

## Reflection

### *Humanitarian Aid Mission to Polish-Ukrainian Border: A Hadassah Healthcare Professional's Perspective*

Alexander Furmanov<sup>1</sup>; Reuven Gelfond<sup>2</sup>

**Citation:** Furmanov, A., Gelfond, R. (2025). Humanitarian aid mission to Polish-Ukrainian Border: A Hadassah healthcare professional's perspective. *International Journal of Critical Care*, 19(1), 63-68. <https://doi.org/10.29173/ijcc1031>

#### **Affiliations:**

<sup>1</sup>Administrative Manager, April 2022 Mission, Head Nurse, Neurosurgery & Cardio-Thoracic Surgery ICU's Hadassah Hebrew University Medical Center, Jerusalem, Israel

<sup>2</sup>Administrative Manager, May 2022 Mission, Head of Orthopedic Branch operating rooms, Hadassah Mount Scopus Medical Center, Jerusalem, Israel

#### **Corresponding author:**

Alexander Furmanov, Neurosurgery & Cardiothoracic Surgery Intensive Care Unit, Hadassah Hebrew University Medical Centre, Jerusalem, Israel  
Email: [alexapail@hadassah.org.il](mailto:alexapail@hadassah.org.il)



**Copyright:** © [2025] by the authors. Open access publication under the terms and conditions of the Creative Commons Attribution (CC BY NC) license (<https://creativecommons.org/licenses/by-nc/4.0/>).

#### **ABSTRACT**

**Background:** In April 2022, Hadassah Medical Center sent a humanitarian mission to Poland to assist Ukrainian refugees fleeing the war.

**Objectives:** To provide medical and humanitarian aid to Ukrainian refugees in Poland and reflect on the experience and its impact.

**Methods:** A team of healthcare professionals from Hadassah Medical Center spent almost 10 weeks in Poland, offering medical care, psychological support, and various forms of humanitarian assistance.

**Results:** The mission successfully aided hundreds of refugees, providing medical care, emotional support, and practical assistance in various forms.

#### **Key Observations:**

1. Similarity between refugees and aid workers, highlighting the universality of human suffering in war.
2. Diverse range of assistance provided, extending beyond medical care to include coordination, psychology, and social work.
3. Positive impact of medical clowning on traumatized children.
4. Influence of Hadassah's organizational culture on the mission's effectiveness and its impact on other aid organizations.

**Conclusion:** The humanitarian mission demonstrated the importance of comprehensive aid in crisis situations. The Hadassah team's organizational culture and professional approach positively influenced both refugees and other aid workers. The experience provided personal satisfaction to team members and reinforced the value of empathy, professionalism, and determination in humanitarian efforts.

**Keywords:** community service, disaster, diversity, humanitarian aid mission, nurses, refugees, COVID-19 pandemic, Ukrainian refugees

## INTRODUCTION

The worldwide incidence of natural and man-made disasters remains high even in the 21st century. One of the recent disasters occurred in Europe and has a long history. In November 2013, former Ukrainian president Yanukovych's refusal to sign an agreement bringing Ukraine economically closer to the EU ignited a political and social revolution (Quinn V et al., 2017). Subsequently, in February 2022, the Russian Federation launched a full-scale attack on Ukraine. In the first month of war, a large number of Ukrainian citizens, mostly women and children, fled from their homeland to European countries, including Poland.

In public health, there is generally a conflict between individual autonomy and the desire to protect and promote population health (Ozge Karadag & Hakan, 2012). In many devastating disasters, international or non-governmental organizations surge to the affected area to provide assistance in different fields and contribute to overall disaster relief; however, they may have different mandates and working principles (Ozge Karadag & Hakan, 2012). Especially when political and governmental conditions are uncertain, private or non-profit organizations can step in.

War is undeniably a terrible phenomenon, bringing destruction, death, and fear. However, amidst these horrors, life continues, and it is these lives that humanitarian efforts aim to support. By contributing time, knowledge, and abilities, aid workers strive to help refugees regain stability and comfort, even if only slightly, their grim reality.

The short-term health consequences of the war include traumatic injuries sustained on the battlefield, which also affect neighboring countries as they take in transferred victims. Furthermore, the conflict and its accompanying hardships exacerbate various medical and public health issues, such as asthma and cardiovascular diseases. The psychological toll of the war, including trauma, mass migration, and the ever-present fear of death, further contributes to worsening mental health conditions (Khorram-Manesh et al., 2022; Leon et al., 2022). The outbreak of war between Russian Federation and the Ukraine is a current disaster in which ICU nurses were recruited to bring health relief and solutions and comfort to Ukrainian citizen refugees fleeing to safety.

Data from the Ukraine ministry of health finds that of January 2023, over 122 medical centers have completely returned to normal operations, and an additional 260 have been partially restored (Haque et al., 2022). The development of mobile outpatient clinics has been crucial, specifically in the Vinnytsia and Khmelnytskyi regions, which mass the highest number of domestically displaced persons. Despite these efforts, nearly 30% of the population still faces challenges in accessing health care (Haque et al., 2022).

In late March 2022, Hadassah Medical Center Jerusalem Israel sent a humanitarian mission to Poland to assist Ukrainian refugees fleeing the war.

## **METHODS**

Our mission lasted from March until June 2022, organized in two-week rotations of teams. All teams were recruited from both campuses of Hadassah Medical Center and included nurses from various departments and outpatient clinics, including ICUs, internal medicine, surgery, and children's health. Each team also included physicians. Most of the nursing staff and some of the physician staff were native Ukrainian or Russian speakers, enabling them to accurately assess the needs and complaints of patients, who mostly did not speak English, and provide quality medical, social, and psychological support to those refugees who needed help. Based on patients' needs, the teams initiated telemedicine consultations with lead professionals at the base Medical Center. During the first two weeks of mission, six aid centers were opened in different refugee camps.

During the mission, it was founded that many refugees were reluctant to ask for help due to cultural factors. Some of the cultural factors included grieving the sacrifice of leaving familiarity and home, friends, and relatives, their inability to communicate, the change in work status and a decline in social status. Friendship is highly valued among Ukrainians and the loss of communication with the old friends is identified as one of the graver anxieties of immigrants as it can lead to the development of depressive symptoms. Elderly Russians especially tend to depend on help from family members, relatives, and friends rather than public services (Maltseva T, 2021).

Our team initiated physicians' and nursing rounds within the camps to identify those in need. Through observation, without pressuring, we approached sick individuals among the crowd and offered our assistance. These rounds, structured like medical rounds in hospital departments, involved a nurse and a doctor working together, circulating through the refugee camp and proposing medical check-ups and prescriptions at our clinic. Gradually but steadily, we succeeded in gaining the trust of the refugees and the cooperation of local authorities. As our mission progressed, this cooperation reached a high point when local ambulance crews began requesting us to join their teams when responding to calls from Ukrainian refugees in the area

## **DISCUSSION**

Over four months, Hadassah Medical Center deployed approximately 100 nurses and physicians in two-week rotations. During our mission, we treated more than 35,000 patients.

Our work encompassed coordination, psychology, and social work. We assisted in various ways, including helping refugees with relatives in Israel connect with the Jewish Agency to facilitate immigration, procuring essential items such as strollers and baby accessories for new mothers, and even addressing animal welfare concerns. We also helped locate oncological facilities in Poland, persuaded reluctant patients to seek necessary hospital care, and familiarized ourselves with new drug names, medicinal herbs, and treatment methods. When needed, we consulted with experts in Israel. Our approach was solution-oriented and comprehensive.

The Ukrainian refugees we encountered were notably similar to us in appearance and lifestyle, promoting familiarity and minimizing cultural barriers. Without our distinctive yellow vests, it would have been challenging to differentiate between the refugees and our team members.

Assisting individuals who have lost everything - home, livelihood, family, and land - presented unique challenges. The plight of the children was particularly poignant. Displaced from their familiar lives, separated from fathers and friends, and confined in large, unfamiliar spaces with hundreds of others, many children exhibited emotional detachment. They neither cried nor laughed, maintaining expressionless faces. The introduction of our medical clown, Dush, marked a significant turning point. We observed how children's expressions transformed, with smiles emerging and laughter eventually breaking out. This initiative to include a medical clown in our mission proved highly effective in engaging and comforting these young refugees.

### ***Providing care to refugees presents a unique challenge***

A previously published paper exploring Israeli nurses delivering care to refugees found that a sense of mission is one of the strongest motivational factors held by nurses. Nurse participants in Yellon et al study expressed a strong and meaningful sense of mission in relation to their work. They felt they had something to give patients from "primitive" cultures [with respect to their technological level and medical knowledge, in this case] or a mission to help them integrate into society. Mission was perceived in two dimensions, life-saving and improving life conditions. Devotion and working beyond "job definitions" were themes found in Yellons' 2023 study. A wide range of nurses described working beyond the job requirements (Yellon et al., 2023). A wide range of "deviations" from the job requirements were described, i.e. actions performed by the nurses and perceived in their eyes as a result of dedication to the job, and not necessarily in their job definition of a nurse.

Nurses in public health and community services have mainly described expanding their service to non-medical areas, such as ensuring the refugees knew how to cook and obtaining the necessary food supplies, helping parents communicate with their children's schools, and assisting in situations of domestic disputes between spouses. They described specific incidents of assisting patients or nurses during bureaucratic difficulties that arose with the patients' family, which resulted from cultural gaps. Even in these matters, the common phrase used by the nurses was "it was not my job, but I was more dedicated to the job/person than necessary" or similar phrases.

### ***Why ICU nurses are especially skilled to work with refugees in austere conditions***

As a result of ICU nurses' experiences during COVID -19 pandemic, many lessons were learned and skills were acquired. Working with colleagues from many clinical settings, adjusting to different levels of competencies and overcoming the chaos moved ICU nurses to different levels of strength. Bergman et al 2021 studied 282 UK nurses and learned that clear and consistent communication from leadership is key to so that nurses can interact with each other and out of medical center sources (Bergman et al., 2021). ICU nurses learned how to constantly prioritize among the patients as they worked with limited resources and many expressed concerns about both short- and long-term consequences. Commonly, as in refugee austere areas, medical equipment was reused, and participants described how minimum standards for care could not be upheld. Leadership was not forthcoming regarding decision-making. Thus, many decisions about prioritizing nursing and medical interventions had to be done by the nurses themselves. Comparing working in Ukrainian refugee camps to working during the pandemic in both situations relatives were scarce, and nurses seldom had any contact with patient's families. Thus, little was known about each patient's life and history. Many ICU nurses described how this affected them

and caused concerns. As described by Liu et al., (2020) health care providers showed a tremendous sense of responsibility and concerted efforts in alleviating patients' suffering, including working in a totally new context, physical exhaustion due to heavy workloads and feeling powerless to handle patients' conditions (Liu et al., 2020). ICU nurses know that we not only excel in technical skills; nontechnical skills such as communication and decision-making are highly needed cognitive competencies in order to analyze signs and symptoms and prevent complications and increase patient safety. ICU nursing publications have shown that as a result of working during the pandemic nurses' have grown and under psychological pressure when caring for patients with COVID-19.

During the pandemic as well as in disaster times, ICU nurses are affected by high levels of stress, burnout, and other mental health conditions compared to other professions (Shanafelt et al., 2012). During a global health crisis as well as war time disasters and as working conditions are increasingly challenging, it is predictable that healthcare professionals will experience an increase in psychological stressors.

Our health care mission was aimed at providing relief for Ukrainian refugees. Each one of the nurses originated in different departments and we didn't know each other, despite that, we were united by the Hadassah spirit. This shared ethos facilitated our ability to cope with the challenges and support one another. We took pride in exemplifying Hadassah's organizational culture, which was evident in our empathetic approach to patients, efficient organization of our workplace, collegial relationships, and unwavering commitment to high-quality care despite challenging circumstances.

Our influence extended beyond the refugees to other aid organizations. After working alongside us for a week, volunteers from other organizations began adopting our practices, such as wearing masks (our mission coincided with a COVID-19 wave), organizing the clinic space, and maintaining the orderly systems we had implemented. Our organizational culture and work ethic proved infectious. While our cohesive team, unified by a shared organizational language and culture and backed by one of Israel's largest medical centers, may have initially seemed intimidating to other organizations, we approached our work with humility. We offered assistance without criticism, led by example, and gradually integrated our methods into the broader aid effort.

Upon returning to Israel, we could confidently say that we had helped and contributed meaningfully. The refugees we assisted, both those who sought help directly and those we gently persuaded to visit our clinic, expressed profound gratitude and admiration for our efforts. They appreciated that we had traveled from Israel to help them and were thankful for the attentive care, assistance, and solutions we provided. Our engagement extended far beyond traditional nursing and medical care.

## **CONCLUSION**

We derive great satisfaction from our ability to provide effective assistance under difficult and complex circumstances. We maintained Hadassah's high standards of care without compromise, even in this challenging environment. This experience underscores the significant impact that well-organized humanitarian efforts can have in crisis situations. We are proud to have successfully conveyed the Hadassah spirit in such a distant location and to have positively influenced other aid workers. Most



importantly, we take pride in the tangible assistance we provided to hundreds of refugees throughout our mission. It demonstrates the value of bringing professional expertise, empathy, and organizational efficiency to bear in addressing the multifaceted needs of refugees. Our mission not only provided immediate aid but also set a standard for humanitarian work that influenced other organizations and will likely inform future efforts in similar crisis situations.

## References:

- Bergman, L., Falk, A., Wolf, A., & Larsson, I. (2021). Registered nurses' experiences of working in the intensive care unit during the COVID-19 pandemic. *Nursing in Critical Care*, 26(6), 467–475. <https://doi.org/10.1111/nicc.12649>
- Haque, U., Naeem, A., Wang, S., Espinoza, J., Holovanova, I., Gutor, T., Bazyka, D., Galindo, R., Sharma, S., Kaidashev, I. P., Chumachenko, D., Linnikov, S., Annan, E., Lubinda, J., Korol, N., Bazyka, K., Zhyvotovska, L., Zimenkovsky, A., & Nguyen, U.-S. D. T. (2022). The human toll and humanitarian crisis of the Russia-Ukraine war: the first 162 days. *BMJ Global Health*, 7(9), e009550. <https://doi.org/10.1136/bmjgh-2022-009550>
- Khorram-Manesh, A., Goniewicz, K., Burkle, F. M., & Robinson, Y. (2022). Review of military casualties in modern conflicts: The re-emergence of casualties from armored warfare. *Military Medicine*, 187(3–4), e313–e321. <https://doi.org/10.1093/milmed/usab108>
- Leon, D. A., Jdanov, D., Gerry, C. J., Grigoriev, P., Jasilionis, D., McKee, M., Meslé, F., Penina, O., Twigg, J., Vallin, J., & Vågerö, D. (2022). The Russian invasion of Ukraine and its public health consequences. *The Lancet Regional Health - Europe*, 15, 100358. <https://doi.org/10.1016/j.lanepe.2022.100358>
- Liu, Q., Luo, D., Haase, J. E., Guo, Q., Wang, X. Q., Liu, S., Xia, L., Liu, Z., Yang, J., & Yang, B. X. (2020). The experiences of health-care providers during the COVID-19 crisis in China: a qualitative study. *The Lancet Global Health*, 8(6), e790–e798. [https://doi.org/10.1016/S2214-109X\(20\)30204-7](https://doi.org/10.1016/S2214-109X(20)30204-7)
- Maltseva T. (2021). People of Russian Heritage. In Larry D. Purnell & Eric A. Fenkl (Eds.), *Textbook for Transcultural Health Care: A Population Approach* (pp. 669–697). Springer.
- Ozge Karadag, C., & Hakan, A. K. (2012). Ethical Dilemmas in Disaster Medicine. In *Iranian Red Crescent Medical Journal Iran Red Crescent Med J* (Vol. 14, Issue 10). [www.ircmj.com](http://www.ircmj.com)
- Quinn V, J. M., Bencko, V., Chellew, P., & Romaniuk, O. (2017). Conflict and Disaster Medicine: The State of Military Medicine in Ukraine. *Prehospital and Disaster Medicine*, 32(S1), S13–S14. <https://doi.org/10.1017/S1049023X17000607>
- Shanafelt, T. D., Boone, S., Tan, L., Dyrbye, L. N., Sotile, W., Satele, D., West, C. P., Sloan, J., & Oreskovich, M. R. (2012). Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population. *Archives of Internal Medicine*, 172(18), 1377. <https://doi.org/10.1001/archinternmed.2012.3199>
- Yellon, T., Shifra, S., & Benbenishty, J. (2023). Nurses work motivation caring for an immigrant population: A qualitative historical analysis. *Nurse Education in Practice*, 68. <https://doi.org/10.1016/j.nepr.2023.103564>