIRUS

EACH COUNTRY IS DIFFERENT, MAKING OUR JOB ALL THE MORE INTERESTING.



© JAN MIHALÍČEK

YOU FIRST BECAME INVOLVED WITH THE MEDEVAC PROGRAMME IN 2017 IN CONNECTION WITH TRAINING IN IRAQI KURDISTAN DURING WHICH YOU FOCUSED ON INFECTIONS RELATED TO WAR WOUND SURGERY. DO THE TYPES OF INFECTION IN THIS CASE DIFFER FROM THOSE THAT YOU NORMALLY COME INTO CONTACT WITH IN THE CZECH REPUBLIC OR IN THE UNITED STATES WHERE YOU ALSO WORK?

I had never before come into contact with the infection-related complications of war wounds. These tend to be polymicrobial infections (note: caused by a high number of microorganisms) with a large proportion of anaerobic bacteria that do not need oxygen to thrive. This type of wound demands primarily the immediate application of antibiotics, because if the patient does not receive them within 6 hours, about fifty percent of wounds become complicated with massive infection, and of course surgery as soon as possible. This is war medicine.

ANOTHER MISSION TO IRAQI KURDISTAN AWAITS YOU IN 2021, WHERE YOU WILL AGAIN BE TRAINING LOCAL HEALTHCARE PROFESSIONALS IN THE FIELD OF SO-CALLED ANTIBIOTIC STEWARDSHIP - CORRECT APPLICATION OF ANTIBIOTICS. WHY IS THIS AN IMPORTANT TOPIC NOT ONLY IN IRAQ?

Sometime around 2022, COVID-19 will cease to be a problem globally, but resistance to antibiotics will continue to present a problem. One interesting fact is that – and let us hope that studies will confirm this – the COVID-19-related hygiene measures reduced the transmission of resistant bacteria in hospitals. The main thing remains the use of the right antibiotics and their use only in situations where they are essential, with the right dosage and for as short a period as possible. This situation differs considerably from country to country and from continent to continent.



THE HISTORICALLY FIRST ONLINE TRAINING THAT WE HAVE ORGANISED FOR OUR UKRAINIAN PARTNERS IS JUST UNDERWAY!

INFECTOLOGY IS A FIELD THAT WORKS WITH DISEASES OF EITHER VIRAL OR BACTERIAL ORIGIN. BOTH VIRUSES AND BACTERIA OFTEN MUTATE. HAVE YOU EVER COME UP AGAINST A DISEASE THAT SURPRISED OR STUMPED YOU AS A SPECIALIST? WHAT WAS THE MOST INTERESTING CASE FOR YOU SO FAR?

COVID-19 is still full of surprises, but it is not much fun. That is why now we are pleased with any different infection diagnosis. You might be surprised to hear this, but infections that we do not often come across are much more interesting. Not long ago, for instance, we diagnosed tuberculosis in a patient at IKEM. I had not seen such an intriguing case of tuberculosis since medical school. It took me by surprise because, apart from transplant patients or patients from overseas, there are hardly any cases of tuberculosis to diagnose in the Czech Republic. But it seems that this will continue to be a global problem.



TRAUMATOLOGY

INTERVIEW WITH DOCTOR PETR ŠPIROCH, M.D., PH.D.

The Olomouc University Hospital has been actively involved in the MEDEVAC Programme since 2015. Since then, doctors specialising in trauma surgery, dealing with acute wounds and post-trauma reconstruction, have been on a total of 12 missions in Iraq, Jordan and Senegal. You will read what convinced them to participate in the MEDEVAC Programme, what the differences between health care systems are in these countries and much more in the following interview with Doctor Petr Špiroch, M.D., Ph.D., head of the Olomouc University Hospital Trauma Clinic.

**SPECIALISATION
IN DETAIL**

THE OLOMOUC UNIVERSITY HOSPITAL AND YOUR TEAM JOINED THE MEDEVAC PROGRAMME IN 2015. WHAT MADE YOU TAKE PART IN THE MISSION?

Ever since I started with trauma surgery, which is 19 years ago now, I always wanted to take part in humanitarian missions in countries where access to healthcare is limited. This was possible with Doctors without Borders, where to begin with I lacked experience to be of any use to them, and later on I did not have the time to go on missions lasting 6-8 weeks. Also, I perhaps lacked the courage to visit conflict zones where this organisation tends to operate. And so, when the opportunity arose to participate in a humanitarian mission as part of the MEDEVAC Programme operating in relatively safe countries for the duration of 2 weeks, I jumped at the chance.

HAS ANYTHING CHANGED OVER THOSE 5 YEARS?

Over the five years that we have been involved in the MEDEVAC Programme, the countries where we operate as well as the type of surgery have changed. We began in the Middle East, where in 2015 and 2016 we treated acute wounds and the consequences of war wounds, while in later years you could say that we provided ordinary medical care to injured refugees who had no other access to healthcare. The hospitals there were well equipped, with all necessary materials available. Now we operate in sub-Saharan Africa where the situation is different, hospitals have only a minimum of equipment and materials and so are incapable of providing comprehensive medical care. Preparations for missions in sub-Saharan Africa are complicated in terms of logistics, since

IN SUB-SAHARAN AFRICA WE TREAT ACUTE INJURIES AND SITUATIONS THAT WE PRACTICALLY NEVER COME ACROSS IN THE CZECH REPUBLIC.



© JAN MIHALIČEK



all consumables have to be sent from the Czech Republic. We treat acute injuries and the consequences of injuries, badly healed fractures and situations that we practically never come across in the Czech Republic.

DO YOU SEE DIFFERENCES IN ACCESS TO HEALTHCARE OR IN APPROACHES TO CARE OF THE PATIENT FROM COUNTRY TO COUNTRY? HAS ANYTHING SURPRISED YOU?

There certainly is a difference in the approach to healthcare in the countries we have visited. In Jordan, health insurance is almost non-existent, patients pay for healthcare directly and so those who have no financial income cannot afford healthcare, and therefore in practice have no access to it. In Iraq, the healthcare system used to be funded by the state, the staff was paid according to how many patients they treated, which fuelled their interest in patients. In Africa, hospital staff would dearly like to care for their patients, but there both sufficient finances and the experience that would make this possible are lacking.

DOES THE TYPE OF OPERATION ON MISSIONS RESEMBLE THOSE THAT YOU PERFORM AT THE OLOMOUC UNIVERSITY HOSPITAL, OR DO THE PROCEDURES TEND TO DIFFER? HAVE YOU COME UP AGAINST ANY TYPES OF INJURY FOR THE FIRST TIME EVER? IF SO, WHAT WAS IT ABOUT?

The procedures that we perform abroad are similar in type to those that we perform at home. They include osteosynthesis, corrective osteotomy of badly healed bones, reconstruction of false joints, treatment of bone and soft tissue infections. The difference is in the number and extent of badly healed or unhealed fractures, where limbs had often not healed or healed into bizarre-looking shapes.

One thing in the Middle East that we usually do not come across back at home were gunshot and shrapnel wounds and breaks caused by this type of injury. We very rarely meet anything like this in the Czech Republic.

IS THERE ANY DREAM COUNTRY THAT YOU WOULD LIKE TO VISIT WITH MEDEVAC?

My favourite continent is South America and so with my partial knowledge of Spanish and Portuguese I would like to be deployed on a MEDEVAC mission to a South American country, for instance Colombia or Venezuela, which are countries that could benefit greatly from the MEDEVAC Programme in terms of healthcare.



COORDINATION BETWEEN CZECH DOCTORS AND LOCAL DOCTORS.

OPERATION PROCEDURE PLANNING.

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ONE, TWO, THREE ... LET'S OPERATE!



In 2020, the MEDEVAC Programme supported three projects for building and reinforcing health infrastructure in its partner countries: Lebanon, Mali and Ukraine. The goal of these projects is, together with a partnering governmental or non-governmental organisation, or directly with the local government, the ongoing development of the local healthcare systems, in terms of both materials and staff. In addition to supporting projects to reinforce health infrastructure, the MEDEVAC Programme provided an urgent material humanitarian donation to Lebanon and Greece in 2020

HEALTHCARE PROJECTS

UKRAINE

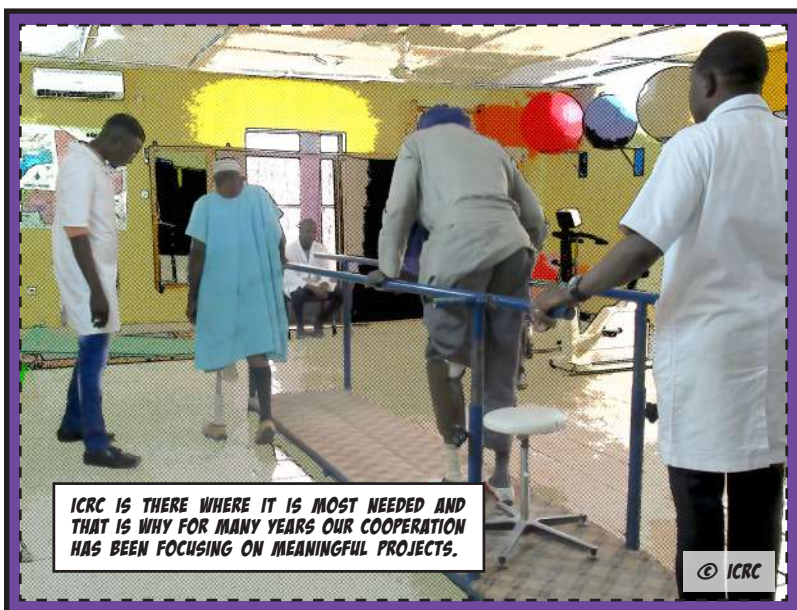
The MEDEVAC Programme has been operating in Ukraine since 2014, although activities were suspended in 2020 due to the COVID-19 pandemic. The resulting situation created room for implementing a project in cooperation with the non-governmental organisation ADRA International, aimed at combating the pandemic. The Ukrainian healthcare system is one of the weakest in the European post-Soviet area and this system was further weakened with the arrival of the coronavirus pandemic – since the beginning, local hospitals have been experiencing a shortage of basic protective equipment, which is one of the reasons for the high numbers of infected healthcare workers (in the spring of 2020 they constituted 20 % of all infected persons). In cooperation with ADRA International, necessary materials and personal protective equipment of a value of CZK 5 million (EUR 200 000) was supplied to 30 Ukrainian healthcare facilities – oxygen masks, pulse oximeters, electrocardiographs, disinfectant dispensers, surgical masks, respiratory masks, face visors, gloves etc.

The supply of materials was also supplemented by online training in hospital epidemiology delivered by Doctor Petr Smejkal, M.D. from the Institute of Clinical and Experimental Medicine, which was attended by specialists from Kyiv Regional Clinical Hospital and the Clinical Emergency Care Hospital in Lviv. (see p. 8).



MALI

The MEDEVAC Programme contributed CZK 5 million (EUR 200 000) to an International Committee of the Red Cross (ICRC) project in Mali, which is one of the 10 poorest countries in the world. Frequent internal armed conflicts are responsible for numerous dead and wounded among civilians and lead to a high number of displaced persons – around 150 000 Malians are internally displaced, while another 130 000 have sought asylum in surrounding countries. Instability and danger in the country also mean limited access to medical care; healthcare facilities in the country lack qualified staff and equipment and so the inhabitants of Mali often receive no medical care. With the donation, the ICRC will be able to support five physical rehabilitation centres in Mali – in the capital Bamako and also in other cities: Gao, Mopti and Timbuktu. These healthcare facilities provide orthopaedic and rehabilitation services to about 12 200 people with disabilities. The finances were used to purchase medical devices, to cover treatment and assistance for the most vulnerable patients and, last but not least, for provision of expert assistance and training for local healthcare and administrative staff.



GREECE

At present, Greece is host to about 155 000 asylum seekers in its territory and such a high number of migrants is a huge burden on local infrastructure. Refugee camps with high concentrations of inhabitants and a low level of hygiene mean increased risk of the spread of the epidemic and thus complying with rules such as social distancing is extremely difficult in these overcrowded camps. Therefore, the Ministry of the Interior reacted to the request from the Greek government for provision of aid to refugee camps in its territory directed at prevention of the spread of COVID-19. In April 2020, in cooperation with the Fire Rescue Service of the Czech Republic, the MEDEVAC Programme made a material donation of a value of CZK 4.4 million (EUR 176 000) to the Hellenic Republic. Basic hygiene supplies and other essential equipment for refugees were delivered to refugee camps across Greece.

Lebanon is facing a deep crisis - political, economic and social. Currency devaluation, economic and political instability, the presence of more than 1.5 million refugees, as well as the COVID-19 pandemic, have forced 55 % of the Lebanese population to live below the poverty line today. Health care lacks not only funding but also basic consumables and medicines, and medical care is often unavailable not only to Syrian and Palestinian refugees, but also to Lebanese themselves.

The MEDEVAC Programme in Lebanon has been helping since 2019, when the historically first medical mission of the ophthalmological team under the leadership of Doctor Sklenka from the General University Hospital in Prague took place at the Rafik Hariri University Hospital in Beirut. The mission was followed by both direct material assistance and financial support for projects to reinforce health infrastructure.



HEALTHCARE PROJECT

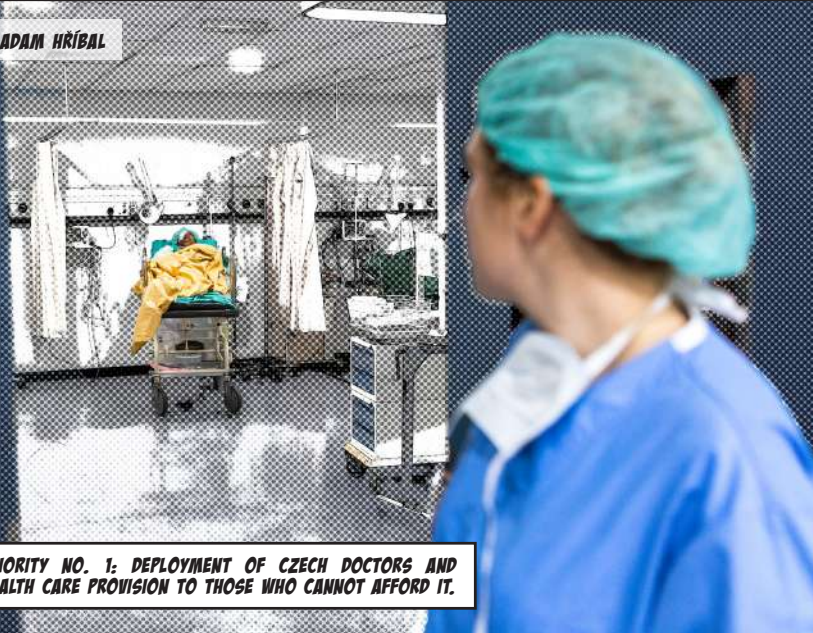
Another project totalling CZK 5 million (EUR 200 000) supported in 2020 was again organised by the ICRC, but this time in Lebanon, which is a country that is currently hosting proportionally the highest number of refugees in the world – especially from Syria, but also from other surrounding countries and from North Africa. At the same time, Lebanon is experiencing an economic, political and social crisis; the local health infrastructure is overloaded and many inhabitants, especially refugees, cannot afford the expensive medical care. The project focused on supporting healthcare facilities that provide, free of charge, adequate medical care to the most vulnerable inhabitants of Lebanon who would otherwise receive no medical care at all. One such facility is the Traumatology Training Centre in Tripoli, which provides free surgical and rehabilitation care to persons wounded in conflicts in the Middle East, including refugees or people without health insurance. In addition to this, the ICRC provides specialist training for doctors from all parts of Lebanon. In 2019, the MEDEVAC Programme conducted a successful ophthalmological mission; however, the planned follow-up cooperation was postponed in consequence of the outbreak of the COVID-19 pandemic. This was another reason why we

decided to support the ICRC project, making it possible to provide quality medical care to the most vulnerable groups in the country.

MATERIAL AID

A massive explosion in the centre of Beirut in the early evening of 4 August 2020 rocked the city, damaging a large portion of the Lebanese capital. Around 2 000 people lost their lives due to the explosion, thousands more suffered injuries and 300 000 people lost their homes, three Beirut hospitals were totally destroyed and another two were seriously damaged. In reaction to an appeal from the Lebanese government, the Czech Republic delivered basic aid in the form of materials and personnel. In cooperation with the General University Hospital in Prague, the MEDEVAC Programme delivered a consignment of medical consumables which contained protective overalls, gloves, bandages, compression bandages, needles and face masks. This emergency consignment of material worth CZK 2.1 million (EUR 84 000) was delivered to Beirut with the help of the Fire Rescue Service and the Ministry of Defence just eight days after the explosion.

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PRIORITY NO. 1: DEPLOYMENT OF CZECH DOCTORS AND HEALTH CARE PROVISION TO THOSE WHO CANNOT AFFORD IT.

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PRIORITY NO. 4: HELPING POOR AND VULNERABLE LOCAL POPULATION.

© ICRC



PRIORITY NO. 2: REINFORCEMENT OF HEALTH INFRASTRUCTURE IN COOPERATION WITH LOCAL PARTNERS.



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PRIORITY NO. 3: QUICK RESPONSE TO UNFORESEEN SITUATIONS AND PROVISION OF NECESSARY MATERIAL AID.

BELARUS SPECIAL

Following the disputed victory of Alexander Lukashenka in the presidential elections in Belarus, anti-government protests and demonstrations that broke out in the aftermath, the Czech government offered a helping hand to those who were wounded in the protests or persecuted in connection with them. In consequence of a governmental resolution, the MEDEVAC Programme evacuated 60 persons who were then provided not just medical and psychological care, but also help in integration in the Czech Republic. Not just the Ministry of the Interior, but also the Ministry of Foreign Affairs, the Ministry of Health, the Ministry of Education, Youth and Sport and, last but not least, Belarusian diaspora associated under the BLRČR initiative were all involved in helping those evacuated. This was the first time that the MEDEVAC Programme provided help without the cooperation of the governmental authorities of another state.

Immediately after the adoption of government resolution no. 878 of 24 August 2020, we started to prepare this logistically demanding and extensive operation, the aim of which was to transport Belarusians who were injured or persecuted in connection with the protests to the Czech Republic. Suitable persons for this evacuation were chosen with the help of the Belarusian BLRČR initiative that exists in the Czech Republic since 2016; this organisation helped not only with choosing patients, but also in certain steps that were necessary before and after their arrival in the Czech Republic.

You can read an interview with the founder of the BLRČR, Mgr. et Mgr. Krystsina Shyianok, about cooperation with the MEDEVAC Programme and other matters on the page 22.



When, a mere week after adoption of the resolution concerning assistance to Belarusians, we welcomed the first evacuated persons to the Czech Republic and began treatment at partner hospitals in this country, it became clear just how much our help was needed. The most common injuries were gunshot wounds, multiple fractures of the entire body or eye and ear injuries from grenade explosions. Some evacuated patients even showed signs of torture. We have long years of experience with body injuries with the MEDEVAC Programme, but never so much with psychological injuries. We called upon psychologists from the Ministry of the Interior for help – i.e. the psychologists form of the Ministry of the Interior, the Fire Rescue Service (FRS) and the Police of the Czech Republic with experience in post-traumatic situations. A total of 15 psychologists were involved in the MEDEVAC Programme who provided weeks, sometimes months psychological support and intervention. Later we enhanced individual psychotherapy with group therapy and art therapy with the help of psychologists from the Belarusian diaspora.

You can find out more about the psychological care provided in interviews with the psychologists involved - Col. Mgr. Martina Wolf Čapková, head psychologist of the Fire Rescue Service, and PhDr. Štěpán Vymětal, Ministry of the Interior psychologist and leading Czech expert on the psychology of catastrophe and trauma on the pages 18 and 20.

Over the course of 3 months we brought a total of 60 persons to the Czech Republic, 35 of whom were injured and 25 were their family members. These people included men, women and entire families, mainly young people aged between 20 and 30 years. Each and every one was offered both medical and psychological help. Due to the unfavourable development of the political situation in Belarus, not just their medical needs, but also the future of those evacuated had to be addressed. Some decided to leave the Czech Republic after some time had passed, but most decided to remain, seek international protection and start a new life here.

Those interested in studying in the Czech Republic, we offered - in cooperation with the Ministry of Education, Youth and Sports and the Czech Technical University – accommodation in the student halls, a study grant and Czech language lessons in a preparatory year, after which they could continue study in their appropriate field.



STEP 4: SUCCESSFUL INTEGRATION INTO THE CZECH SOCIETY.

And that some of our evacuees started their new life in the Czech Republic very successfully: less than 9 months after leaving Belarus, the little heroine Safiya T., who was evacuated to the Czech Republic together with her parents after her father was injured in protests in Belarus, received an award from the United Nations High Commissioner for Refugees (UNHCR) under the auspices of the Minister of Education, Youth and Sports for her outstanding academic results, just a few months after she started a Czech school and began learning the Czech language.

You can read more about the fates of our patients in interviews with the "S." family and with student Mariya Z. on the pages 24 and 26.



PHDR. ŠTĚPÁN VYMĚTAL, PH.D.

MOI PSYCHOLOGIST

YOU SPECIALISE IN THE PSYCHOLOGY OF EMERGENCY SITUATIONS AND CRISIS MANAGEMENT. WHY DO YOU THINK THAT, IN ADDITION TO MEDICAL CARE, THE PATIENTS FROM BELARUS NEED PSYCHOLOGICAL ASSISTANCE?

Intentional violence committed by one person on another is a traumatising event that can have an extremely severe impact on the victim's psyche. This is a burden comparable to the consequences of terrorism, war traumas, being held hostage and other violent crimes. Many patients were subjected to psychological and/or bodily torture, found themselves in an extremely uncertain situation where their nearest and dearest remain at risk. It was therefore desirable to provide them acute crisis intervention and the opportunity of treatment of their psychological trauma. A stabilised psyche also facilitates better recovery from bodily injuries.



INTERVIEW WITH THE MOI PSYCHOLOGIST

HOW WERE YOU INVOLVED IN THE PROGRAMME?

I was in charge of organisation and management of psychological services and adapting them to suit the situation at hand, to the limited options due to COVID-19 and to specific clients. First it was necessary to decide on a structure and plan for our approach to the psychological help, to find expert staff, lay down rules, to adapt to ever-changing conditions. We took advantage of the capacities and experience of police and the Fire Rescue Service psychologists. These colleagues have extensive experience in working with the victims of violence and emergency situations, and also a natural interest in helping other humans. The team comprised 15 psychologists from these uniformed services who provided individual expert care. We also used the services of 5 Russian-speaking psychologists (Belarusian diaspora) who provided auxiliary group support for clients (psychorelaxation and art therapy). I also cooperated with the coordinators of the MEDEVAC Programme who provided practical and technical support and organised cooperation with psychiatrists. Also important was cooperation with the head psychologist of the General Directorate of the Fire Rescue Service who was responsible for operational management in the field (planning care, establishing the concrete needs of clients, coordination of psychologists and interpreters). Because I speak Russian, I also had one client in my personal care who refused an interpreter and wanted to work with one of the Czech psychologists. This was of great benefit for me, because it meant that I could gain a better insight into the experiences and reactions of this group of people.

WHAT PRECISE FORM DID THE PSYCHOLOGICAL SERVICES TAKE?

After arriving, the clients attended group interviews where we told them about the options and rules of the psychological help, then followed-up by the psychological triage (note: sorting clients according to their specific needs) where we focused on finding out who had the best personal resilience, who might profit from psychological information and who needed trauma treatment. We prepared some guidelines and printed information concerning psychological care. We provided psychological first aid, crisis intervention, psychoeducation (information about how the human psyche works with a burden and about strengthening resilience), psychological advice, individual and group trauma therapy. We also provided supervision and expert support for the workers involved in helping. To support the staff involved, a telephone crisis help line was set up (Anonymous Help Line of the Police of the Czech Republic). Individual care was mostly provided with the help of an interpreter into Russian or Belarusian. Most care took place face-to-face, but online form was also used. Clients attended care sessions voluntarily if they chose to.

WHAT PROBLEMS DID YOU ENCOUNTER MOST OFTEN AMONG THE EVACUATED BELARUSIANS? DO THEIR EXPERIENCES DIFFER FROM YOUR REGULAR CLIENTS?

Their experiences do not differ at all from the experiences for instance of Czechs who find themselves in very burdensome situations where they had to stand up to crime or catastrophe. This is a normal reaction of the human mind to exceptional burden. I was very surprised that client interest in psychological services was high (75 % of clients required individual psychological care, out of whom 25 % were at high risk from post-trauma stress disorder, 50 % were relatively resilient and made a good recovery from the shocks that they had experienced, 25 % of them were very resilient, took in the information, but did not need psychological care).

As for the specific symptoms, nightmares were not infrequent,

unforgettable memories of events, enduring fear and worries, emotional instability, sadness, problems relaxing, avoidance, increased suspicion, spite, resentment and irritability.

I was also surprised that overall, this was a group of psychologically resilient people and after around 1 to 3 months of care, most of them made a significant or complete recovery.

WHAT CHALLENGES DID YOU FACE?

To begin with, it was essential to gain the confidence and overcome heightened suspicion that was natural for these people, in view of their experiences. A new challenge was to work as a psychologist via an interpreter. We found that with a clear set of rules this method can work well. Another new experience was working in the context of COVID-19 restrictions when care took place during lockdown, with the option of online meetings with clients. We as psychologists learned a lot from these clients.

DESPITE THE FACT THAT THE BELARUSIAN NATION IS FAIRLY CLOSE TO US IN CULTURAL TERMS, SOME DIFFERENCES OF COURSE EXIST. DID YOU NOTICE ANY SIGNS OF THIS, FOR INSTANCE IN THE WAY THAT THEY CAME TO TERMS WITH THEIR TRAUMA OR HOW THEY COMMUNICATED THEIR EXPERIENCES?

I was surprised at the trust and openness of the Belarusian clients towards us, but also their capacity for democratic deliberation. The long-term nature of their resistance to the totalitarian regime and maintaining hope for improvement was particularly surprising. I did not see any inter-cultural differences in their coming to terms with trauma and recovery. Certainly, differences were dictated by the different political reality reigning in their country, reminding me of my experiences of the totalitarian regime in this country pre-1989. In some areas, they had greater respect for authorities and gratitude for the help provided. A certain difference could be seen in the way that they supported each other and in solidarity which seemed on a considerably high level in this group.

COL. MGR. MARTINA WOLF ČAPKOVÁ

HEAD PSYCHOLOGIST OF THE FIRE RESCUE SERVICE

YOU ARE HEAD PSYCHOLOGIST OF THE FIRE RESCUE SERVICE WHERE, AMONGST OTHER THINGS, YOU OFFER SUPPORT TO CZECH CITIZENS IN CRISIS SITUATIONS CONNECTED WITH COVID-19. HOW DIFFICULT WAS IT FOR YOU TO COMBINE YOUR EVERYDAY DUTIES WITH HELPING BELARUSIAN CITIZENS EVACUATED UNDER THE MEDEVAC PROGRAMME?

It is exceptional for two such extensive activities to happen side by side. In the first weeks it really was hard work. At the beginning, my psychologist colleagues and I were trying to plan how to set up an effective system for providing psychological care to the Belarusians and how to coordinate it. Certain aspects were unknown to us in the beginning. For instance, the number of people who would require provision of care, how badly they were affected or how long care was to continue. Luckily, the cooperation and communication between the MEDEVAC Programme coordinators, the Fire Rescue Service, the Police of the Czech Republic and Belarusian diaspora psychologists went extremely well. Thanks to this, we were able to set up a

I REMEMBER THE FEELING I HAD WHEN, AT THE END OF A SESSION, A CLIENT THANKED ME, SAYING IT HAD BEEN USEFUL AND THAT HIS LIFE HAD GONE BACK TO "NORMAL" AGAIN.



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INTERVIEW WITH THE FRS PSYCHOLOGIST

good system of psychological care that was tailored to the needs of the Belarusian citizens and of the MEDEVAC Programme.

HOW DID THERAPY WITH THE BELARUSIAN CLIENTS GO? WAS THERE ANY LANGUAGE OR CULTURAL BARRIER DURING THERAPY SESSIONS?

The entire situation was a new challenge for us too, as psychologists: working with an interpreter and wearing facemasks – would it work? At first, we were worried how much this might disrupt the therapeutic process. Luckily, it soon proved not to be a problem for most of the clients and psychologists. In fact, in some cases the interpreting brought certain bonuses, for instance when during breaks between sessions, the interpreters filled us in on the political and cultural contexts of Belarus, and in training language skills – as time went on, we could see that linguistic understanding improved, helping to eliminate cultural differences. I believe this to be a good sign of adaptation to the new environment; some clients decided to apply for asylum in the Czech Republic. In situations where this form of session fundamentally disagreed with clients, we were able to arrange for psychological support with a native speaker.

A CREATIVE EXPRESSION OF FEELINGS CONTRIBUTES POSITIVELY TO DEAL WITH NEGATIVE EXPERIENCES.



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DID YOUR WORK WITHIN THE MEDEVAC PROGRAMME DIFFER FROM YOUR ORDINARY WORK - EITHER IN THE TYPE OF COMPLAINT THAT THE CLIENTS SUFFERED FROM OR IN THE FORM OF ASSISTANCE?

As emergency service psychologists, we usually provide only short-term psychological support to people following emergency situations, in the form of psychological first aid or crisis intervention. But this situation required a whole spectrum of expert activities from the initial psychological triage (sorting clients according to their specific needs), through provision of crisis intervention, and advice to psychotherapy. The length of our involvement was the main difference. Work with some of the clients lasted up to six months. Care on that scale is usually only provided within the Fire Rescue Service.

WHAT DO YOU CONSIDER THE GREATEST CHALLENGE OF YOUR INVOLVEMENT IN THE PROGRAMME? IS THERE ANY ASPECT OF YOUR WORK WITH THE EVACUATED BELARUSIANS THAT YOU ARE PARTICULARLY PROUD OF OR THAT YOU LIKE TO LOOK BACK AT?

The greatest challenge was to fit it in with my other work duties, and COVID-19 just made the matters worse. In general, I get the

greatest pleasure from working with clients when they evaluate our session as being beneficial. If it helps them to better come to terms with traumatic experiences and to move them forward. And the experiences of our Belarusian clients were extremely harrowing. I remember the feeling I had when, at the end of a session, a client thanked me, saying it had been useful and that his life had gone back to “normal” again. Even though objectively the client’s living conditions had not fundamentally changed, he felt much more settled. Moving moments also include praise from one lady who thanked us for helping. She said that “their” people behave towards them badly, but “strangers” help them. This helped her believe that good still exists.

WHEN YOU LOOK BACK AT PAST SESSIONS, DID YOU BENEFIT FROM IT FOR INSTANCE IN PROFESSIONAL TERMS?

Yes, certainly. Mainly on the professional side and in terms of meeting people and gaining experience I believe my involvement in the MEDEVAC Programme was extremely inspiring for my future work.

MGR. ET MGR. KRYSYNA SHYIANOK

YOU WORKED IN COOPERATION WITH THE MEDEVAC PROGRAMME ON THE EVACUATION OF PERSECUTED BELARUSIANS. WHAT MADE YOU TO BE ACTIVELY INVOLVED IN HELPING THESE PEOPLE?

I remember the "post-election night" of the 9th to the 10th August 2020. I was on a tram taking me home to Žižkov from Wenceslas Square where I had appeared to announce the results of the exit polls for the constituency of Prague. I recall trying in vain to update channels in the Telegram messenger app and I could not get a phone call through to my family. You see, the internet in Belarus was blocked. Eventually some messages came through. While I was getting off the tram, a photo of a young person with a head injury and blood streaming down their face opened on my phone, I broke into tears right there at the tram stop and at that moment I knew that we had to do something for people like her. (I did not find out till later, when she was evacuated to the Czech Republic under the Programme, that this person was a young woman.)

The next day a friend and "comrade in arms" who was still in Belarus at the time, Volha Burakevich, wrote to me saying that we should focus on the injured and that there were hundreds of them. In the end, one of the slogans on the banners that we were carrying on our demonstrations of solidarity with Belarus was For Your and Our Freedom. These people went onto the streets not just for themselves, but also for us, so that the three million Belarusians living abroad could return to a democratic Belarus. Now it was our turn, diaspora together, to help those who had gone out in peaceful protest for their and our votes to be counted but suffered at the hands of Alexander Lukashenka's repressive riot police.

WHAT ROLE DID BELARUSIAN DIASPORA IN THE CZECH REPUBLIC PLAY IN SUPPORTING AND HELPING EVACUATED BELARUSIANS?

We closely followed news coming out of Belarus. The unforeseen violence that the repressive authorities of Belarus under Lukashenka

INTERVIEW WITH THE BELARUSIAN DIASPORA

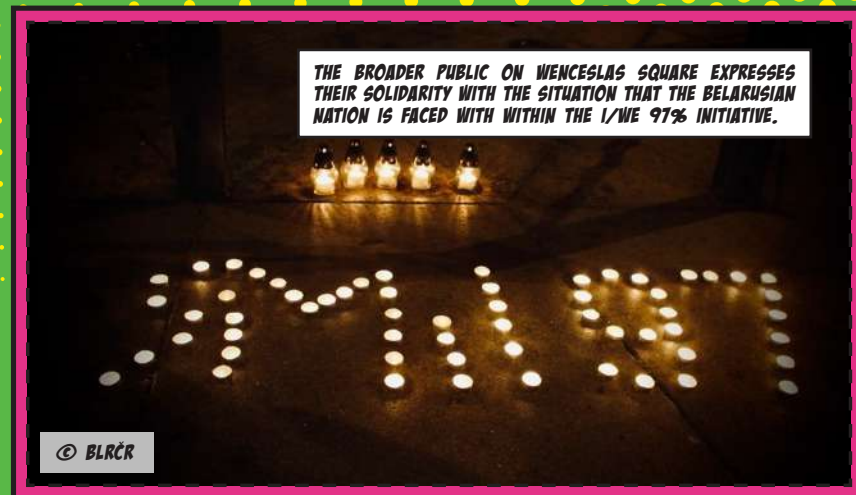
used against their own people shocked people around the world. In the Czech Republic we formed something like a "coalition" of local Belarusian initiatives and associations. This "coalition" appealed to the Czech government and various ministries to help the civic society of Belarus. Our main common demand was for help for injured Belarusians, many of whom had been injured by stun grenades. The government heard our appeal and subsequently help was provided through the Permanent Medical Humanitarian Programme MEDEVAC.

While the approval and administrative processes were underway, our initiative, BLRČR, created a humanitarian council to unite healthcare workers of Belarusian origin working in the Czech Republic. Next, after her return to Prague, Volha Burakevich and I set up and launched a dedicated e-mail address that the victims of brutal treatment could use to ask for help.



AMONGST OTHER THINGS, YOU HELPED WITH THE PRE-SELECTION OF PATIENTS AND COMMUNICATED WITH THEM BEFORE THEIR ARRIVAL IN THE CZECH REPUBLIC. WHAT WERE THE MAIN CRITERIA FOR CHOOSING THE PEOPLE WHOM YOU RECOMMENDED FOR THE MEDEVAC PROGRAMME?

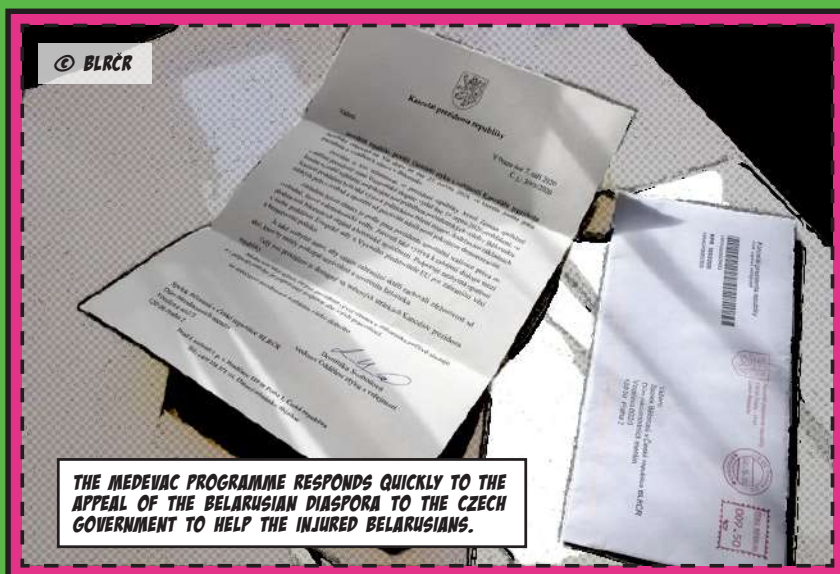
When someone contacted us via this e-mail, we immediately sent them a link to a questionnaire that contained questions like "Where were you injured?", "Did you receive basic medical care?", "Are you at risk of repression?", "Do you have a medical condition preventing you from travelling by coach/train/plane?" and so on. Preliminary lists were drawn up by the humanitarian council according to the answers gained from communication with patients and from their medical records if these were available. During the selection we tried to give priority to those injured who, for reasons of their safety, could not be treated in Belarus (demonstrators were often "kidnapped" from their hospital beds), but needed an operation and/or long-term recovery and/or urgent help for victims of rape, and we also prioritised especially vulnerable categories such as minors. In fact, our patient "zero" was a minor who, due to the extent of his injuries, had been put into an induced coma, but he was also under threat of long-term imprisonment for something that he clearly had not done. He had to go into hiding for a long time and, in the end, he was the last to be brought to the Czech Republic. And that



was the hardest part for me, communicating with someone who needed help, but whom we were not able to help immediately. The preliminary lists were then approved by the Ministry of the Interior, which runs the MEDEVAC Programme. And I would like to thank the Ministry and the Programme managers for their trust and for deciding to cooperate with the Belarus diaspora community, even though this is normally not the standard procedure.

ARE YOU STILL ACTIVE IN PROVIDING HELP TO THOSE WHO ARE OR WERE PERSECUTED BY THE REGIME?

Yes, the Belarusian community in the Czech Republic and in other countries is still active. Until the regime in Belarus is toppled, we may expect further potential victims. And therefore that e-mail address is still operative. We also have a Facebook group called Belarusians in the Czech Republic, bringing together more than 4 000 Belarusians and Czech friends of Belarus. Those who are currently in the Czech Republic due to persecution on the part of the Belarusian regime can post in this group. We are mostly able to secure the necessary help by ourselves, in some cases we request local organisations, or we turn directly to the Department for Asylum and Migration Policy of the Ministry of the Interior. As for the people who were brought into this country under the MEDEVAC Programme, their treatment is completed, although they still have to come to terms with the psychological ramifications. The main task for the Belarusian diaspora community now is to help these people adapt to their new environment and speed up their integration into Czech society.



THE FAMILY S.

COULD YOU TELL US SOMETHING ABOUT YOURSELF AND YOUR LIFE IN BELARUS?

My name is Yevgeny. I have been in the Czech Republic since 22 September 2020. I have a wife, Olga, and a daughter, Jeva, who was born here in the Czech Republic on 7 May 2021.

In Belarus, I worked as a masseur in a private salon. My wife, Olga, worked in the HR department of a prominent Belarusian media portal which has now been blocked for political reasons.

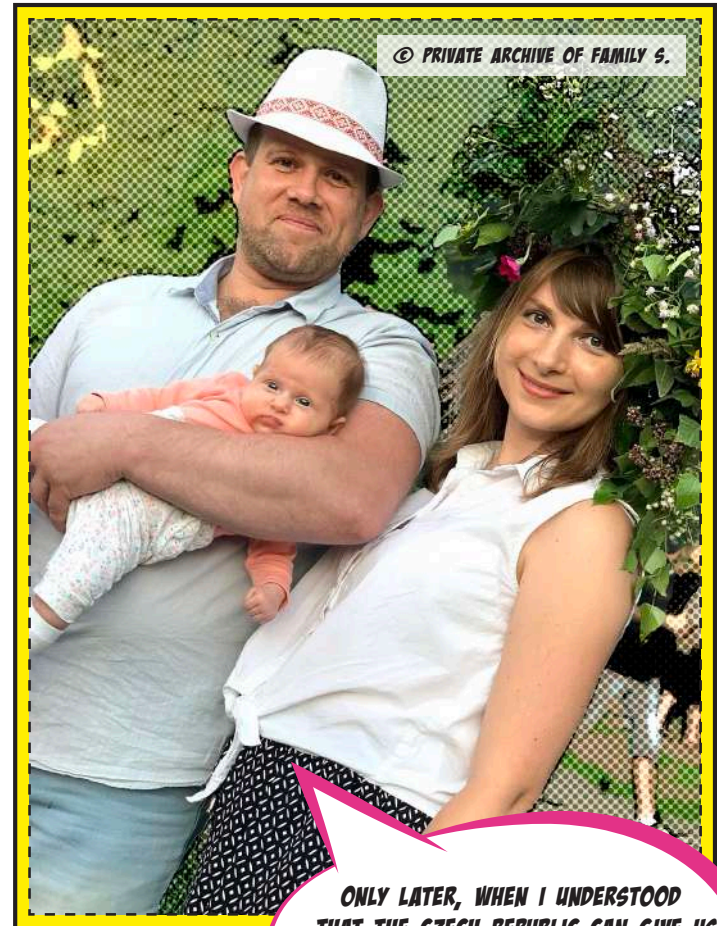
YOU SUFFERED BOTH PHYSICAL AND PSYCHOLOGICAL INJURY IN CONNECTION WITH ANTI-GOVERNMENT DEMONSTRATIONS. COULD YOU TELL US WHAT LED TO THIS?

11 August 2020 was a turning point for our family.

That day I set out to a peaceful protest that was being held in our city district. But the rally never took place because the police arrived and chased everybody away.

Afterwards I went into a shop to buy some food. When I was coming home from shopping, an "autozak" (note: a police van) pulled up and out jumped some OMON men (note: a Belarusian riot police) and began rounding up everybody around me. I did not put up any resistance. They took us to the local prison, Okrestina. At that time, OMON's (note: Belarusian riot police) treatment of detainees was particularly harsh. I experienced all types of torture: they beat me with truncheons all over my body, they tied my hands together with plastic straps that dug into my skin (when you asked them to loosen the straps they hit you with a truncheon), I was subjected to "wall standing" (a position where you lean with outstretched arms against the wall and spread your legs as much as possible), I walked a so-called "living street"

INTERVIEW WITH A PATIENT



ONLY LATER, WHEN I UNDERSTOOD THAT THE CZECH REPUBLIC CAN GIVE US REFUGE, OLGA CAME TO JOIN ME HERE. OUR FAMILY IS VERY GRATEFUL TO THE MEDEVAC PROGRAMME, ALL THOSE ORGANISING IT AND TO THE GOVERNMENT

(OMON officers stand in a row and beat the person walking past with truncheons). We were given nothing to drink for 13 hours and they did not let us go to the toilet, OMON officers constantly insulted us and threatened us, putting us under psychological pressure. I had the feeling that this was all happening to somebody else, not to me. This just cannot be happening! Three days later, they released me without being charged. My wife did not know where I was all that time. Then I went to hospital and documented the traces of beating. I reported it in a letter addressed to the investigation committee against torture.

WHEN DID YOU DECIDE TO TAKE ADVANTAGE OF THE OPPORTUNITY TO DEPART FOR THE CZECH REPUBLIC UNDER THE MEDEVAC PROGRAMME?

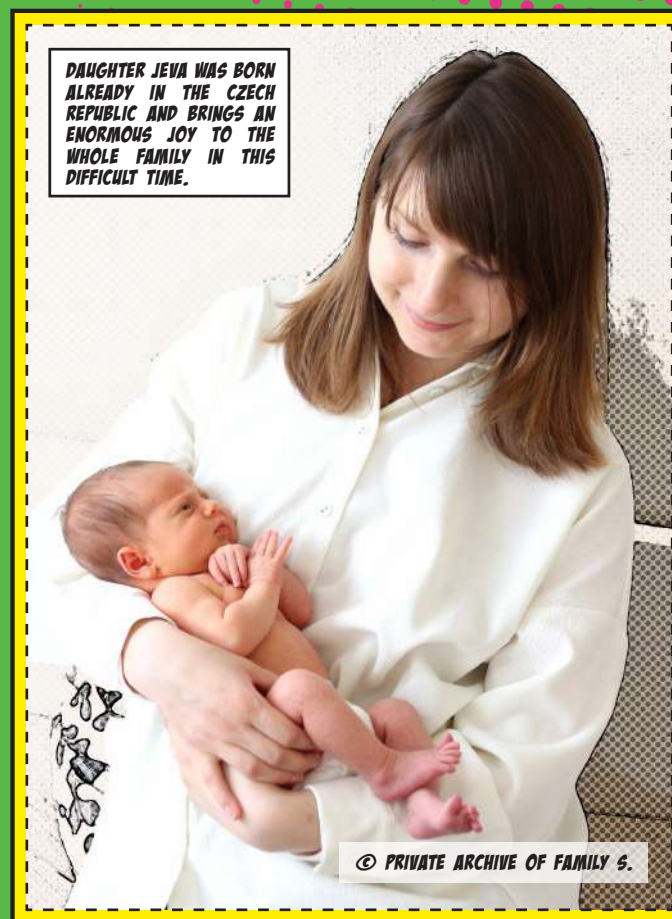
To begin with, I did not want to, because my wife was pregnant at the time. But she insisted we go, because she saw that I needed help in recovery. So, in September I left.

I was in the care of psychologists here, while also receiving treatment of my arm because after being strapped tightly all that time, I found it difficult to bend and it hurt. Now everything is better.

WHEN YOU LEFT BELARUS IN SEPTEMBER, DID YOU ALREADY KNOW THAT YOU WOULD REMAIN IN THE CZECH REPUBLIC? WHAT IS IT LIKE TO START A NEW LIFE IN A FOREIGN COUNTRY?

I originally planned to come to the Czech Republic just for 2 to 3 weeks. Only later, when I understood that the Czech Republic can give us refuge, Olga came to join me here. Our family is very grateful to the MEDEVAC Programme, all those organising it and to the government, because I am in danger in Belarus, my case has yet to come to court and I am constantly receiving official correspondence.

I was afraid of starting life from nothing in a new country and at a mature age. Olga was pregnant, I had no job. But when we got international protection, I managed to find a job as a masseur at a private clinic. Thanks to the MEDEVAC Programme, Olga received medical assistance during pregnancy and during the birth,. And the Ministry of the Interior helped us find housing too.



Now our life is gradually getting back to normal, we have a home and a job. We like it here in the Czech Republic, we feel relaxed and free here. And, we have just become parents to our beautiful daughter Jeva.

ARE YOU IN CONTACT OR DO YOU GET TOGETHER WITH OTHER BELARUSIANS EVACUATED UNDER THE MEDEVAC PROGRAMME?

We still socialise with a whole range of the Programme participants, we go to visit each other. Some families live in the neighbourhood, in the same city district as us, and so we are in close contact and we help each other out.

MARIYA Z.

YOU CAME TO THE CZECH REPUBLIC UNDER THE MEDEVAC PROGRAMME WHICH OFFERED THE OPPORTUNITY OF COMPLETING TREATMENT OF INJURIES SUFFERED BY BELARUSIAN CITIZENS DURING ANTI-GOVERNMENT DEMONSTRATIONS IN THE COUNTRY. DID YOU HAVE TO THINK LONG ABOUT LEAVING YOUR COUNTRY? HOW DID YOUR FAMILY REACT?

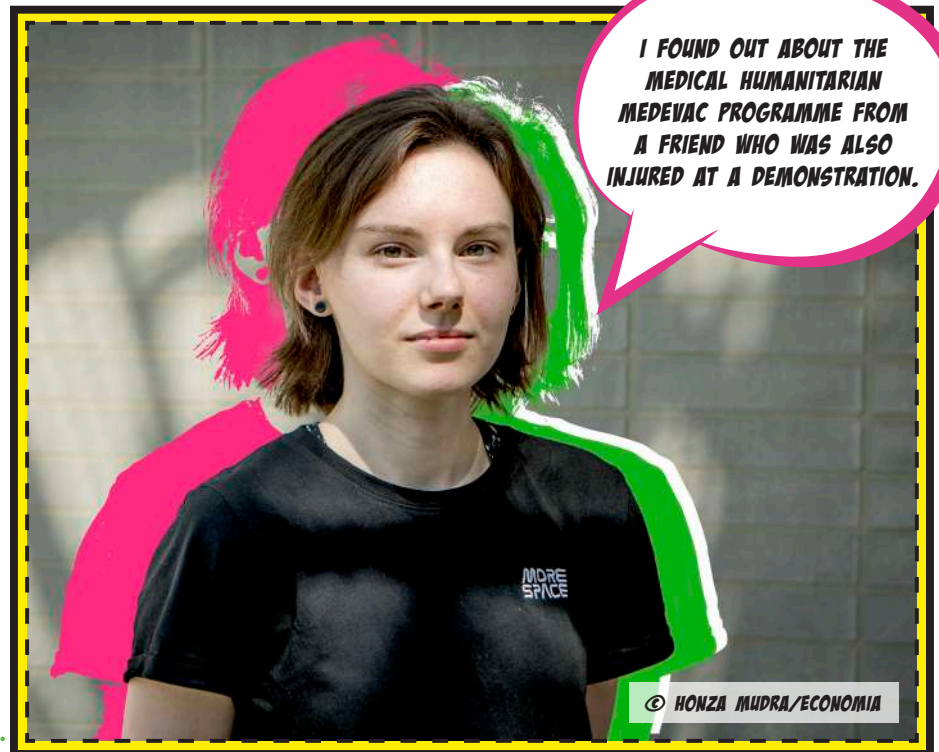
I found out about the medical humanitarian MEDEVAC Programme from a friend who was also injured at a demonstration. I was hospitalised in Minsk hospital at the time. I was accepted to the Programme and I decided to leave the eardrum reconstruction operation that I needed until when I arrived in the Czech Republic. So, I left for the Czech Republic on the very first day after I was released from hospital as it was not safe for demonstrators who had been hospitalised to remain in Belarus. We knew that once we were released from hospital we might be arrested.

My family did not react to my departure – we never got on very well. They did not agree with my decision to go to the streets to defend my rights and some family members even voted for Lukashenka.

YOUR CASE ATTRACTED CONSIDERABLE MEDIA ATTENTION IN BELARUS, BUT COULD YOU STILL TELL US WHAT HAPPENED?

Immediately after the election, I left my hometown of Gomel and went to Minsk. That evening, people who were discontented with the election results gathered in the city centre. I went there with some friends. We chanted peaceful slogans and marched on with the large crowd until we met OMON (note: Belarusian riot police). The people in front of us began to join arms, and my friend and I joined in. We were prepared to take

INTERVIEW WITH A PATIENT



a couple of truncheon blows, or be arrested, but it did not occur to anybody that the police would be so violent. We stood there calmly, arm-in-arm, some people even went forward and tried to negotiate with them, but all of a sudden, they turned on the water cannons. We had not provoked the riot police to attack, nobody had attacked them. First, they sprayed water at our human chain, then they started throwing stun grenades under our feet. Chaos broke out. I suffered shrapnel wounds to the head, elbow and thigh, and some internal injuries. Later they found rubber bullets in my leg. I could see or hear nothing; I felt no pain. I remember that a friend tried to help me to my feet, but then I lost consciousness. I remember repeating my name and address in my head to myself, so that I would say it correctly to the doctors. I did not realise what exactly had happened, but I knew for certain that I was injured. I woke up in hospital where I was told about the extent of my injuries.

DID YOU MANAGE TO RECOVER FROM YOUR INJURIES IN THE CZECH REPUBLIC?

I arrived in the Czech Republic with unhealed injuries to my thigh, which I recovered from fully here. They also removed some shrapnel splinters from a stun grenade from my elbow and head, then I underwent reconstruction of my eardrum membrane. Unfortunately, not even the Czech doctors were able to return my hearing to its original state. I remain deaf in one ear and I will have to wear a hearing aid.

YOU HAVE DECIDED TO REMAIN IN THE CZECH REPUBLIC. WAS IT A DIFFICULT DECISION FOR YOU?

No, the decision was not hard. When you are in danger in your homeland, you need to stay away from it.



WHAT SURPRISED YOU ABOUT LIFE IN THE CZECH REPUBLIC, IF ANYTHING?

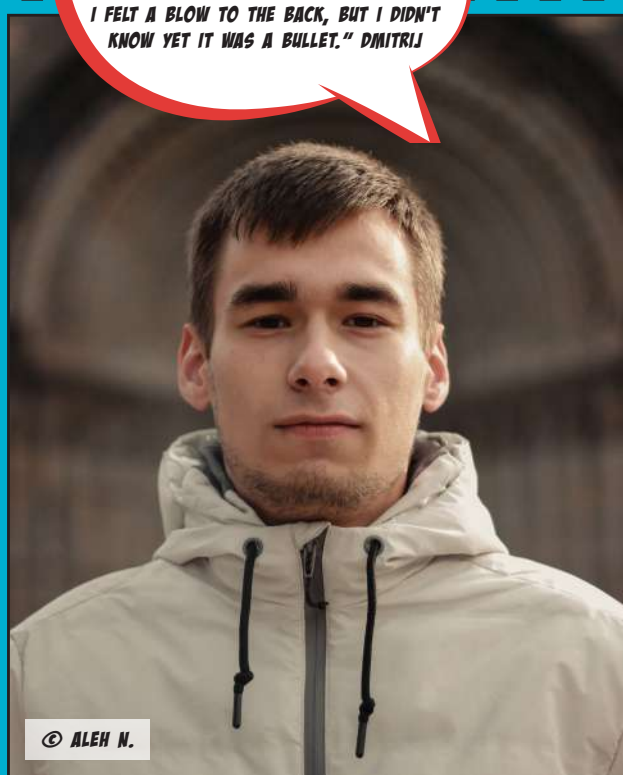
It was strange getting to know a different culture and mentality, comparing it to what I knew at home. To see with my own eyes how Slavs from different countries are similar and how they differ. Of course, I was really impressed by the architecture of Prague. The countryside of the Czech Republic deserves special attention too.

WHAT PLANS DO YOU HAVE FOR THE FUTURE? WOULD YOU LIKE TO STAY IN THE CZECH REPUBLIC?

Yes, now I have recovered and feel much better. All in all, I do not regret participating in the MEDEVAC Programme. At very least it meant that I was safe and I met some wonderful people through the Programme. I think that I would like to stay in this country for some time. I cannot go home, anyway. Maybe I can get secondary vocational or university education here.

MESSAGES FROM OUR PATIENTS

"THEY STARTED KNOCKING ON THE CAR WINDOWS. WHEN I REALIZED THAT WINDOW SHARDS WERE FLYING IN MY FACE, I MOVED TO THE NEXT SEAT. AT THAT MOMENT I FELT A BLOW TO THE BACK, BUT I DIDN'T KNOW YET IT WAS A BULLET." DMITRIJ



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"I REALLY WONDERED WHO, IF NOT US, AND WHEN, IF NOT NOW." NIKITA

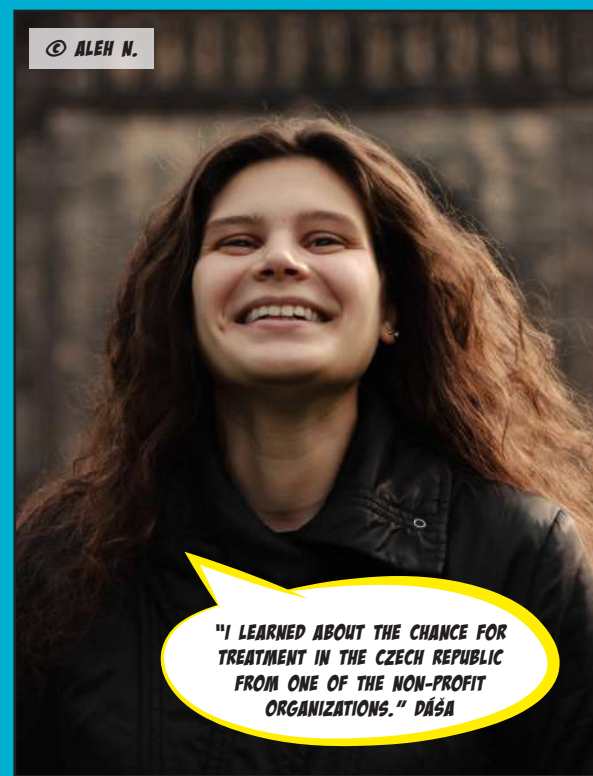


"CZECH DOCTORS HAVE SAVED MY LIFE." DMITRIJ



"THE CZECH REPUBLIC HAS DONE MORE FOR ME WITHIN FEW MONTHS THAN MY COUNTRY DURING MY ENTIRE LIFE." PIATRO

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"I LEARNED ABOUT THE CHANCE FOR TREATMENT IN THE CZECH REPUBLIC FROM ONE OF THE NON-PROFIT ORGANIZATIONS." DAŠA



"WHEN THE GRENADE EXPLODED, I IMMEDIATELY COLLAPSED. I HAD A BRAIN CONCUSSION. I DON'T KNOW WHERE THE BULLETS CAME FROM. ONLY A DOCTOR TOLD ME ABOUT THEM. THEY HAD TO SHOOT ME WHILE I WAS LYING ON THE GROUND." MÁŠA



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(ALL REMAINING PHOTOS)

"I NEEDED EAR SURGERY, I STILL CAN'T HEAR WELL. IN BELARUS, I WOULD BE MORE AT RISK OF IMPRISONMENT. SO I DIDN'T LET MYSELF BE PERSUADED TO LEAVE." MÁŠA

REAL PEOPLE, REAL STORIES. FOR SAFETY REASONS ASSIGNED RANDOMLY.