Article

Medical Care on the Euromaidan:

Who have saved the lives of the protesters?

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Abstract

Little changes have been introduced in the health care system of Ukraine since the collapse of the Soviet Union. As a response to health care needs of protesters which could not be satisfied via state health care services, a number of organizations and groups of volunteers serve injured and sick protesters on the Euromaidan. This paper explores the organization and provision of medical care during the period of the Euromaidan: the role of organizations and groups of individuals who provided medical care on the Euromaidan, issues related to financing of medical care and related to ensuring safety in transportation, and treatment of injured protesters. In brief, medical care and relevant Euromaidan organizations can be grouped into three clusters: (a) actors of Ukrainian health care system which had functioned actively before, during and after the Euromaidan events (e.g. emergency medical care; private and state health care facilities); (b) individual volunteers and incident organizations which emerged during the Euromaidan (e.g. Medical Service of the Euromaidan—*Medychna Sluzhba*, Euromaidan SOS, Safety and Medical

Aid); and (c) organizations which had existed before but for the time of the Euromaidan their roles and functions shifted (e.g. churches, monasteries, Red Cross). By and large, enthusiasm of those who supported the Euromaidan and especially of volunteers contributed to a great extent to the number of saved lives; given this situation, the principles of the state health care system should be reconsidered. In the case of disasters when civil society cannot be mobilized rapidly, state medical care does not seem to prevent and minimize losses. Meanwhile, we can only infer how many lives could be saved if medical care of the whole Euromaidan, including state medical care and international support, has been coordinated properly with a focus on efficiency and political neutrality. The experience of medical care provision on the Euromaidan is invaluable regarding the organization of disaster management.

Keywords: medical care; emergency care; disaster management; revolution; organization of volunteers; Euromaidan; Ukraine

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Introduction

The Euromaidan protests have been the consequence of Ukrainians' discontent with the corrupted regime of President Yanukovych. As the health care sector as well as other public services are deeply politicized, the protesters could not expect the necessary help from the state medical system which has been controlled by the government. In addition, public medical services are too archaic and non-effective because little change has occurred in medical care provision in Ukraine within the last decade. As a response to inadequate medical care provision in state facilities, the initiative to provide medical care for the Euromaidan by activists has arisen. In particular, several organizations have been established; there is also an essential contribution of volunteers and ordinary citizens who do not belong to any of these organizations.

Smith and Dowell (2000) notice that *incident organizations*, which appear within a disaster, merge and direct "disparate resources drawn from many agencies" (p.1154)—e.g. "distributed people, technologies and procedures" in one disaster management system. However, the authors also emphasize that co-ordination between incident organizations is the most challenging aspect of a disaster management system. Still, a leader of the Euromaidan Medical Service during the protests, and currently Minister of Health, underlined that medical care provision on the Euromaidan is to be seen as "invaluable experience and invaluable achievements… highly ethical patient-physician relations, clear co-ordination of all actions as well as peer mutual medical care providers, high quality and scope of medical services for any and all patients … now lacking an

official Ukrainian medicine" (Ministry of Health, 2014). Apart from leaders' opinions, a systematic and in-depth overview of medical care provision on the Euromaidan is needed.

Therefore, this paper explores the organization and provision of medical care during the period of the Euromaidan (November 2013-February 2014). In particular, we investigate the number of organizations and groups of individuals who have provided health care services on the Euromaidan, their role, and other organizational peculiarities—for example, coordination, financing, provision and storage of health care goods, treatment and safety arrangements, etc. A case study method is used in this paper. Specifically, available web-resources are used for restoring the Euromaidan events which are related to the need in medical care as well as for identification of the key actors in medical care provision. Later, this information is also used for developing a guide for face-to-face interviews. Indeed, about a dozen of face-to-face interviews have been conducted with the Euromaidan and state medical care providers (leaders, volunteers) as well as with representatives of international organizations. The interviews have been aimed at revealing peculiarities of the organization of the Euromaidan medical care, its financing and co-operation with other organizations, and inside coordination of the organization.

The structure of this paper is as follows: this introductory section is followed by the overview of the Euromaidan chronology and then by a brief description of the specificity of the health care service provision in Ukraine. Data retrieved from the interviews are analyzed and presented in the section 'Medical care on the Euromaidan'. The paper concludes with a discussion of the key findings and lessons learnt.

The Chronology of the Euromaidan[1]

The Euromaidan started in 2013, on November 21 in Kyiv in the form of a peaceful civil society protest against President Viktor Yanukovych's decision to stop the country's preparation to sign the Ukraine-European Union Association Agreement. The document was supposed to further integrate Ukraine into the EU within the areas of freedom, justice, and security. The negotiation process had been conducted since 1999 and the signing was scheduled for November 29, 2013. On November 21, it became known to the public that Yanukovych suddenly refused Eurointegration in favor of closer economic relations with Russia. Overall, four phases of the Euromaidan can be identified.

The first phase started on Novermber 21, 2013. One of the versions suggested that Mustafa Nayyem, a famous Ukrainian journalist, appealed to citizens via Facebook to organize a peaceful meeting on Kyiv central square Maidan Nezalezhnosti (Independence Square) in order to express their European choice. Nearly 1,000 people arrived at the square with Ukrainian and EU flags. Protesters demanded to restore Eurointegration of Ukraine and to sign the Agreement.

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[1] This section is based on the overview of web-sources on the Euromaidan events. The list of the sources used in this section is presented in Appendix 1.

From November 21-29, 2013, a wave of mass meetings were organized in the capital, in several region centers of the country, as well as in other countries. In Kyiv, the number of participants was the largest—for example, more than 300,000 people took part in the walk to support the Agreement in Kyiv on November 24, 2013. Up until November 29, the protesters hoped that the President would consider public opinion and sign the document. Yanukovych attended the 28-29 November EU summit in Vilnius, but the Association Agreement was not signed. It is worth mentioning that the first stage of the Euromaidan had similarities with the Orange revolution. Examples of similarities include the peaceful nature and bottom-up initiative used to rise against the obstruction of political decisions.

Within the second phase of the Euromaidan, a peaceful meeting turned into clashes. Then, on the evening of November 29, 2013, a part of the protesters—mostly students—decided to spend the night on the Maidan Nezalezhnosti in order to demonstrate their disagreement with the President's decision not to sign the Association Agreement. During the night of November 30 around 4 a.m., when there remained approximately 400 people, the square was encircled by armed forces from a special battalion of riot police "*Berkut,*"with the order "to clean the place" of the protesters. During their attack on mostly sleeping people, these special police departments used packs of explosives, beat protesters (including women) with truncheons and feet, and threw them down on the ground. People, who were suspected of being protesters, were beaten within the radius of several hundred meters around the square. Until 4:30 a.m., that area was fully controlled by the "*Berkut,*" and the armed forces continued to pursue protesters into the nearest street, Khreshchatyk. The next day, the head of the Main Department of the Ministry of Internal Affairs of Ukraine, Valeriy Koriak, announced that it was him who gave this order with regard to the necessity of putting Christmas trees on the square which was occupied by the protesters.

As a result of police cruelty, there were up to a hundred injured protesters, as well some who disappeared without a trace. Those protesters who were scared and injured ran that night to the Mychailivskiy Cathedral which is situated near the Maidan Nezalezhnosti, and hid there. On the same day, representatives of the church gave an official statement where they denounced the use of violence against peaceful protesters and said that the church would provide them with shelter. Later, the dean explained that the police seized and arrested everyone who went out through the Cathedral gates. The buses with armed "*Berkut*" remained in front of the Mychailivskiy Cathedral.

The fact that police brutality occurred became known to the public immediately, video proofs of police violence against peaceful protesters were available on the Internet. From the early morning of November 30, 2013 shocked citizens of Ukraine started to gather on the square near the Mychailivskiy Cathedral where beaten scared protesters remained. According to different estimations, nearly 40,000 people gathered on the square that evening. Using the Internet, especially social networks, calls were circulated to people asking them to gather on the streets in order to express protest against police violence.

On December 1, 2013, a mass peaceful demonstration took place in Kyiv, more than half a million came to the city center. Later that day, protesters occupied the House of Unions (*Profspilka*), Kiev City Hall, and the *Maidan Nezalezhnosti* where they set up their camp. From that moment, the political opposition parties, "*Udar*," "*Batkivshchyna*," and "*Svoboda*" attempted to manage the protest with different degrees of acceptance. The protesters stated that their meeting was non-political and that they did not support any political party, but supported the human rights, justice, and idea of Eurointegration. On December 1, a conflict took place between radical activists who tried to break into the President Administration building through police cordons. "*Berkut*" riot police violently dispersed them and arrested many activists, including journalists and doctors. Despite protesters' demands to detect and punish those who were responsible for the conflict, the authorities kept ignoring peaceful meetings and continued to use force and intimidation.

During December 2013, repressions by government forces and courts increased; the President's parliamentary party "Party of Regions" also hired street hooligans ("*titushki*") who were ordered to pursue and beat civil activists of the Euromaidan. This party also organized alternative protests—"*AntiMaidan*," which was supposed to support the President's decisions. The participants of the "*AntiMaidan*" were mostly paid for their demonstrations or forcibly brought from their places of work (controlled by authorities) upon threat of dismissal. On December 11, during the night, riot police *Berkut* attempted to disperse the unarmed protesters who remained on the *Maidan Nezalezhnosti* and tried to remove barricades built by the protesters. After this confrontation, many Euromaidan activists were injured. On December 25, journalist and civil activist Tetiana Chornovol who was famous by her anti-corruption investigation about Yanukovych's vast property "*Mezhygirya*" was attacked and brutally beaten by three assaulters on the Kyiv-Boryspil road. Later, paper sheets with information about Chornovol's care were found at the *Mezhygirya* security checkpoint. Other activists, Igor Lutsenko and Yury Verbytskyy, were kidnapped and tortured. Yury Verbytskyy was found dead in the woods; injured Igor Lutsenko managed to escape. Violence was Yanukovych's strategy against the Euromaidan during the following several weeks.

The third phase can be referred to increase of cruelty towards protesters. As Holt (2014) points out: "Initially largely peaceful, the protests, which began in November 2013, turned deadly in January this year after the sudden passage of controversial anti-demonstration laws" (p. 588). Indeed, on January 15, 2014 Ukrainian courts banned protests and public assembly in Kiev. On January 16, 2014 the Communist party of Ukraine passed anti-protest laws, which criminalized peaceful meetings and other Euromaidan opposition methods. Protesters called January 16 "Black Thursday," and claimed that "Ukraine Parliamentarianism [was] dead." On January 19, 2014 protests erupted in Kyiv against "dictatorship laws." In response to escalating violence, the police was permitted to increase measures in stopping protests, which included blocking roads into the city and using grenades and water cannons on protesters despite freezing air temperatures. Many protesters were severely wounded as a result of the actions of the police,

but the protest continued. January 21-22, 2014 three protesters were killed by the police, which used guns that time. On January 23, 2014 the police destroyed a Euromaidan medical center. Simultaneously, political opposition leaders negotiated with President Yanukovych on behalf of the protesters and on January 28, 2014 "dictatorship laws" were abolished. Nevertheless, those who were suspected to be participants of the Euromaidan protest were unjustly arrested and prosecuted. Yanukovych and his government used these methods as a means to stop the protest. Despite the danger of being severely injured and unjustly prosecuted, the protesters continued their movement and demanded presidential re-elections because of all the violations of human rights that he was responsible for.

The fourth phase was the most violent time of the Euromaidan. On February 18, 2014 nearly 20,000 protesters advanced on the Ukrainian parliament. The police attempted to stop them with flash grenades and tear gas and the protesters responded by throwing Molotov cocktails. At least 25 people were killed and over 1,000 injured. Violence continued for several days. On February 20, 2014 police special units shot at protesters with automatic guns and sniper rifles; they also targeted doctors and journalists. At least 75 people were killed. Since the beginning of the fourth phase, the opposition leaders attempted to reach armistice. An agreement to overcome the crisis was signed, though killings did not stop. On February 21, 2014 it was known that members of the government and Yanukovych left Kyiv. On February 22, 2014 the Parliament impeached Yanukovych due to his leaving Kyiv, and new presidential elections were scheduled for May 25, 2014.

Health Care Services Within the Recent Socio-economic and Political Context of Ukraine

After the collapse of Soviet Union, the overall situation in Ukraine was characterized by monopolization of political and economic power by political forces for self-enrichment as well as by lack of public trust in state institutions coupled with non-fulfillment of political and economic obligations (Kuzio, 2012). Although Ukrainian government attempted to improve public service provision, it did not meet real modernization and reforms; inefficiency, low quality, and high levels of corruption remain key features of the public service sector (Kuzio, 2012). One of the reasons for the lack of deep transformation process was seen in poor governance: the country indices of government effectiveness, rule of law, and control of corruption were rather low (The Worldwide Governance Indicators, 2012).

Within the absence of clear goals, the transitional period resulted in an obsolete institutional base, in a crisis of public trust, as well as in a mixture of values (Berend, 2007; Gorobets, 2008). Still, considering the large territory and the population number in Ukraine, there was a great variability across the regions, especially between Western and Eastern parts of Ukraine. The prevalence of a nostalgic mood due to the loss of security was observed in Eastern regions, while in the Western part of Ukraine the intention to escape the communist past (e.g. joining EU) was more prevalent (Osipian & Osipian, 2012). Despite these general differences across the regions,

'self-help' strategies became a common feature of public service consumption in the context of unfulfilled government promises (Polese et al., 2014). These 'do-it-yourself' policies (Cohen, 2012) were also tolerated by the government with regard to fiscal weaknesses and inability to follow unpopular decisions. In particular, Ukraine showed a high level of life dissatisfaction as well as 'extraordinary low levels' of health satisfaction (as well as some other former Soviet Union republics) (Deaton, 2008). Ukraine was ranked 144th out of the 176 countries studied, tied with Cameroon and Syria (Transparency International Corruption Perceptions Index, 2013) and the most corrupted sectors were the police, the health service, and the education system.

De jure, Ukrainian health care services are provided 'free-of-charge' as Article 49 of Constitution of Ukraine states; however, private expenditure is about 45% of total health expenditure, which is one of the highest shares in Europe (WHO, 2012). *De facto,* medical care is rather expensive for patients' pockets; informal payments have become a barrier regarding access to health care services (Tambor et al., 2014). Lack of investments in health care services has resulted in out-of-date equipment, and shortages of health care goods, etc. Therefore, it is not surprising that about 80% of Ukrainians are not satisfied with medical care provided. A large portion of citizens prefer resorting to self-treatment strategies because of the unattractiveness of medical care (price, doctor's attitude etc.), and few Ukrainians can afford using private health care services (Gorshenin Institute, 2011). Indeed, the private health care sector is still under-developed in Ukraine, but in Kyiv, private medical facilities of different scale are more spread.

Health care service provision in Ukraine is also characterized by the oversized hospital sector. Primary care is used only for minor complaints, while non-referral specialists' visits have been typically obtained by patients for decades. There is also misbalance between poorly equipped ambulatories in rural areas and medical care provided in cities. Emergency medical care is mostly focused on 'pre-admission care to patients and victims of accidents on-site and en route to the appropriate medical facilities… emergency care is provided at medical facilities along with other medical services' (Lekhan et al., 2010, p.130). All medical providers (individual or institutionalized) are required to provide emergency care. Since the 1970s, aiming at improving quality of pre-admission emergency care, a specialization of medical teams has been offered (e.g. pediatric, psychiatric, cardiology etc.) as well as in the 1990s it still has been on the agenda of national programs; finally, the opposite effect has been noticed (Lekhan et al., 2010). A basic principle of emergency medical care (*Skoraya* in Russian or *Shvydka* in Ukrainian) in the Soviet Union is explained by Storey et al. (1971): 'getting the doctor to the patient as quickly as possible with everything he needs in the way of equipment and personnel'. Coles (1984) and Komarov (1984) underline that abuse of ambulance services in non-emergency situations occurred because of low public awareness of reasons to call emergency care. 'You call, we haul' (Coles, 1984) principle remains currently in use; however, *Shvydka* is not properly equipped. As well, basic pharmaceuticals and medical goods are lacking because of financial and organizational restraints (Lekhan et al., 2010; Wright et al., 2000). Some ambulances are not even able to reach the patient because of lack of petrol or technical and mechanical difficulties. Chronic underfunding is also

marked on pre-hospital physicians' official salary, which has been about $35-$65 per month. However, the providers 'are enthusiastic about the care and services they provide' (Wright et al., 2000). Similar to other health care services, emergency medical care is to be provided free-of-change, but in reality, patients or their relatives are expected to purchase any required health care goods (Wright et al., 2000) and to compensate physicians' work.

By and large, the nature of health care service provision presents a mixture of new transitory features (e.g. larger possibilities for informal incomes, importance of connections and bribes) and of features inherited from the Soviet Union (publicly financed and owned health care system, line-item budgets, hospital-centered, with low official salaries of medical personnel). Also, politicization as well as following the ruling ideology (as one of the communist regime features) continue to exist in post-Soviet period. Medical care providers, teachers, police as well as public servants are typically considered as important resources and channels of influence in political campaigns (Kuzio, 2012a; Osipian, 2010). Chief Doctors hold high positions not only in medical and social sectors, but also on the political arena, facility managers are seen as an important chain in the political patronage system under the context of poorly defined procedures (The World Bank, 2014). As such, health care workers should maintain their professional network, right connections, and be loyal to administration in order to acquire adequate promotion (The World Bank, 2014). The situation has not been changed, taking into account passive civil opposition (Berend, 2007; Gorobets, 2008) observed in previous years, while mass protests have also raised some parts of medical professionals.

Medical Care on the Euromaidan

Considering the peculiarities of Ukrainian health care services such as low accessibility, low quality, and inefficiency as mentioned above, the Euromaidan had its own system of medical service provision aimed at the health care needs of protesters. As presented in Table 1, about ten parties that had been involved in the organization and financing of medical care on the Euromaidan were identified. Overall, there were three main groups of the organizations:

Table 1. Parties involved in medical care provision on Euromaidan (mentioned within the interviews)

Name of party/ organization	Main Roles and Functions
Medical service of the Euromaidan, or *Medychna sluzhba*	Established on December 1, 2013. Provided pre-medical and medical care, conducted surgeries and other specialized medical interventions, searched for funding, organized stores of health care goods, ensured sanitary-epidemilogical control etc.

People's hospital, or *Narodniy hospital'*	Supported doctors-volunteers in all their work requests, searched for medications, allocated protesters to hospitals.
Euromaidan SOS	Gathered and published information about urgent needs of protesters, e.g. medical treatment or safe transportation as well as other information.
Safety in medical aid, or *Bezpechne transportuvannia* and MedAutoMaidan	Security during transportation (both organizations) as well as information about safe health care facilities; organization of treatment abroad.
Guard at the Hospital, *Varta v likarni*	Security at the state hospitals (from kidnapping of the injured from there by military forces); preventing protesters patients from being arrested.
Independent volunteers who have not acted within existing	Pre-medical, paramedical and medical care on the Euromaidan; financing; providing medications and other resources.
People who have medical education, *e.g. Medyky Maidanu*	Medical care, emergency medical care, treatment.
Private health care facilities	Emergency medical care, safe treatment, free services, medications provision.
Ministry of health and state health care facilities and services	Attempted to control the situation by the authorities, gathered medical statistics at state hospitals; not clear role in providing medical care on the Maidan.
International organizations, e.g. Red cross	Trainings for volunteers, Medical care in the field, medications and supply materials provision.
Churches	Provision of save environment for protesters' hospital and lodging.

Authors suppose that there were more organization, however the paper just explores the organizations, therefore, next studies could be focused on completing the list of organizations and their roles

(a) actors of Ukrainian health care system which had functioned actively before, during, and after the Euromaidan events (e.g. emergency medical care; private and state health care facilities);

(b) individual volunteers and *incident organizations* which had emerged during the Euromaidan (e.g. Medical Service of Euromaidan – *Medychna sluzhba*, Euromaidan SOS);

(c) organizations which had existed before but during the time of the Euromaidan their roles and functions were shifted (e.g. churches, Red Cross).

More detailed description of these organizations' activities is provided in the next sub-sections.

Medical organizations of the Euromaidan and their roles. The first medical organization and perhaps the most visible one emerged between November 30 and December 1, 2013. The Medical Service of National Resistance Headquarter also known as *Medychna sluzhba* of the Euromaidan was initiated by opposition political parties and founded by several medical doctors. They were experienced in the organization of health care service provision at state facilities and in medical care provision during the Orange revolution in 2004. *Medychna sluzhba* established the first medical care points when the first traumas occurred on the Euromaidan. By and large, the Euromaidan medical points were seen as health care units, representatives of political parties, involved in the Euromaidan. Thus, political opposition to the regime of Yanukovych (*Svoboda* and *Bat'kivshina)* had been represented on the Euromaidan in the medical sector. Still, medical care of the Euromaidan did not seem to be perceived as politically influenced care as there was evidence of serving *titushki* and other pro-Yanukovych forces.

Medical care points were organized in the building of Trade union (*Profspilka)* as it had been previously done within the Orange revolution. Later, medical points were established in Kyiv city state administration (*KMDA)* and the October palace (*Zhovtneviy palats*). The aim of *Medychna sluzhba* was to establish and coordinate institutionalized medical care on the Euromaidan. Based on one of the participant's opinions, regarding large crowds and cold weather conditions, medical care was mostly focused on the treatment of pneumonia (as there were people who just slept on cardboard on the stairs in the hall of the building), hypertensive crisis, and heart attack etc., and nobody expected massive violence. Considering inconsistency of the qualitative data obtained via face-to-face interviews with Maidan medical service organizers, there were several more versions of the nature of medical care provided: "we predicted that a lot of clashes would take place on Maidan after the first slaughter, therefore, we selected doctors, not only general physicians, but also those who specialized in surgery, trauma" (coordinator of Medical service).

After January 16-17, the first non-medical mobile teams patrolled Maidan in order to identify protesters who needed medical care (sick, injured, wounded). Volunteers took in patients at the medical point where the first medical aid was organized. Hospital beds were organized in the churches as it was rather dangerous to bring patients to the state hospitals. Also, state and

private health care facilities provided specialized care to the severely sick and injured protesters. Even more organizations were launched as a result of the bottom-up principle and as a response to new safety challenges. For example, when safety of the patient as well as treatment became an issue to be solved, "Guard at the hospital" (*Varta v likarni*) and "Safety and Medical Aid" (*Bezpechne transportuvannia)* organizations appeared on the arena (the latter organization is described below).

Red Cross played an important role since they "took the most complicated patients and drew out people under the hail of lead bullets" (coordinator of *Medychna sluzhba*). Other bottom-up initiatives such as *Medyky Maidanu*, Maidan emergency care, Euromaidan SOS, MedAutoMaidan, and *Narodniy hospital* contributed to in-time medical care service provision on the Euromaidan, as well.

Considering the unwillingness of *Shvydka*'s teams to come on the Maidan as well as the urgency of the cases, there were agreements between coordinators of *Medychna sluzhba* and *Shvydka*—ambulance care was on duty on the Euromaidan: "when we saw that hospitalization was required, we called 103 [*Shvydka*], they called the ambulance-on-duty, and thus we saved time in such a way" (coordinator of Medical service). In principle, *Shvydka* was not able to deny the call but the reason for not reaching the point of destination (e.g. barricades) could be given as the explanation for not coming. One of the protesters that was interviewed described the following situation:

> A typical ambulance team – a very old doctor of 100+ years and the same age nurse – they are not really motivated to work, but if they really want to, they are not able to provide care with regard to physical abilities of elderly people. Therefore, all ambulances, teams who tried not to reach the Maidan, have found a million reasons for this. It is impossible to opt out the call, but find 150 reasons for not coming – yes. (Doctor of *Shvydka*)

The Maidan Medical service organization aimed to provide all possible care within its departments. There was also a surgery department: "It was a very fine operation room at *Profspilka*. State hospitals even did not have such places, only huge private facilities could allow that level of expenditures: very modern equipment, all necessary instruments, medicaments... but there were very few people who knew how to use that equipment and medical goods correctly" (emergency care provider). Still, the service capacities of *Medychna sluzhba* were limited, so they could not serve all patients, especially those who needed hospitalization. Such patients were transported to the hospitals by *Shvydka* or by volunteers. Interestingly, medical teams of ambulance reported on unnecessary use of the ambulance: "Near *Profspilka* there was a crew on duty. If someone came up with a finger broken, the person had to be taken to the emergency department of health care facility. At the same time, someone with a severe injury, e.g. with a fractured skull, could miss that car as it had just left. In the meantime, a new one arrived in a half hour and the person with severe trauma died… and it was not a case of February 18-20…" (Doctor of *Shvydka*). Indeed, as it was mentioned above, the awareness about using medical care

resources is generally low: "The public does not know when the ambulance care could be used and when patients could reach the medical facility by themselves" (medical provider).

In contrast to state medical care, private health care facilities offered free-of-charge services for protesters, including ambulances on the Maidan. Lacking adequate and safe state care as well as lack of funds, an essential care (e.g. dental, ophthalmological care) was provided by private facilities, as well.

Furthermore, taking into account a large in-kind food contribution from people to protesters, *Medychna sluzhba* of the Euromaidan launched the Sanitary-epidemiological service. As the model of Ukrainian health care system predisposes, a sanitary-epidemiological service conducted disinfection of floors occupied by protesters. The possibility of mass showering was organized as well as safety and the control of food were ensured: kitchen volunteers had masks, hats, and gloves. In particular, there were about 27 sanitary-epidemiological teams which consisted of one medical doctor and two nurses; also, medical students were actively involved in this work. The teams carried out control disease detection. They worked at the dining room, in the areas where people had a rest and in other places. At the end of the shift, teams prepared and submitted reports to the coordinator. The reports included a list of issues related to food, sanitary conditions of the tents, of the floor, or certain areas. As a result, no mass food poisoning and no other epidemic occurred during the Euromaidan.

Medical service of the Euromaidan also had a system of shifts and reports, a traditional practice for state medical facilities: 'Our administrative experience in health care helped a lot: "the duty is passed – the duty is accepted" system, filling in medical forms, and morning, evening rounds. It was necessary to monitor all medical points—if there were doctors, what is the condition of the medical point and other issues' (coordinator of *Medychna sluzhba*).

Additionally, the Medical service was surrounded by other supportive organizations. In particular, a great job had been done by psychologists as "*in the moments of overstrain it was too much for human brains*" (coordinator of Medical service).

Coordination of medical care on the Euromaidan. Medical service of the Euromaidan operated with many volunteers who were willing to support the revolution and to help protesters. First of all, some health care personnel from state and private facilities came on the Euromaidan as volunteers during their out of work time. Also, people with medical education but without recent medical practice had also joined medical care teams, as well as volunteers without medical education. For different groups of volunteers, training sessions on pre-medical care were scheduled (e.g. by Red Cross).

In the beginning of the Maidan, *Medychna sluzhba* asked volunteers to show copies of medical diplomas and attempted to check where the person worked. The lists of medical doctors were compiled—which doctors were ready to work on the Maidan, their phone numbers, and other details. In calm periods, coordinators of the Medical Service contacted them and prepared

a schedule of their work. During the shift, about three-four physicians, the same number of nurses, volunteers and surgeon, and sometimes anesthesiologist did their work. Volunteers who confirmed their medical profession were invited to the *Medical sluzhba* first. Still, as the Medical service coordinator noticed: "We could not check all volunteers but in 50 minutes of medical care provision, it was easy to see whether it was professional doctor or not. People often said directly that they did not have medical education, but they were ready to assist doctors, for example, to carry on patients" (coordinator of *Med-sluzhba*). Meanwhile, a lot of volunteers who were not attached to any of the institutionalized medical points also provided medical care for protesters.

The role of state health care services was minor. Most state administration representatives as well as civil servants aimed to avoid any decisions, and therefore, responsibility. As one of coordinators of the *Medychna sluzhba* noticed: "Even the Health Officer of the city—they all showed the white feather. The Ministry of Emergency Situations did the same. I called them and asked a simple question: People came out to defend their rights, they do not want to go - give them means for normal life on the Maidan, give them tents, take care of heating. They told me: we have only one tent for 12 people and that is all. Only in 2 months, we signed an agreement with disinfection service. The agreement was on medical service of the Maidan, which situation we controlled."

It was impossible to plan the work of medical care provision on the Euromaidan, since *Berkut*'s attacks and provocations of *titushki* were unexpected events. There were peaks of activity - slaughters and periods of recessions, when the situation became calmer. All interviewees indicated that the most unpredictably difficult day was February 18, 2014. Ttherefore, the Maidan faced more challenges related to the organization of medical and emergency care.

In such a context, the *Medychna sluzhba* of the Maidan introduced 24-hour shifts. However, they did not have enough medical doctors to provide emergency care: "I am called by coordinator on 18 of February: 'there is slaughter, come here, there is none to sew people'. I was the only surgeon at that time. Later more surgeons came. That night the *Profspilka* building burned and we had to move into the Mikhailivskiy Cathedral and the *KMDA*. On February 19, we had already instruments for surgery, it was a bit calmer and we could safely sew 20 people immediately in different place" (Maidan surgeon). Therefore, a lot of medical doctors worked more than 24 hours that time on the Maidan. Moreover, medical doctors-volunteers did not have recent experience in such injuries; therefore, the experience of surgeons who worked in the world's hot places was invaluable: "When Vasyl—a professional surgeon who worked in Iraq— came, everything went smoother. He conducted a lot of surgeries in February and later" (coordinator of *Medychna sluzhba*).

Box 1. Experience of both Maidan medical volunteer and physician of *Shvydka*

I came with my friend on the Maidan in one of the evenings of December 2013. When we had free time, when we were willing to help, then we put on an 'emergency care' vest and walked out with a backpack on the Maidan. We provided care, treatment, pharmaceuticals to everyone who needed. When my personal medical storage was over, I visited the *Medychna sluzhba* in order to take medicines. I just came and said: *I am a medical doctor, I need medicaments*. The reply: *here is the storage room, take everything you need*. They were very happy to have more volunteers with medical education as the majority of volunteers did not have health care background. Still, I was provided with about 10 non-medic volunteers; among them there were several people who participated in my trainings on pre-medical care. Volunteers walked by and carried bags; they were not very helpful in medical care but yes, it was the time when they could learn a lot of things.

We treated people with different health problems: there were a lot cases of alcoholic epilepsy, many injuries were related to alcohol. Intestinal infections (people did not wash hands before eating, not all food passed through the kitchen and therefore did not pass through the control system), acute conditions of chronic diseases, sinusitis, pneumonia, bronchitis and others for this season. Crowded conditions for disease were there. Still, the hardest work was conducted on February 18. February 20 was also a hard day but after midday, doctors had not a lot of work, because of the professionalism of snipers who shot protesters (as well as volunteers) directly in their heads.

Meanwhile, pharmaceuticals and medical supplies were available on the *Shvydka* during the Euromaidan as some untouched reserves were used. The most popular goods were bandages, special napkins in case of bleeding; we were lacking tourniquets and gloves. Formally, the *Shvydka*'s doctors are provided with all necessary goods, however, in practice, we are lacking a lot of things. Most interestingly, that according to the law, a doctor is not entitled to bring health care goods from outside, but how can you provide first medical aid if the patient is bleeding and you do not have gloves? Therefore, doctors of the *Shvydka* break the law each time. It appears that life costs a penny (e.g. gloves and basic medicines) and the state does not understand this. If the patient dies because of being unequipped *Shvydka,* it stays on your conscience you are legally responsible for this death, and you are not asked why dropper or something else have not been bought (because everything is there according to the documents). You sign the document each day before the shift and if you do not sign you are not allowed to work.

Surely, we buy gloves and other items. During the Maidan, when we brought the patient to the hospital, there were a lot of volunteers from whom we 'borrowed without return' as well. After the Maidan events, ambulance cars do not have literally nothing and in order to provide a minimal care doctors buy the most essential staff from their own pockets. Even more, all the *Shvydka* cars are in the holes after the Maidan shooting.

Acting either as medical doctor volunteers or as state emergency, I was treated by others on the Maidan also differently: when you are in the vest of state emergency care, then you are treated like a third-rate doctor and no one is listening to your advice, but if you are a volunteer of the Maidan, you are a hero.

Overall, the emergency care during February 18-20 was not coordinated properly. First of all, the traditional sorting process did not occur during the situation of mass trauma. In particular, the first team which arrived in the place for mass injuries had to sort patients as formal procedures describe. It was necessary to sort patients based on their condition and specificity of the trauma. Consequently, the next ambulance teams could not bring patients of a certain injury to the specialized medical centers: a more efficient approach predisposed transporting patients with eye trauma to ophthalmological centers in one car. Still, the ambulance car was full with patients of a variety of traumas and the car had to travel from one center to several more centers. As an emergency medical care provider reported:

> When there was fighting, it was complete chaos and mess. Someone was wounded, he was taken from the crowd and carried anywhere, for example to the *Profspilka* building. If the patient was in difficult condition, then they called the ambulance. By the way, when it was burned, no one knew about it. There was a lot of smoke, but no one had an idea that it was fire. I remember that I went on the 5th floor, it was a lot of smoke and I could not understand why it was so warm there. But, when the ambulance left, we realized that it was fire… there were a lot of people who stayed there lying … there was a real chaos… (emergency medical care provider)

At the same time, the administration of the *Shvydka* gave up and put all possible responsibility on the shoulders of the medical doctors. In contrast to typical practice, emergency care providers had to make clinical decisions by themselves without immediately reporting to the senior doctor. Also, emergency care teams had to contact medical facilities by themselves in order to check the possibility of patients' admissions. However, some ambulances came from the Kyiv district and region; some ambulances were given as in-kind gifts from international partners and organizations to the *Medychna sluzhba.*

To summarize, a lot of enthusiastic people came and supported the Euromaidan: there were inexperienced volunteers as well as professionals (e.g. managers of pharmacies, health care facility administrators). However, there was no single coordination body present: "people helped a lot, but there was no coordination between physicians, between organizations on the Maidan and therefore a quick response to the disaster was not available. All coordinators were afraid of responsibility… as it is everywhere—two Ukrainians, three bosses. All volunteers did something and it was a mess. In calmer periods, we had some time to stop and to think… but not during clashes…" (medical care provider).

Ensuring the needs of the Euromaidan medical care. All medical care provision was largely supported by Ukrainian public, businessmen, international organizations, and other countries. We noticed several components of the system of medical care provision on the Euromaidan. First of all, direct cash charitable contributions were given to protesters (doctors and other volunteers who provided care). Concerning the activities of the *Medychna sluzhba,* they received financial resources through three main flows. There was a separate box for donations

which was placed at visible places in the *Medychna sluzhba* temporary office. Then, a cashless account was offered for donations, but it was blocked in three weeks. Later, coordinators' and volunteers' personal bank cards were used as a substitution for the previous bank account—people could transfer funds there. Finally, volunteers could donate money in the National Resistance Staff office, and the *Medychna sluzhba* also required necessary sums from there according to the needs presented in the application forms. Raised funds were used to purchase certain types of medicines, and to rent accommodations for medical volunteers from other cities (as they could not be present on the Maidan 24 hours per day).

Not only monetary, but a variety of other resources—human, in-kind goods (food, pharmaceuticals, clothes etc.) as well as social networks and professionalism—had been provided by those who supported the Euromaidan. For example, organizations and individual volunteers shared the lists of necessary goods, which were 'bought and brought' (Arsenijevic, 2012) by a supportive public. People also contacted coordinators of the Medical service directly in order to get the list of necessary medicine, including rare and strong drugs. Also, social networks of volunteers made it possible to influence the decision-making (related to the treatment and other areas) process of national and international bodies.

Announcements of necessary pharmaceuticals and medical supplies resulted in significant amounts of health care goods available on the Maidan. Large quantities of goods required storage (there were several places, one of the storage locations was also located in the *Profspilka*) and corresponding to it a system of sorting, saving, and delivery. Thus, management of health care goods was one of the key tasks of the *Medychna sluzhba*. However, the capacities of the organization were limited in this area. There were numerous cases when people or drivers of cars that were filled with drugs could not find a responsible person to provide protesters with the drugs; after several hours of waiting, they left medical points.

Medical points had to apply to receive necessary health care goods via written requests, Medical doctors (volunteers) reported on easy access (without any documents and application) to medicines: "When I could not afford buying medicines, I just came and said: 'I am a medical doctor, I need medicaments'. They replied: 'here is the storage room, take everything you need" (quotation from the story of a health care provider who acted as a volunteer on the Maidan as well as was employed at the *Shvydka* which is presented in Box 1). However, it was a common situation that some resources were excessive and other goods were lacking. Sometimes, one resource (e.g. specific medication) was in excess at one place (hospital or medical point) and lacking in a nearby one. Or, it was in need one day and overly excessive the following day, after the need was publicly announced.

Safe Transportation and Safe Treatment on the Euromaidan

In January 2014, Ukrainian political context and prosecution of protesters created new challenges (apart from medical care provision) for the Euromaidan patients and organizers of medical care. The appearance and specificity of traumas identified the person from the

Euromaidan, making his or her relocation rather dangerous: "those who left Maidan were immediately 'packed' by *Berkut*, police" (coordinator of Medical service). Patients could not refer to state health care facilities, taking into account the risk of being taken by the police from the hospitals. Also, before referring a patient to emergency care and state hospital, the Euromaidan Medical service collected information on the degree of safety of the state or private health care facility, department, and medical doctors. Overall, the problems of safety were tackled by several organizations with the focus on providing patients with safe transportation to the health care facilities (e.g. *AvtoMaidan* and *Bezpechne transportuvannia*) and safe treatment in the state hospital (e.g. *Varta v likarni*), including searching possibilities of treatment abroad (e.g. *Bezpechne transportuvannia*).

The *Medychna sluzhba* acting as the primary medical center and referral center arranged cooperation with ulterior hospitals, as there were no other options to treat patients. For example, in case of barotrauma caused by a flashbang grenade, the first medical aid was delivered on the Maidan. The person stayed about half an hour at one of the medical points and then transportation was required. Some state health care providers agreed to keep patients in the hospitals without declaring them to the police. Mainly, the chief doctor was the key person who could (not) support the Maidan and therefore was (not) able to provide a safe environment for the treatment. For example, hospital #18 near Shevchenko University and hospital #12 accepted injured patients, but Emergency care hospital (*Likarnia shvidkoi dopomogy*) declared all the Maidan patients to police. Therefore, it was very dangerous to bring protesters there.

The case of safety and medical aid (Bezpechne transportuvannia). "Safety and Medical Aid" was the first and the largest volunteer service, which evacuated wounded and ill Maidan activists to safe locations. On these locations, patients were provided professional medical assistance. The initiative to provide safe medical assistance to activists was founded by three volunteers (none of whom had any political party affiliation) at the end of January 2014. Since the moment of its foundation and until the victory of the Maidan, "Safety and Medical Aid" remained an ulterior organization, which included up to 60 volunteer activists.

The initiative emerged as a solution to the failure of state hospitals to provide basic services despite the fact that they were responsible for medical treatment and its safety. Consequently, wounded activists were not provided with proper medical aid in hospitals. Moreover, hospitals turned into traps which would most likely lead to criminal charges and consequent imprisonment of the Maidan activists for up to 15 years (apart from other villainy committed to the Maidan activists by representatives of the law enforcement authorities of Ukraine). In particular, some physicians were instructed on how to act in the case of the Maidan patient: they had guidelines explaining what to do with patients of typical appearance (smell of smoke, extra warm (dirty) clothes, quilted coats etc.) and with typical health problems (pneumonia, rubber bullet shots, head injuries etc.). In response to such situations, the idea of 'safe transportation' initially was aimed at 'liberation', saving in-patients from police departments. Later, the organization

provided a safe alternative for state treatment of hospitalized Maidan activists. However, hospitals were crowded with police and *Berkut*. Therefore, the rescue of wounded activists was very risky for activists and volunteers. First, it was decided to focus the organization's activities on intercepting activists before they got into hospitals.

Concerning the organization, there were no official leaders, but a collective coordination of group work was present. The "Safety and Medical Aid" kept records of all its activities as well as a registration form for the volunteers was required in advance when they signed up for a duty. Volunteers were asked to work in groups of two people or more, but usually they worked in groups of 3-4 people.

The structure of the "Safety and Medical Aid" organization was composed of five main groups:

a)   volunteers of call-center, who coordinated actions of the other groups of volunteers, serving as a linkage between them and as an info-center

b)   volunteers of the 'field' (i.e. at Independence square) evacuated ill and injured people from the Maidan and disseminated information about the initiative "Safety and Medical Aid" at the Maidan (especially among medics)

c)   drivers transported of wounded activist and volunteers

d)   volunteers at locations, were responsible for hosting in-patients (they met injured people, explained basic details of staying on the location etc.) as well as for coordinating actions with the Maidan and other Safety and Medical Aid volunteers

e)   medical doctors who provided medical assistance to activists and, when necessary, consulted other volunteers concerning medical issues (for example, to decide whether to bring an activist to location or to public hospital)

The team of the "Safety and Medical Aid" was formed only via personal contacts in order to ensure trust between activists and to ensure the ulterior nature of the organization.

Safe transportation and medical assistance mechanisms were as follows: 'Field' volunteers checked at medical stations whether there was someone to be 'evacuated'. Sometimes Maidan medics themselves called to volunteers and asked for transportation of the activist. 'Field' volunteers verified the physical condition and veracity of the activists' complaints (often under coordination of the Safety and Medical Aid medical doctor) and asked for brief personal information (how long he has stayed at the Maidan, where the activist is from, how the accident happened etc.). Each case was recorded. Meanwhile, volunteers of call-centers organized transportation, medical support, and locations for activists. Patients were accompanied by the field volunteers to safe locations or to the 'reliable' medical doctors at the state hospitals. Severely injured or very sick activists who needed surgery or complicated specific treatment were not taken to locations but only to state hospitals where safety was not guaranteed.

Churches and monasteries also served as locations. The "Safety and Medical Aid" organization collaborated with a number of churches of different denominations, where ulterior hospitals were organized during the protests. Patients with relatively simple problems e.g. pneumonia, acute colds, head injuries etc., were transported to the locations, where they were provided with beds, medicines, and medical treatment. More severe medical care was provided at the underground locations during the fourth phase of the protests, but no complicated surgeries were done there. Preparing for the dispersal of the Maidan, the "Safety and Medical Aid" volunteers organized three more ulterior hospitals (two of them were churches). However, extra locations almost were not used because severely wounded patients were transported to hospitals. Whereas, the rest of injured protesters were largely hosted by Kyiv citizens. Apart from the ulterior hospitals or 'locations', the "Safety and Medical Aid" had its network of medical doctors, usually of narrow specialization, who provided medical care in hospitals. This network of doctors was formed via personal contacts of the "Safety and Medical Aid" volunteers, the EuromaidanSOS, or hotline of Olga Bogomolets.

The "Safety and Medical Aid" cooperated with medical organizations of the Maidan: Medical Service of Maidan, medical point at *KMDA*, October Palace, Ukrainian House, Officer House, Central Postal Office, and others. Its telephone numbers were distributed among medical points at the Maidan and local leaders of the Maidan activists (*sotnyk*). The majority of calls were received from the Medical Service of the Maidan at the *Profslipka*. The "Safety and Medical Aid" also cooperated with the EuromaidanSOS, providing each other information about the needs of the Maidan, warnings, etc. The organization launched cooperation with the Fund of Ukrainian Medical Doctors from Chicago 'Medical Help for Protesters at Maidan in Kyiv, Ukraine International'. About 120,000 UDS of the Funds' financial aid was distributed among wounded Maidan activists by some of the 'field' volunteers of the "Safety and Medical Aid." It was a selective financial assistance where each payment was documented and supported with reports and photos. Among other organizations, the "Safety and Medical Aid" worked with *Varta v Likarni*, *AutoMaidan*, *Autodozor*, Fund of Olga Bogomolets, Hungarian Aid etc.

In February 2014, the "Safety and Medical Aid" started to cooperate with official representatives of other countries concerning medical treatment of severely wounded Maidan activists abroad. The initiative came from both sides. Medical treatment abroad was a good opportunity for protesters with severe wounds because it stipulated free, safe, and quality medical treatment, some of which could not have even be provided in Ukraine (e.g. specific prosthesis). Before the victory of the Maidan, the "Safety and Medical Aid" sent about 20 activists to Poland for medical treatment, though that activity was considered illegal at that time.

After the victory of the Maidan, the "Safety and Medical Aid" team gradually shifted its activity towards the organization of medical treatment and transportation for severely wounded activists abroad, and the composition of the database of injured Maidan activists. During February-March 2014, about 150 injured activists were sent by the "Safety and Medical Aid" to

Poland, Czech Republic, Germany, Lithuania, Latvia, Israel, and Italy. Germany sent its unique military plane equipped with an operating room. They took activists in critical conditions who needed medical treatment that could not have been provided in Ukraine. One of the activists was operated directly on the plane.

Safe transportation and medical aid to wounded protesters had lost its relevance in the meanwhile. Nevertheless, the activists of the "Safety and Medical Aid" continue working and adjusting their activities to the needs of society. From the group of highly organized volunteers, the "Safety and Medical Aid" has turned into an institutionalized SCO "Initiative E+," which continues the formation of a single complete database of the injured Maidan activists and the provision of various types of assistance to Maidan activists. Data from the database (currently it accounts over 560 cases) is used by the Commission for Investigation of Human Rights Abuses in Ukraine as a supplement in a collective lawsuit against the former Ukrainian government filed with the Hague Tribunal. Medics arrange medical treatment for those activists who still require it (mostly eye and limb prosthetics), whereas lawyers help activists and relatives of deceased activists with paperwork for the public prosecutor's office etc. Finally, the "Safety and Medical Aid' team applies its experience at the Maidan with the work of the ATO, providing assistance for injured soldiers.

Discussion

The experience of medical care provision during the Euromaidan is worth deriving lessons from for the future in order to underline the most efficient responses to disasters, as well as to improve some areas which have not been within the focus of decision-makers and leaders of the Euromaidan.

Importantly, the Euromaidan has demonstrated a different nature of the phenomenon of disaster, though it has been rooted in the Orange revolution of 2004. This statement is also relevant for the organization of medical services. Similarly to 2004, the central body for medical care, *Medychna Sluzhba,* has been established. However, during the events of 2013-2014 it has appeared that organizational capacities are not enough to deal with new challenges, which have led to triggering the emersion of new organizations, processes, and resources.

One of the notable unique features of the Euromaidan is the connection between medical care and politics. A highly centralized, government-driven state system of medical care showed its weakness when it was used as a tool for exercising force towards protesters. In fact, government, together with its medical branch, seems to be a part of the conflict. The fracture emerged within the health care system, forcing medical workers to define their position: either to be loyal to the ideals of the profession and to be on one wave of Ukrainian civil society, or to be adherent to the administrative and political regime and its leaders. This conflict between the state system and protesters to a large extent has excluded important resources of public health care with respect to the incident management system of the Euromaidan. It has not only led to underuse of public resources in care provision for protesters, but also violated the Constitution

which guarantees public medical care to all citizens (in additional traditional violence of the norm of free-of-charge medical care).

Also, the Euromaidan is a means for political mobility. For example, some medical organizations of the Euromaidan have been established on behalf of political parties, including the *Medychna Sluzhba* and several medical points as mentioned above. Therefore, involvement in the coordination of the medical system of the Euromaidan resulted for some leaders in a promotion, or "political upward lift." For instance, it allowed Dr. Oleh Musiy, one of the coordinators of the *Medychna Sluzhba*, to be appointed as the Minister of Health. Dr. Olga Bohomolets, having increased her reputation at the Euromaidan, had also been considered as a candidate for a Ministerial position and later participated in the Presidential elections. However, further activities of "medical doctors of Maidan" in the political field seem to be assessed by the public as rather questionable.

The key issue of the organization of medical care at the Euromaidan is its coordination. The main challenge for the 'health care system' of the Maidan is not to provide enough resources (medications, doctors, money, expertise), but rather to allocate the right resources for the right patients in the right time. In particular, certain health care was asked for and was provided the next day; however, it was delivered in excessive amount in one medical point while other medical points were still lacking the necessary goods (as described in the results section).

Considering the variety of organizations which provided care at the Euromaidan, a lack of coordination between them can be described as having the nature of 'resolution of interdependencies between the activities of different organizational units' (March & Simon 1958; Mintzberg 1979 in Smith & Dowell, 2000). The *Medychna Sluzhba*, positioning itself as a central body of medical services provision, is rather one of the organizations of the same kind (collecting medications, organizing volunteers and providing care). All in all, it is focused on 'coordination for itself' rather than providing coordination to other medical care parties.

Speaking about coordination, it is worth mentioning the importance of social capital on the Euromaidan. People with a wide network of personal, professional, and other connections are invaluable for the involvement of important resources (skilled doctors, 'safe' hospitals, rare or expensive medications) and the organization of care (transportation or treatment abroad). All types of connections, reinforced with the use of social media, played an extremely important role, especially when difficult-to-obtain goods (specific medical goods) were required for urgent situations.

We would question the statement of the Minister of Health about widening the model of medical care of the Euromaidan to the health care system of the whole country. Appealing rhetoric about enthusiasm, mutual support, and self-organization should not drive the discussion away from the issues of inefficiency and lack of coordination. The latter two, being in the shadow during times of extreme events, are vital for medical care in regular peacetime conditions. It is extreme situations that have been a core for the model of medical care provision

at the Maidan. Our explorative case study reveals that during short periods of calm and stability, the Maidan's "medical system" started to show signs of entropy. There were periods when quarrels, disagreements, and the abuse of resources were observed.

The Euromaidan medical care initiatives should be seen not through the angle of a firm structure of services provision, like a healthcare system at peacetime, but rather from the perspective of an ever-evolving organism with weak vertical and strong horizontal connections.

To summarize, the experience of the unique medical care provision system of the Euromaidan should be carefully studied, but not overestimated. On the one hand, no one knows how many lives would be lost if there had not been medical services available during the protest. However, we can only infer how many lives could be saved if medical care is more coordinated, efficient, and politically neutral. One thing is under no doubt – this experience is invaluable regarding the organization of disaster management, and it deserves further exploration with special attention to such issues as coordination as well as social capital investment and its coordination.

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