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of Armed Conflict

AFTER ACTION REPORT  
OPERATION SAVE UKRAINE  
April 2022

Refugee Relief International, Inc. (RRII) deployed a small team to the Ukraine to provide direct patient care, teaching, and demonstration, as well as bringing in a significant amount of trauma supplies for the Ukrainian Territorial Defense Forces (TDF). The TDF are often the first point of contact for medical care for wounded and sick refugees. RRII partnered with Global Resource Management (GRM), who furnished considerable logistical and indigenous contact support, as well as physicians who conducted training and direct medical and surgical support to the Ukrainians. RRII's team consisted of Florian Schmitzberger, MD, PhD, an emergency physician, Vicki Chan-Padgett, PA-C Emeritus, retired Air Force and university PA Program director, and John Padgett, PA-C Emeritus, PhD, retired Special Forces PA and university PA program instructor.

RRII's mission was to first, train TDF physicians, medics, and others in Tactical Combat Casualty Care (TCCC) and clandestine and guerilla warfare medical facilities (G/UM MED) and second, train Ukrainian physicians in emergency trauma care as well as provide direct hands-on emergency medical and surgical support. RRII also transported vital trauma supplies to the TDF, who had none and slim chance of receiving any prior to their deployment to combat.

The RRII TCCC course consisted of basic care under fire, combat casualty collection point considerations, triage, a review of gunshot and fragmentation wounds, eye injuries, fractures, burns, and blast injury assessment and initial treatment. In consideration of the potential for protracted conflict and the need for Ukrainian troops to conduct operations in areas occupied by Russian forces, instruction was given in clandestine and guerrilla medical facilities. This block included the establishment and function of clandestine medical facilities, working with an underground auxiliary movement, and clandestine resupply, communication, and patient evacuation.

The RRII team brought with it three large bags of trauma supplies, instruments, and other medical supplies for the TDF, which proved to be literally lifesaving as the TDF were to be deployed to combat within a week of their training. They had not been issued, nor did they have the prospect of obtaining, any trauma or medical supplies. The Ukrainian central logistics system is currently overwhelmed and under supplied, especially when it comes to medical material.

The following are observations pertaining to the state of medical training and the refugee situation in the Ukraine based on the recent RRII experience:

- 1) There is a need for standardization of what is being taught to Ukrainian physicians, medics and first responders in the management of trauma.
- 2) While weapons and ammunition are being supplied to the Ukraine, medical supplies are in short supply. This is a critical need both for the armed forces and the civilian sector. The armed forces



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are sustaining casualties as the result of their determined resistance and civilians are targeted by the Russians.

- 3) Trainers, while deploying with a fixed curriculum, need to be prepared to develop blocks of instruction on demand. There were several requests for training in subjects for which the team was not prepared and for which they did not have time to develop.
- 4) The RRII team, and likely the GRM team, was deployed on short notice. The teams had little opportunity to interact and delegate topics and develop a training outline. The RRII team had no advance contact with Ukrainian sources to be able to develop training according to need. It is fortunate that the RRII trainers were combat-experienced veterans who had knowledge of the requirements of combat casualty care and were able to put together pertinent instruction.
- 5) In addition to initial considerations, instruction in subsequent wound care was requested, to include the initial debridement of wounds and follow-up care.
- 6) Dr. Schmitzberger deployed in conjunction with GRM to provide forward medical and surgical care, increasing the local hospital's surge capacity. This was the first medical/surgical forward operation by an NGO in this forward an area.
- 7) There is a need to address the psycho-physiological effects of combat, as well as overt trauma. The need for instruction in traumatic brain injury and post-traumatic stress injury were apparent and were requested topics for training by the TDF.
- 8) The TDF physicians and medics are graduates of programs in the Ukraine that have included little to no training in trauma assessment and management. There are few of these professionals who have experience in trauma or emergency care. When a group of approximately 100 trainees of varied medical backgrounds was asked who had experience in trauma, five hands went up.
- 9) The refugees from the invasion are everywhere. The Ukrainian people have stepped up and are providing food, shelter, and clothing, as well as comfort items. They are organized and efficient. There are internally displaced people (IDP) who receive temporary housing in public areas and then are housed by fellow Ukrainians. Refugees who cross the international borders are taken in mostly by Poland, who has been most compassionate and generous. Refugees are overwhelmingly women and children, as all males between the ages of 18 and 60 are required to serve.
- 10) Ukrainians are united in the desire to repel the Russian invader. Men and women from all walks of life are volunteering for military service. Recruiting stations can't keep up. Posters, billboards and broadcast media are full of support messages for the troops.

Based on our observations, the following suggestions are made:



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- 1) RRII physician Dr. Tim Bryan has been working with the Ukrainian Ministry of Health as well as the World Health organization (WHO) and others to standardize a curriculum for TCCC care in the Ukraine. This includes assessment and care from the initial point of wounding through the trauma surgeon. RRII encourages this approach and will do what we can to implement the same in our training going forward.
- 2) Consideration must be given by logistics planners at the US GOV level to the provision and movement of medical supplies to the Ukraine, especially those supplies required for the management of trauma.
- 3) In the opinion of the RRII team deployed to the Ukraine, our niche in the assistance to the Ukraine is in training the TDF physicians, medics, and troops. This unit is, according to our sources, often less than a priority for training and supplies.
- 4) It would be helpful if the team to be deployed had advance notice of topics considered vital to the indigenous. Deployed teams should have sufficient computers and training aids to develop instruction on demand, as well as sufficient time to teach outside the planned schedule.
- 5) It is valuable to have combat-skilled trainers for topics relating to care under fire and follow up for same. The experience of the emergency room physicians and military veterans on the team was inestimable.
- 6) RRII has lectures on debridement and ballistics prepared and can teach same on short notice.
- 7) RRII has lectures on TBI and PTSD available.
- 8) As the war continues, many more providers will, unfortunately, develop experience in caring for wounded patients. Those with experience should be made available to train their inexperienced colleagues, conditions permitting.

Conclusion: Even though the RRII team had short notice to develop training and deploy, the mission was successful and very valuable to our Ukrainian counterparts. In a short time, quality and topical instruction was given to providers who will soon be applying the skills. Trauma supplies provided will be lifesaving. The medical and surgical care provided to the patients in the forward area were also critical. RRII stands ready to further assist the valiant people of the Ukraine.