

From injury to return

Ethnographic research of the path
of veterans and their relatives

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The Human Rights Center for Servicemen “Pryncyp” is a public organization founded in 2023 for the legal protection of soldiers and veterans. Our priority task is advocacy for reforming the system of state interaction with soldiers and veterans.

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Introduction

Over the last year, such abbreviations as MSEC and MMC have become known to a fairly wide public thanks to soldiers who faced passing medical commissions, thanks to the caring community and journalists. This has made it possible to move from a frozen state to the process of improving the systems of military-medical and medical-social expert commissions in the state. In this process, our research has become another platform where we have given a voice to the direct participants in the process - soldiers in the process of being discharged from service, veterans with injuries, as well as members of their families who accompany their loved ones.

For three months, they communicated through messengers with the operator analysts about successes and obstacles, needs and worries, previous experiences and expectations for the future. Our team chose mobile ethnography as a methodology to learn as much as possible and delve with our respondents into the daily experience of recovery and return to civilian life.

As with any qualitative or quantitative research, our ethnography has limitations and may not be representative regarding the experiences of all veterans, particularly those who will acquire this status in the future. Due to the limited list of grounds for discharge from military service, only a small number of combatants have this opportunity and begin their journey back to civilian life.

However, a deep dive into the everyday life of our respondents allows us to outline trends and risks for the system of providing services and support. Consider that the number of veterans after demobilization will increase hundreds of times. It is important for us that this study begins to reveal the terms «treatment,» «rehabilitation,» «paperwork,» «adaptation» within the experience of veterans and their families, in their everyday life. Also, our study allows us to conclude that this experience should be significantly changed due to the established relevant processes by the state.

As for our work, it enhances the voice of veterans/wounded soldiers and their relatives in addition to its analytical primary function. Sometimes it gives an opportunity to speak in the context of barriers, needs and expectations from the state and society regarding support.

We hope that the stated thoughts and conclusions in this document will help to facilitate this difficult path for veterinarians and their families as soon as possible.

We thank everyone who agreed to open their lives deeper to us in order to give change the opportunity to happen.



With respect to your rank and gratitude, the team of the Human Rights Center for Military Personnel «Pryncyp»

Research methodology

With every day of Russia's full-scale invasion of Ukraine, the number of seriously wounded Ukrainian soldiers who will eventually return to civilian life as veterans grows. However, this return is preceded by a separate important transition stage, during which treatment and rehabilitation, passing medical commissions, receiving state benefits and benefits take place.

In this research, we focus precisely on this transitional stage and the study of the experience of those soldiers who have already been dismissed from service for health reasons or are currently undergoing a military medical commission with the aim of such dismissal, as well as their loved ones who accompany them on this path.

However, we sought not only to analyze the procedures for acquiring the status of social protection, the state of treatment, rehabilitation and other processes important for participants of combat actions (hereinafter – PCA), but also the specifics of the daily living of these processes. Our goal was to show all these procedures from the perspective of veterans and their loved ones, to reproduce their emotions and reflections as accurately as possible, and to demonstrate how this experience correlates with their picture of the world.

Therefore, the focus was not only on specific interactions with govern-

ment services but on all life experiences that shape the general atmosphere and mood of wounded soldiers during this period. In addition to the experience of future veterans, we have decided to also include the experience of their loved ones because it is they, being next to the wounded during the transitional stage, who actually become representatives of the soldier before the doctors, the state and the military unit.

In order to capture the daily life of veterans as richly as possible, but at the same time maintain the distance necessary primarily for their psychological comfort, there have been tools of social anthropology, namely «mobile ethnography». Unlike classical ethnography, which requires the researcher's observations directly in the field, that is, inside the everyday life of the community, mobile ethnography allows, using digital tools, to obtain such data in real time quickly, but at the same time avoid the physical presence of the researcher.

The value of the ethnographic method lies in the fact that it allows, on the one hand, to capture and describe as fully as possible the cultural context of the everyday life of the studied community, and on the other hand, to look at this life from the perspective of the representatives of the community themselves, their values and ideas

about the world.

In recent years, mobile ethnography has become increasingly popular among commercial companies and state institutions worldwide due to the ability to gain a deep understanding of the lives and experiences of a target group, taking into account their daily activities and interactions with the surrounding world, relatively quickly and at scale, with the help of mobile phones.

Mobile ethnography is especially relevant for in-depth studies of audiences, into whose lives it is problematic for researchers to immerse physically due to numerous objective limitations: time, distance, privacy, sensitivity of topics, etc. Understanding context is key when researching such audiences, and mobile ethnography is an effective compromise between immersion and non-interference in people's lives.

We have taken the recommendations of *Is it a bird*¹, a Danish research company, as the basis of our work, which also uses mobile ethnography to find insights for private companies and state authorities.

The priority of our research was understanding the trauma and sensitivity of the topics discussed. Our goal was not to harm either the respondents or the researchers. The ethical foundations of our study were taken from the recommendation for conducting qual-

itative studies² of Code for America, an American non-profit organization.

One of the important ethical foundations was privacy: we ensured the anonymity of respondents' data and, according to the Code for America research standards, our interlocutors were able to withdraw from the study at any time without explaining the reasons, and their data would then be completely deleted. This guaranteed security and an additional level of trust. In addition, researchers in this remote format also had more privacy, which had a positive effect on comfort and mental health in the process of work. All names of participants were changed in the text of the research to ensure their anonymity. All quotes are given with the preserved original language of the respondents and their vocabulary, even if they used obscene words.

The experts of the «Pryncyp» have conducted recruiting using the social networks of the organization and received 140 applications for participation. Respondents have been selected based on the relevance of their experience to the purpose of the research, focusing on those who provided complete data, as well as who had already left the service or were in the process. We have also had short telephone conversations with participants, during which we informed them about the study procedure. So, at first, the

1 - Is it a bird. Cases: <https://www.isitabird.dk/>

2 - Qualitative Research at Code for America. Guiding principles: <https://info.codeforamerica.org/qQualitative-research>

Research methodology

conversation involved familiarizing the respondents with the project and methodology. Then the participants concisely shared their own story after being wounded.

After this stage, a team of four analytical operators started working with 46 participants. The study sample consisted of **31 veterans-men and 2 veterans-women, 9 wives of veterans, 2 mothers, 1 father and 1 daughter.**

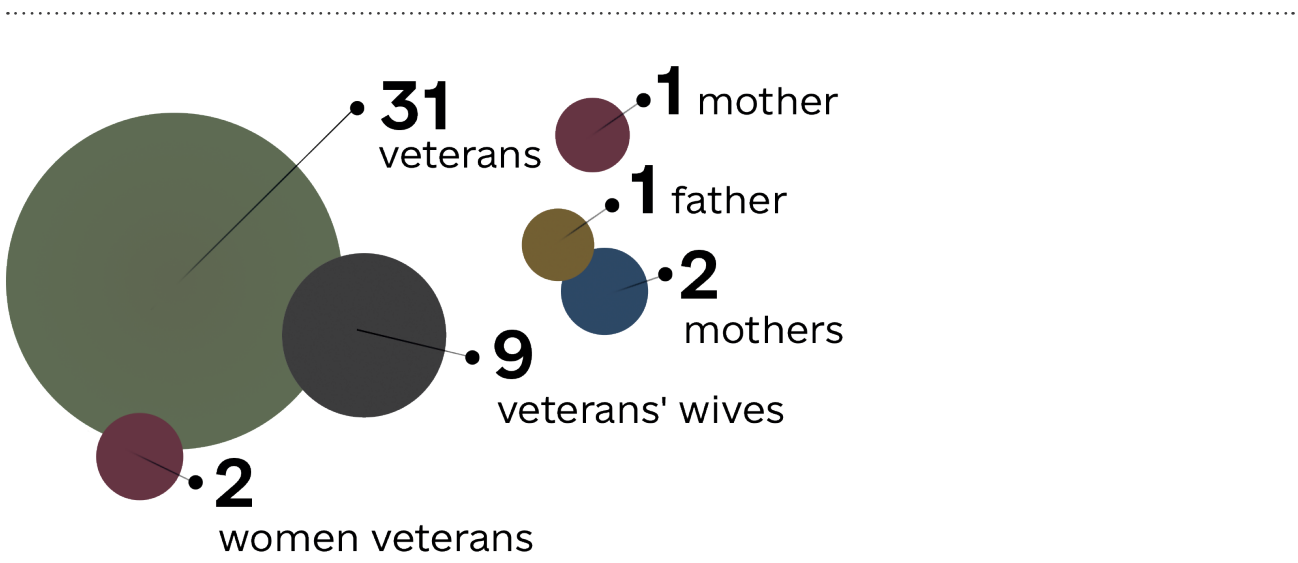
Among the study participants - 27 veterans who voluntarily joined the ranks of the Armed Forces of Ukraine (hereinafter referred to as volunteers), 13 of them noted that they were mobilized according to the general procedure.

The main aspects of the processes faced by veterans were recorded by operators at the following stages:

- passing the MSEC, obtaining the status of a person with a disability due to the war - 16 people;
- treatment/rehabilitation without amputations - 23;
- treatment/rehabilitation with amputations - 9;
- MMC, determination of medical fitness - 18;
- stay in a military unit - 5;
- other aspects (socialization after demobilization, retraining, job search, work) - 11.

The empirical stage of the research, that is, the period of active communication between operators and participants, lasted from May 20 to August 1, 2023.

Communication with the participants took place only when they showed interest in it, at a convenient



time for them, and in a convenient messenger for them. Study operators played the role of active observers and interlocutors, which allowed collecting more complete data and a deeper understanding of the context of veterans' lives. An important component was the fixation of data on communication dates and individual topics (such as prosthetics problems, social injustice, relationships with former civilian colleagues and employers, etc.), which were developed according to research objectives.

To collect materials, a table was made, which included an expanded and a shorter profile of respondents. Operators stored all obtained data there but with an additional analytical view from the prism of further systematization of materials: "events," "emotions," "reflections," "decisions that worked," etc.

Data analysis in this ethnographic study involved identifying key patterns, themes, and associations in participants' responses. During the analysis, analysts and operators adhered to the balance setting between the overall picture and the unique details of each individual case.

The limitations of the study should also be pointed out. First of all, we shall note that veterans and members of their families who contact the social networks of the PO "Pryncyp" took part in it, and therefore they use the Internet, social networks, and smartphones and have a primary level of trust in the organization. In addition, these are people who consciously decided to share their experience, and thus, were set to communicate with civilians and openly

talk about the problems of soldiers. Accordingly, these were people in a stable physical and psychological state, which affects the perception and vision of the situation in the moment.

Mobile ethnography provided a deep and detailed understanding of the lives of wounded veterans and their families to capture early signals on the required decisions at the strategic state level. The research revealed contextual nuances of the respondents' experience, which were not previously known or to which there was not paid sufficient attention. This research method contributed to the creation of a more complete and more accurate map of the veterans' life, their relationship with their families, the military unit, and the state, and the emotional context of these relationships. Mobile ethnography also helped to place the pain points already known to the research society on the overall picture of the lives of future veterans and their loved ones, which will allow better prioritizing policies and interventions at the local and national levels, and predicting other problematic aspects of the transformation of the lives of defenders of Ukraine and their families.

The research showed the complex transformation processes of the veteran worldview and identity, raising strategically important topics for further discussion. The obtained materials can be used by representatives of various public and professional communities as an additional source for the design of the services system for military personnel, as well as for the development of policies at the national and local levels.

Chapter I

Veterans and their relatives: identity, values, experience



Quotes of respondents herein are given in the original form of a text message received by operators



1.1. What is it to be a soldier? Identity construction

Ethnographic research differs from any other type of research in its main focus. Its purpose is to show the world from the perspective of the study group. Accordingly, to understand the peculiarities of the interaction of veterans with public services, you should start with the most important thing, which is identity.

Who do people with combat experience consider themselves and feel? What is it like to be a soldier?

Our interlocutors clearly draw the line between soldiers and civilians and are often convinced that there are things that civilians will never be able to understand. Describing their own identity, reflecting on the factors that give a person the right to feel their connection to the soldiers, our interlocutors emphasized the following:

1. DUTY

The important idea that the study participants broadcast is that, in their opinion, in a situation of a full-scale invasion, they really had no choice because going to war in such a situation is primarily a duty. It is important to add that it is not just a duty for the majority but a man's duty to protect his family, women and children, and his country. This point is very important for understanding ethos³ of soldiers, especially volunteers, their choice is a risk for the sake of a high goal dictated by moral ideas about decent behavior in war:

“The personal dignity of a real man is to be a defender, not a fugitive. Those who went to fight and stood up for the country from the very beginning of the great war shall receive the eternal honor and glory, those who fled shall be ashamed because they are last pussies, such people must be left citizenship” **(Myroslav, born in 1987, a policeman, shell shock);**

“To be military in wartime is to fulfill your civic duty. I have never dreamt of being a military man in peacetime” **(Valentyn, born in 1981, a veterinarian, seriously injured);**

“Everyone asked me at the front,” why did I come and why did not I give up?” because I could continue to work... I will answer: “I adore freedom, our parents, and our Ukrainian beauties!!! do not let, Lord, the fucking Kadyrov guys would come here, offend our girls... I cannot

stand it! I will cover them with myself, but I will not allow it to happen! I will sit secretly, somewhere on the motorway, and as soon as I see danger, I'll shoot and not hesitate!!! I have already made them in Irpin, for they shall not come to us!" **(Vitalii, born in 1989, a bank clerk, gunshot and shrapnel wound).**

The interviewed veterans and members of their families also often mentioned that being a soldier is a great moral challenge, because it is the soldiers who become the face of the country in an emerging threat: "Being a military man means the responsibility for the country, the family, and oneself. It's to be a model. It's an honor" **(Natalia, born in 1975, a social service specialist, Mykola's wife (born in 1975, an employee of a construction company, MEI)⁴**; "This is primarily a responsibility. The highest among all because there is the whole country behind your back. And also, incredibly hard work. But at the same time, it's an honor. For me, this experience has become invaluable because it helped to understand the true value of freedom, will, and life." **(Serhii, born in 2003, a student, MEI).**

Although in the conversations of veterans, you can often hear the thesis that soldiers are different in life but the ideal soldier in their opinion is just a person who can be a model for others.

2. AVAILABLE COMBAT EXPERIENCE

Participation in real hostilities is the most important factor of belonging to the status of a soldier because, according to veterans, even those who have

an officer rank, but did not participate in hostilities - do not have the right to consider themselves warriors: "The person who saw the war and took part in it is a military man for me" **(Kyrylo, born in 1972, an employee of a construction company, a human rights activist, two concussions).** Moreover, people who have military ranks without experience in the front-line cause sharp condemnation and aggression among wounded veterans: "A military man is a person directly involved in hostilities, not staff rats" **(Borys, born in 1986, a furniture collector, shell shock and MEI).** Therefore, for our interlocutors, belonging to soldiers is determined not by education or ranks, but by direct combat experience: to be a soldier, you must "see" the war with your own eyes.

3. UNFREEDOM

The experience of being in a hierarchical army structure, especially for those who were independently mobilized, was a difficult test. Most often, the features of the army hierarchy, order, bureaucracy and internal written and unwritten rules, the respondents called the word "unfreedom" or "slavery" and pointed to this as a factor showing what it is like to be a soldier in fact:

"For a civilian who has gone a certain way in life, this is primarily the need to fulfill a bunch of conventions and bureaucracy just so that you are allowed to destroy enemies. You did not want to serve in the army, but at every corner of the service, a model of obedience is imposed on you." **(Oleh, born in 1985, until 24.02.22 MEI);**

“My own problem is that I went to fight for freedom, and I am currently in captivity, and I have to live according to the statute when other people can easily go out to the park or a cafe, or even go to the mountains or the sea ... my neighbor got married, gave birth to a son and made repairs for 1.5 years, and I lost my health, lost a managerial position in the bank, lost a period of my life, my son was forbidden to communicate with me, but I received medals ... that’s why I wonder whether I have made the right choice on February 24?!” **(Vitalii, born in 1989, a bank employee, a gunshot and shrapnel wound);**

“In my opinion, the main problem is that the terms of service are not defined!! A large number of those currently at the front are civilians. The war has been going on for almost 1.5 years, and it is still too early to talk about the end. Many do not know whether they will live to see the end of the war and what that end will be like. All the more, the military people see what is happening on the street and how many people are living their normal lives while others are in SLAVERY waiting for their end. Politics is not fair to the military. Many feel like slaves”. **(Yevhen, born in 1988, a lawyer, MEI, acubarotrauma).**

The families of veterans have the same opinion, they emphasize that their loved ones went to fight voluntarily, but instead found themselves hostages of the system because they received severe injuries and at the same time had to face the bureaucratic ob-

stacles of the military system, which interfere with treatment, rehabilitation, promised payments and dismissal from service.

This paradox “to fight for freedom and find yourself in slavery” eloquently characterizes the emotional state of many interviewees, which they experience in the process of treatment and rehabilitation, which is accompanied by complex and often humiliating bureaucratic procedures for veterans.

4. BROTHERHOOD

Fundamentally important for understanding the ethos of a soldier is the aspect of brotherhood. Interviewees recall it as a unique and inimitable experience of unity and mutual support, inspired by the internal unwritten laws of war, rather than formal obligations:

“No civilian will ever understand why we are pulled back like that. They will not understand this brotherhood until they are there” **(Oksana, born in 1989, in the army since 2017, MEI);**

“The positive is that you are not alone, there are other boys who are in the same conditions and they become one whole with you. this is for life and these are the people who become closer than family.. these are the ones for whom you are ready to die, without thinking about the family, it is impossible to explain!!!!” **(Larysa, born in 1989, a medical worker, Oleksandr’s wife (born in 1989, an electrical fitter of SCB, wounded as a result of artillery fire)).**

Continuation of communication with comrades becomes extremely important in a situation of injury because, on the one hand, it allows you to continue to feel a sense of belonging to the group, on the other hand, it makes you realize that your comrades definitely “understand you” and therefore will truly support you, unlike civilians. Also, this communication becomes a source of obtaining “true” information about the front. Veterans often do not trust the media preferring first-hand information about the events of the war.

In addition, communication with comrades after being wounded is an opportunity to remain useful, veterans often start volunteering, collecting funds for their unit, etc.: “I don’t know if I feel like a civilian until the end because the connection with the unit, with the boys, continues, I do a little volunteering (...)”. **(Kirylo, born in 1972, an employee of a construction company, a human rights defender, two concussions).**

5. WHAT CIVILIANS WILL NOT UNDERSTAND

There is a widespread opinion that civilians are unable to understand what it is like to be a soldier because they do not have the experience of participating in combat operations and being in an army structure, and it is impossible to convey it in words:

“They will never understand what it is like to be a soldier. Because this word contains so much that cannot be described in one sentence” **(Serhii, born in 2003, a student, MEI);**

“Civilians will never understand the

military, and it’s impossible to explain: you can’t explain it to those who weren’t there and they won’t understand you” **(Natalia, born in 1975, a social service specialist, Mykola’s wife) (born in 1975, an employee of a construction company, MEI)).**

When veterans try to explain what exactly civilians will not understand, several important aspects can be traced. For example, the military hierarchy is often mentioned:

“Civilians will never understand why people in the army obey their superiors by position, even when they clearly understand that he is an idiot. After all, an order is an order and you took an oath” **(Oleh, born in 1985, MEI).**

A separate point should be noted the experience of the murder and death of brothers and the emotional spectrum that accompanies it in the long term:

“What is it like to load the body in pieces of someone who was next to you a couple of minutes ago... How to inform his family about this... It sucks to wipe the blood from your hands with a swamp, especially if it is not your blood... How to kill feeling nothing and knowing that you are also a potential deceased... Many things are difficult to explain and definitely not worth it.” **(Vadym, born in 1979, Council of the Trade Union of Railway Workers and Transport Builders of Ukraine, serious injury).**

Trying to describe the experience of a soldier, veterans also mentioned in detail the everyday aspects of being on the front lines:

“How to live for months in a single hole 1x2 m, at the same time being under fire, living at night in the landing without light and in complete silence, also in constant tension that a SRG can come in and take prisoners or throw a grenade...” **(Vitalii, born in 1985, a bank employee, gunshot and shrapnel wound).**

Sometimes veterans cannot find the right word for certain aspects of military everyday life and attach their own meaning to certain terms, for example, calling it a state of “cleansing”:

“When performing combat missions, a person’s psyche changes somewhat. The people with whom you go into battle and you are being purified. People can be seen through. Especially what they are. You will not see this in a peaceful life. And accordingly, in a short time on trips (a tanker) or combat duty under various firefights, you become a more straightforward person (when it is possible to say anything to another person’s face)” **(Anton, born in 1984, MEI, TBI⁵).**

Civilians’ misunderstanding of soldiers, according to the wounded, is also in the behavior of civilian men who avoid mobilization:

“A civilian will never understand the consequences of his fear of going and protecting his family

and sovereignty; they do not understand that it is required to replace soldiers during the recovery period, and they already think that they can do without others” **(Vitalii, born in 1989, a bank employee, gunshot and shrapnel wound)**

The civilians’ misunderstanding is confirmed by the reproaches that the soldiers had to hear during various everyday situations:

“Civilians, many civilians will never understand those who were in the war, never. And some already or still say “we didn’t send them there”, “they are there only because of the money”, but how do they know that we found out about the financial support only three weeks after the invasion...” **(Myroslav, born in 1987, a policeman, concussion).**

Also, during the stories of the veterans, the thesis was regularly repeated that veterans will always have a gap with civilians because a person with combat experience to the end will never stop being a soldier even after being dismissed:

“A person who went through a war (military people are different) risked his/her life, lost their loved ones - they are defenders forever” **Ihor, born in 1982, fought in 2014-2015, gunshot wound).**

It is important to note that during the data collection for this study, the operators communicated with those veterans who were in the process of being dismissed or recently dismissed, so we recorded the emotions and re-

flections of people only during this period - the beginning of the return to civilian life.

The veterans describe their condition after the recent end of service, as “semi-military - semi-civilian”. For some, it involves the transfer of everyday rules of survival to civilian life, for example, “control the perimeter”, as well as being ready to take care of loved ones:

“Personally, when I am in a crowded place, I keep my children, my wife, everyone I can in my field of vision. I simulate situations in terms of “departure”, an explosion, or just an unusual event.. I count the number of exits, count people, I insure myself and my family... I have a first-aid kit and more than one in the car, I have 5 American tourniquets, I have painkillers and hemostatic drugs bandages and dressings... When I plan to move (a city, the city center, another city), I will review the route from one point to another and have two spares, just in case. And that’s not even half of what I can tell... 5 liters of water in the car and 0.5 liters in everyone’s hands. (...) Being a military man is a cold calculation and a way of life... So both a “marriage of convenience” and a military man are “cold calculations”. You must understand, and be ready to get into such a situa-

tion where the decision about further existence and all responsibility will fall on your shoulders. It is not possible to integrate a military person into civilian life because life will be bad and the military person will be so-so”... **(Anatolii, born in 1978, MEI).**

So, characterizing the soldier’s own identity, the interviewees emphasized that belonging to the soldiers is determined by the awareness of the importance of the duty to defend one’s country, the presence of combat experience, “unfreedom” as an element of the army structure and, in contrast, a special brotherhood as a unique grassroots system of mutual support.

Among wounded veterans, there is a widespread opinion that civilians are incapable of understanding soldiers because war must be “seen” to feel what it is really like. At the same time, even after dismissal, veterans do not feel completely civilian initially and emphasize that their identity as a soldier does not disappear after the end of their service.

1.2. What is it like to be a veteran's loved one?

Testimonies of relatives of the wounded became indispensable during our attempts to look at the experience of interaction with state services and society from the perspective of veterans, but the experience of relatives also requires deep study and understanding. After all, this is an important part of the everyday life of the whole country, which cannot be simply ignored.

First of all, it was important for us to understand what it is like to be a wife/husband/mother/father/daughter/son of a soldier, how relatives of veterans formulate their own identity, and how their experience of living in war differs from that of ordinary civilians.

Among the veterans' relatives interviewed by us, there were most wives, that is why we have the most complete picture of them, but in addition to them, several mothers took part in the study, as well as the father of a soldier and the daughter of a soldier. It shall be noted here about the limitations of this study: the sample included those family members who accompany their injured loved ones. That is, we do not consider situations where conflicts between the wounded and their loved ones led to a critical deterioration or break in relations. According to our observations, the experience that forms the identity of the soldiers' nearest and dearest is built around the following aspects: waiting, the need to «control yourself», volunteering and pride, and misunderstanding by civilians.

1. WAITING

Relatives of soldiers describe the constant fear for their loved ones on the front line with the word "waiting". Each of their days during combat deployments turned into waiting for a message or a call that would make it possible to understand whether they were alive or not:

"Being a wife of a military man is difficult, it is a constant expectation of his call (he called at best). (...) Once every 5-7 days (they talked), before he was wounded he didn't call me for 10 days - this is my completely gray head at the age of 40, it's nerves, stress" (**Liudmyla, born in 1983, an employee of DTEK, Valerii's wife, born in 1976 (MEI)**);

"Not a single night did I sleep until my husband returned. I slept during the day, when it was a child's daytime sleep. Every week I delivered the package to my husband's brigade, every day I waited for a "+" from my husband, which meant "alive"... We talked 2 times per 3 days for 1 minute each". (**Larysa, 34, a medical worker, Oleksandr's wife (born in 1989, an electrical fitter of the SCB, wounded as a result of artillery fire)**).

It is clear that this kind of waiting

causes soldiers' relatives to be constantly under stress and tension because the fear of the death of a loved one becomes the background of everyday life. For them, this experience is a marker of the border between them and other civilians, whose loved ones are, of course, not safe in the conditions of war, for example, in the conditions of mass missile attacks on Ukraine, but these are completely different levels of danger.

2. "CONTROL YOURSELF"

Continual waiting over time forms certain strategies of adaptation in soldiers' relatives. One of them is the belief that while their loved one is fighting, they are obliged to "control themselves" for their sake, for the sake of their children, etc. They believe that they have no right to "go to pieces" and become weak:

"I have never thought that I would be the wife of a military man, but I became one. I will say right away that it is very difficult and responsible. You must constantly control yourself, even when it is very difficult. It's hard to smile, work..., when there is no news from my husband for three weeks." **Natalia, born in 1975, a social service specialist, Mykola's wife (born in 1975, an employee of a construction company, MEI).**

"This experience and title hardened me a lot. It taught me patience (because waiting for a call or a smiley face from the front is such a pleas-

ure and requires a lot of patience)" **Kateryna, born in 1986, a manager, Valentyn's wife (born in 1981, a veterinarian, MEI).**

One of the veterans interviewed by us formulated what it is like to be the wife of a military man as follows:

"The wife of a military man has balls of steel and huge nerves worrying about him every day" **(Anatolii, born in 1988, head of the milling shop, seriously injured).**

Relatives of soldiers try to convince themselves that everything will be fine with their loved ones, they learn to accept different situations and not despair, and they learn to look for something positive in life around them, no matter how difficult it may be: "Being a wife of a soldier: not to think about the bad, to believe that everything will be fine, get used to it, be self-sufficient, constant high-quality communication, talking" **(Olena, born in 1988, a pharmacist, Oleksandr's wife, born in 1993, a blacksmith, a contract soldier since 2015, TBI);** "This experience gave me the skills of positive thinking... Because no matter what the situation is, you wear a smile and go into battle. What used to be frightening from physical disabilities is now beautiful and commonplace" **(Kateryna, born in 1986, a manager, Valentyn's wife (born in 1981, a veterinarian, MEI)).**

3. MISUNDERSTANDING BY OTHER CIVILIANS

Relatives of soldiers, as well as the

soldiers themselves, often feel a gap between them and other civilians in the perception of war. They experience frustration due to the discrepancy between their expectations of people's behavior and the reality they face in everyday life. The relatives of veterans with whom we spoke, often feeling deep disappointment and irritation, they thought that Ukrainians had forgotten about the war, that they did not care about the soldiers, that the soldiers were abandoned, that their sacrifice was not appreciated by the state or society. The relatives of the soldiers were especially indignant when they were reproached for the large payments for service or emphasized that their loved ones went as volunteers, and in fact, no one asked them for it:

“It is hard to accept that the majority continues to live their usual lives, nothing has changed for them. Not everyone understood why my husband left voluntarily, and I did not understand how men could sit at home and expect someone else to protect them. The circle of relatives and friends has significantly decreased, it is very unfortunate to understand that there will be no support from them. The lack of understanding of most of my work colleagues was a shock to me. Especially the question “is it true that they are paid 100,000?” I was unsettled. And when my husband was injured and I was supposed to be with him, the management was only interested in me writing a statement for leave at my own expense. Although only my husband went to defend the country in our team, all

their relatives are at home. Therefore, it is useless to expect understanding from them” **(Natalia, born in 1975, a social service specialist, Mykola's wife (born in 1975, an employee of a construction company, MEI));**

“Individual civilians also won't understand why the military went to war at all, they didn't send them there...” **(Liudmyla, born in 1983, an employee of DTEK, Valerii's wife, born in 1976 (MEI)).**

4. VOLUNTEERING

The everyday life of veterans' relatives undergoes dramatic changes from the moment they start their service. One of these changes is inclusion in volunteer activities. First of all, they are looking for an opportunity to purchase the required equipment and machinery for their loved ones and their units. However, a soldier's need for such things is usually never exhausted, as old items wear out or are destroyed, tasks change, and gathering and searching simply become a part of the daily life of soldiers' relatives, further enhancing their sense of involvement in the war:

“To be a member of the family means constantly pray for him! The whole day, thoughts return to him, because of the lack of information about what is really happening there. Always buy what he will say and what he won't say because he is embarrassed, and you know that they really need it there right now.

Know all the war merchants in the city - the sellers of the war merchants leave something better for you in store. It is better to understand the military than those who spent the last 20 years in the army and warmed their seats **(Valenty-na, Dmytro's mother, born in 2002, a student, gunshot wound);**

“Being the wife of a military man is when you have a bunch of screenshots and links not to dresses and cosmetics, but to drones, turnstiles, sleeping bags... This is when you sob and rejoice like a small child, because in less than a day you have collected money for the drone required for the husband's platoon... When a warehouse is opened for you at night, and the very next day the walkie-talkies go to the front. (...) It's getting a lot of new wonderful acquaintances... It's knowing how a Vhf radio differs from a UHF...” **(Kateryna, born in 1986, a manager, Valentyn's wife (born in 1981, a veterinarian, MEI)).**

Often, relatives of soldiers use the phrase “you are either in the Armed Forces or for the Armed Forces” to describe this condition. After all, such an activity is not only about providing for their loved ones but also about joining an important activity for the sake of common victory. Therefore, in addition to collection for “their” ones, relatives often participate in volunteer activities aimed at helping soldiers, often chastising themselves for the fact that this help is not enough: “I understood that my children were not needed by anyone except me, but I understood that I could quite a lot to help the wound-

ed... It made me tear up to this day. I cooked food, wove camouflage nets, made candles for the trenches... but that's all is useless, sorry, compared to the emergency medical care I could provide” **(Larysa, born in 1989, a medical worker, Oleksandr's wife (born in 1989, electrical fitter of SCB, wounded as a result of artillery shelling)).**

5. PRIDE

Relatives of soldiers willingly mention how much pride they feel for their loved ones on the front line, they say that this creates a special status for them, but at the same time imposes a great responsibility: “Being a wife of a military man is very honorable, but also very difficult. Especially of a military man during the war. It is difficult to prepare for this... I would say it is impossible...” **(Kateryna, born in 1986, a manager, Valentyn's wife (born in 1981, a veterinarian, MEI)).** Just as soldiers feel that their identity entails a series of moral obligations, so do their loved ones. Relatives of volunteers or those who had reasons not to join the army, but made a conscious decision to go, feel special pride. In such cases, the act of such a person is often compared to those who flee the army: “Of course, I am proud of my husband that he did not sit at home when the enemy treacherously attacked our country, although he had reasons for this - he is a disabled person of the 3rd group, it was the decision of an adult, conscious Ukrainian. And no matter how difficult it is for us now, I am sure that it was the right decision because thanks to guys like my husband, who immediately went to defend the Motherland

without hesitation, despite the lack of equipment and weapons, Ukraine survived in the early days. I am very proud of him and understand that he and I will overcome everything to overcome this “under-russia” as soon as possible!!!” **(Liudmyla, born in 1983, an employee of DTEK, Valerii’s wife, born in 1976 (MEI)).**

However, relatives of volunteer soldiers in their stories always mention how difficult it was for them to accept the choice of their loved ones, and how important it was for their future relationships to do so. Often such acceptance did not happen immediately, but gradually relatives became convinced that they could not and would not have the right to influence this choice, that it could only be accepted:

“I have been the wife of a military man since 2015, this means life in constant stress, in constant tension, and there were only short breaks in this state when my husband was on rotation because there was a war all these years. There was a period when my son was born in 2017, I tried to convince my husband to resign, but nothing worked, then I just started helping and supporting him” **(Vira, born in 1983, a manager, Oleksii’s wife, born in 1980, veteran, severe limb injury and concussion);**

“What is it like to be a mother of a military man? The main and most difficult thing was to accept his decision, I admit my mistake that I refused until the last. I think it triggered him a lot, and he told me about it. The most important thing for a military mother is to respect the child’s decision, whatever it may

be” **(Maryna, born in 1984, currently unemployed, Volodymyr’s mother, (born in 2005, a student, TBI)).**

However, even such a long description is not enough to convey the inner feeling of involvement of relatives in the war. Describing what it is like for them to be, for example, the wife of a soldier, our interlocutors spoke first of all about a very complex emotional experience, which is not similar to the experience of other civilians during the war: “It is going together to the funeral of a relative stranger who fought a shoulder-to-shoulder with your husband... It’s looking into the eyes of a child and saying that dad is now without legs... That’s what being a soldier’s wife means to me” **(Kateryna, born in 1986, a manager, Valentyn’s wife (born in 1981, a veterinarian, MEI)).** Much of this experience will remain unarticulated because relatives, as well as the veterans themselves, often believe that a civilian without a similar experience cannot understand them because they have not experienced something similar and will not be able to feel what it is like in full.

Therefore, being a relative of a soldier or a veteran is a special identity, the specificity of which greatly affects the sense of involvement in war and is significantly different from other civilian experiences of war. The identity of loved ones is formed around some important moments of their everyday life - waiting, the need to “control yourself”, volunteering, pride, and not understanding by other civilians who do not have such experience. This experience forms a specific ethos and affects behavior patterns, in particular, it implies that a loved one must “be close” to the military, no matter what.

Chapter II

Injury



One of the important components of the interviewed veterans' identity is the concept of duty. In a war situation, the protection of the state, civilians, and especially their relatives and friends, is perceived by them not as a choice, but as an obligation - «I did what I had to do.» Accordingly, after being wounded, soldiers feel that they deliberately risked their health for the sake of the state and the sake of other people.

It is quite clear that this forms specific expectations about how to treat oneself from the moment of first medical treatment after injury and throughout the subsequent treatment and life after discharge from the service. Especially when it comes to severe injuries that radically change a person's body and potentially their perception in society.

Therefore, the question that often arises among wounded people can be formulated as follows: «What did the state and society do for me?»

It is clear that the wounded expect qualified care for their health from health care facilities, for an appropriate infrastructure adapted to the needs of people with limited functionality, from the cities and villages where they live or receive treatment. In addition, civilians are expected to show gratitude and respect, which should be manifested in small everyday actions (skipping forward in the queue, understanding and empathizing with the appearance of the wounded body, etc.). It should be said separately that veterans expect the maximum simplification of all

bureaucratic procedures, they expect that the state will treat their physical condition with attention and understanding, which will be met in matters of organizing interaction with the relevant state services because for the sake of the state they sacrificed their health and not only it: «Many military personnel (especially those with injuries) believe that they deserve a more loyal attitude from various state structures than other, ordinary citizens. And I agree with them in many respects» (Valentyn, born in 1981, a veterinarian, serious injury).

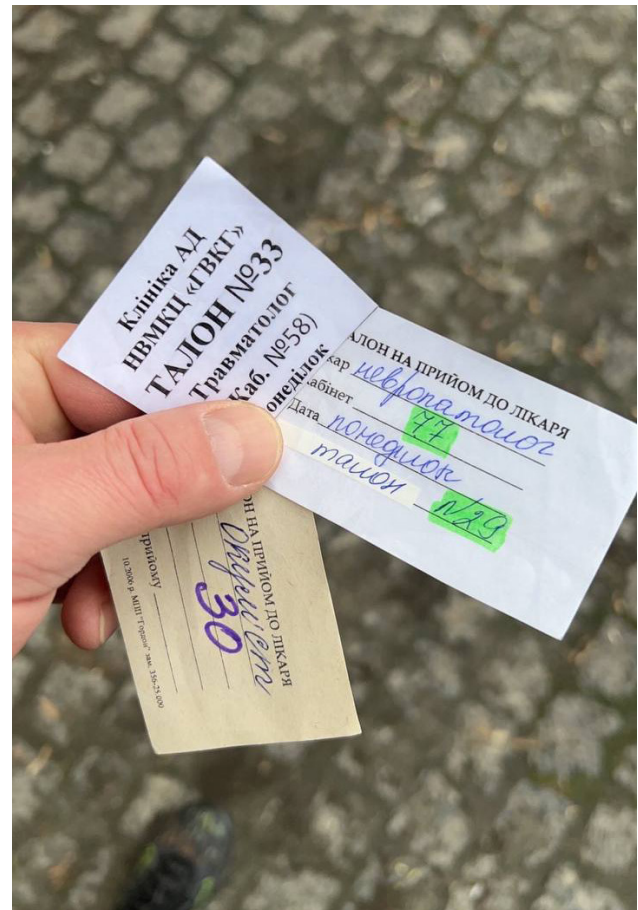
At the beginning of treatment, there is usually a clash of expectations and reality, which provokes great disappointment and frustration in the wounded. Our interlocutors usually commented on the interaction with public services and society after the injury quite categorically and emotionally:

“Global message: you yourself and everything around you is against you” **(Petro, dismissed due to health issues);**

“This is slavery..you do not belong to yourself, to your relatives. only the state. It is hammered into your head that you are obligated, that the state comes first, the family comes third...(.) and if you are injured, you are a weakling, a burden and you are no longer needed, and your problems are only yours...” **(Larysa, born in 1989, a medical worker, Oleksandr’s wife (born in 1989, an electrical fitter of SCB, wounded after artillery shelling)).**

Lack of hospital staff, lack of medical specialists, especially mine-explosive specialists, gunshot wound specialists, rehabilitators, etc., problems with state payments, queues and long duration of procedures of the military medical commission (hereinafter MMC) and the medical and social expert commission (hereinafter - MSEC), outdated norms of interaction with a military unit after an injury gradually form in the wounded the idea that society and the state do not care about them: “The disappointment is simply huge. It is necessary to simplify all bureaucratic mechanisms significantly, absolutely all of them. And also, to provide normal

conditions and treatment. Many boys simply do not have the opportunity to deal with the paperwork during treatment, and no one can do it for them” (Serhii, born in 2003, a student, MEI). Particular irritation is caused by negligence: “It is my business to fight, it is the business of the headquarters and the first commanders to protect me legally, it is your business as doctors to protect my health and restore me - that is why everyone in this chain, except me, does their job poorly” **(Volodymyr, June 2022 - explosive injury, April 2023 - gunshot wound).**



➔ Here and hereafter, all images are provided by the respondents

Moreover, the negative experience of interaction with state services reinforces the belief that everyone wants to «abandon» a wounded soldier: some - do not provide a certificate about the circumstances of the injury, the relationship for treatment, etc., the hospital - to discharge sooner so as not to bear responsibility, the MMC - to write the diagnosis incorrectly, MSEC - to underestimate the disability group, the state - not to pay the promised funds, etc.

Here it is important to emphasize the contrast of the feeling of indifference to oneself on the part of the civilian world with another feeling that is a component of the warrior's identity, that is brotherhood.

After the unique experience of mutual support of brothers, the injured person often finds himself alone with his injury, in a situation where he feels that only the closest people do care about him. Whereas, public services are as far as possible from fulfilling the function of care. As a result, with impressive regularity in the answers of our interlocutors, the phrase «written-off material» sounded like what they consider themselves to be in the eyes of the army, the state, and society.

They also repeatedly mentioned that with the beginning of the full-scale invasion, all bureaucratic obstacles were removed when the state needed it, and you could get to the army literally in one day, and when the wounded needed the state, new and new obstacles appeared: « If to go to war, everything is done in one day. And if to help, they don't know anything, they can't help» **(Veronika, Mykola's daughter, born in 1973, a metal smelter, gunshot wound).**

If we describe the veteran's experience from the moment of injury to the moment of dismissal, the word «waiting» will be the most comprehensive for this. Waiting for the wounded has three dimensions:

1. **Physical waiting** recedes each subsequent stage of treatment: while the wounds heal, while the bone grows, while the prosthesis is made, etc.

2. **Psychological waiting** is related to the time a person needs to make sense of himself in a peaceful life: to get a good night's sleep, to wait for flashbacks to be over, to learn to restrain emotions, to adapt emotionally to the prosthesis, to cope with psychological trauma, etc.

3. **Bureaucratic waiting** occurs at each subsequent stage of the wounded person's way: first, a person waits until 30 days pass and the next MMC is passed, then waits in queues during the MMC itself, then can wait for months for the required documents from the unit, etc.

The situation of **constant waiting** and uncertainty is something that causes great irritation among the wounded because, in addition to the time spent on the recovery of one's own body, which cannot be predicted, one has to live constantly with an extremely uncomfortable feeling of uncertainty due to the treatment procedure itself. In particular, with mandatory MMC every thirty days, with the periodic need, even in severe conditions, to go to a military unit physically for regular documents or simply permission for further treatment, etc. All this continuous waiting is thoroughly present in the daily life of the wounded and their family members. Almost every conversation with an operator-analyst began

with the words: “Nothing, we’re waiting.” It is clear that the bureaucratic waiting and usually the uncertainty of the terms of this waiting worsens the already difficult emotional state of veterans, creates a feeling of apathy and hopelessness of efforts. It is also important to note that a soldier usually cannot influence the waiting period in any way, so every time it makes you feel your helplessness and the impossibility to change something in a situation of injustice.

2.1. Власне поранення і евакуація

The first step for a soldier after receiving a wound is evacuation. Here, the experience of our interlocutors differs, but a number of important points can be highlighted.

If the help was provided competently at this stage, our interlocutors showed great undisguised gratitude, first of all to the brothers, then to the doctors:

“I was given the first medical aid and evacuation to the stabilization station by my comrades. Thanks to the boys and girls, they stabilized my condition in time, but there is a wish to transfer personal belongings from the cut things of the wounded, although there is such a flow of wounded, doctors work 24/7, I understand it, but we buy all belongings with our own funds and now we have to buy it again... At

the stabilization station, everything was clear, I was admitted, even my squad medics and operational officers stepped up to help (this is really respectable). They gave me a form 100 and sent me to the hospital” **(Anatolii, born in 1978, MEI);**

“Evacuation and first aid was at the highest level” **(Yaroslav, born in 1996, a food industry line operator, gunshot wound);**

“The first aid was provided promptly and qualitatively, as far as it could be done. All worked well, and I am infinitely grateful to them” **(Olha, Kyrylo’s mother, born in 2003, a student, MEI).**

However, there was mentioned the fact that the rescue of the wounded became possible thanks to the first-aid

kit purchased by him or his comrades, emphasizing the fact that the state does not provide soldiers with such means properly: “The son received MEI at 0. Aid was immediately provided by the comrades. And I’ll say right away, the first-aid kit that saved the life was bought by one of them at his expense” **(Olha, Kyrylo’s mother, born in 2003, a student, MEI).**

However, there are also unfortunate stories related to the carelessness of doctors both in treating patients and keeping documentation: “With medical evacuation, I got to (...) hospital in the city of Dnipro (the doctor did not come for 3 days, when I was transferred for further treatment I had to demand that the statement be rewritten because according to it my leg (no the one which was wounded) was put in a cast, which wasn’t made at all” **(Vadym, born in 1979, Council of the Trade Union of Railway Workers and Transport Builders of Ukraine, severe injury).**

2.2. Treatment

After evacuation, the wounded are sent to a military hospital or a civilian hospital. Usually, the place of treatment for severely injured patients changes several times. Among our interlocutors, there were those who, including rehabilitation, had a total experience of up to 9 hospitals across the country. It is clear that such a long journey makes it possible to compare the quality of medical services in different institutions

and different regions of Ukraine, as well as to generalize their feelings about the health care system itself in the field of medical care for soldiers. Thus, the wounded and their family members, having direct user experience of hospitals, clearly see their shortcomings in working with veterans and can become an important source of information for understanding processes that require immediate changes.

It is very important to understand that it is extremely difficult to go through the stage of treatment for a seriously injured person on his own because in this condition he is unable to engage in additional communication with the hospital and state authorities. Usually, a wounded person needs special care, control over the treatment process, which the hospital does not always provide, as well as control over bureaucratic aspects, which no one can do either. In most cases, this role is taken over by the closest relatives of the wounded - wives, parents, children. Most often, they are next to the veteran from the first days after the injury and accompany him during almost the entire time of treatment and rehabilitation, while combining the new duties of caring for the wounded with work, and often with caring for children and older close relatives.

Relatives are convinced that if they do not take care of their wounded, no one else will definitely care about him

Within this study, we received the most complete information about the treatment process from relatives, whose role was often limited to demanding proper attention and professionalism from the hospital during the care of the wounded.

Observing the language of loved ones of the wounded demonstrates, how personally they perceived the

needs of veterans because they always described treatment, rehabilitation, and the passing of medical commissions with the word “we”: not “my husband got in line for prosthetics,” but “we got in turn», «we got a certificate», «we passed the commission», etc.

Relatives of veterans often described how exactly they learned about the injury of a loved one and what they felt at that moment. Mostly, they described it as a mixture of feelings - joy that their loved ones are alive and pain and worries about what their life together will be like in the future:

“My husband was wounded on March 20, 2022, at that time the war had started less than a month before, until that moment I did not even think what his return would be, fear and numbness from not knowing what happened to him and how he was there were my only feelings, at that time I wished for only one thing, that is Victory would come sooner and he would return alive!!! And then the long-awaited call from him, and he tells me that he was hurt, here I was overcome by mixed feelings, it is both pain for his health and joy that he is alive” (Liudmyla, born in 1983, an employee of DTEK, Valerii’s wife , born in 1976 (MEI));

“At first, every day I was afraid for his life. Then I had fear for his life already in the hospital. Then I was afraid of what will happen next, what life will be like, whether it will be the same as before. Gather and get together to take your own, control, monitor, follow everything” (Nadiia, born in 1988, Anatolii’s wife (born in 1988, head of a milling shop, seriously wounded)).

For relatives, wounding means automatic self-sacrifice, it is something that is in the ethos of their identity, it is something that is already understood, and it is something that is not realized and not discussed because you cannot do otherwise as the closest person: «Regarding «whether I'm proud of myself»... No... I do what I have to do. I think many people would do exactly like that» (**Kateryna, born in 1986, a manager, Valentyn's wife (born in 1981, a veterinarian, MEI)**). That is why relatives of the wounded often stay with them in the hospital from the first days and throughout the entire treatment and rehabilitation. It is also important to note that it is difficult for soldiers to trust strangers quickly, so they delegate to their loved ones the role of an intermediary between them and the outside world: «My husband trusted only me: trusted and obeyed only me... He entrusted his life to me while in the hospital ...» (**Larysa, born in 1989, a medical worker, Oleksandr's wife (born in 1989, an electrical fitter of SCB, wounded after artillery fire)**). But sometimes trust does not appear immediately even in relatives because it is hindered by the confidence that a civilian has not seen everything that the soldiers saw, and therefore will not be able to understand:

“It was difficult at first, physically and mentally, it was difficult to hold back my emotions so as not to cry either from pain, from fatigue, or from the happiness that he is alive, then it was difficult to establish a regime, remove the distance, win trust, become a comrade to him, I'm happy that he's alive, I'm happy about the dynamics and the lack of aggression, I hope it will stay like

this” (**Maryna, 39, currently unemployed, Volodymyr's mother, (18, a student, TBI)**).

Being close to a wounded person is not always easy. However, among the relatives of veterans, it is not customary to talk about it and complain. One of the conversations of the soldier's wife with the operator-analyst who conducted the research is absolutely revealing here: “Good afternoon, Anna! I wanted to write, as always, that everything is fine, as I answer everyone))) but I remembered that I should write the truth to you)” (**Larysa, born in 1989, a medical worker, Oleksandr's wife (born in 1989, an electrical fitter of SCB, wounded after artillery shelling)**). One of the reasons that relatives do not allow themselves to complain is, in particular, that they always compare their situation with those who are currently participating in hostilities: “I'm not tired at all, all these physical issues will go away, one day I'll rest, but the moral and psychological fatigue seems to “suck out all the juices.” It seems that I will no longer have the strength to withstand the psychological stress and fatigue, but then I remember that there is an active combat zone, there are those who will no longer feel any emotions... and the strength appears” (**Larysa, 34, a medical worker, Oleksandr's wife (34 years old, an electrical fitter of SCB, wounded after artillery shelling)**).

In fact, “being around” is more than just a phrase. This is a verbal formula that describes what it is really like to be a soldier's relative: “How I control myself - I don't remember the first months, like a robot, on sedatives. I understood that if I didn't help, I would

lose him. I understand that I can't fall apart and that's why I hold on. In the first months, there was a lot of support from friends, colleagues, and strangers who helped me get together. It's already my 9th month on adrenaline and not burying myself. Sometimes the body shuts down for a few days due to a high temperature, but I quickly recover and am around again and again" **(Kateryna, born in 1986, a manager, Valentyn's wife (born in 1981, a veterinarian, MEI))**. That is why relatives of soldiers often talk about their ability to "hold on" as a duty, something they simply have to do in the current situation because their loved one is now completely dependent on them.

The treatment process begins with the diagnosis and the treatment scheme determination, and when the role of the doctor who works the wounded is key. In our conversations with veterans and their families, we saw four typical situations:

- a) when you were "lucky" having this doctor and he made a "miracle";
- b) when there were no specialists in the hospital who knew what to do;
- c) when the doctor simply did not come;
- d) when they had to look for a doctor who would "undertake" the treatment of such an injury.

A doctor with whom you are "lucky" is a highly professional person whose skills and knowledge are able to help even with the most complex injuries. Our interlocutors spoke of such doctors with great respect, clearly indicating the surname, name and patronymic:

"A doctor from God came across, a surgeon-traumatologist Yakovlev Mykola Mykolaiovych, assembled that Lego constructor, in the fu-

ture everything should normalize thanks to his efforts. 5 operations, implant, skin transplant... but in the end everything should be fine)))" **(Vadym, born in 1979, Council of the Trade Union of Railway Workers and Transport Builders of Ukraine, serious injury);**

"At the emergency hospital no.7 in Dnipro, the traumatologist Fedchenko Viktor Petrovych assembled the heel of the bones that remained there and from pieces of bones, he did everything that could be done at that moment. (...) As for Viktor Petrovych, I want to say that he is a great professional, in all other hospitals, all the doctors said that the heel was made as best as possible from what was left there, and that my husband could be left without this limb at all, therefore, I am very grateful to this doctor with golden hands" **(Liudmyla, born in 1983, a DTEK employee, Valerii's wife, born in 1976 (MEI))**.

Also, medical institutions where there are many professional doctors and where the injured are treated with care often fall into the "lucky" category:

"By the way, I would like to single out the doctors of the Kharkiv Institute of Neurology, Psychiatry and Narcology, especially their polyclinic branch, where we were examined by specialty physicians. All the soldiers were treated very well, everything was done out of turn, a separate nurse helped us with this, and everything was done very quickly. And the treatment recommendations were also very professional. Well, the neurosurgeons

of the Kharkiv Hospital are simply gods, and unfortunately, we have not met such a human relationship anywhere else. Both treatment and care were at the highest level” **(Olena, born in 1988, a pharmacist, Oleksandr’s wife, born in 1993, a blacksmith, contract soldier since 2015, TBI).**

We must admit that such stories are rare among the stories of our interlocutors because usually, the situation in hospitals is completely different. The wounded and their family members often complained about the incompetence of the doctors in the institutions where they were sent for treatment. At the same time, it was primarily a matter of ignorance about military injuries and amputations, the interviewees often repeated that the hospitals “didn’t know what to do with them.” That is, this is not an exception but rather a typical situation, especially in small cities. The local doctors did not have any experience with these types of injuries:

“The fact that they have a poor idea of how to treat gunshot wounds is somehow uncomfortable to write about. So far, I have the impression that this is a system. Because even in the first hospital where my husband was, few doctors were interested in the specifics of treatment. The situation is the same here. Apparently, no one has conducted any advanced training courses for a year, so the head of the department looks surprisingly at X-rays, and the doctor does not really understand what the treatment should be” **(Iryna, born in 1977, a massage therapist, Leonid’s wife, born in 1980 (a furniture maker, serious injury));**

“In Uzhhorod, he was sent to the central city hospital, he just lay there for a month, the doctors didn’t know what to do with him, they consulted with someone, I don’t know who)))” **(Liudmyla, born in 1983, a DTEK employee, Valerii’s wife, born in 1976 (MEI));**

“From Dnipro, my son was taken to a provincial hospital during the evacuation stage. Where he just wasted time, 3 months. Because the doctors did not have experience in what to do with such patients. There were two amputees in the entire hospital. (...) I do not blame the doctors, they were simply not ready for such a thing. It was necessary to teach them, and organize some courses. But this is already a matter for the Ministry of Health” **(Olha, Kyrylo’s mother, born in 2003, a student, MEI).**

Medical negligence should be mentioned separately. In some medical institutions, the wounded faced the fact that even the attending doctor did not come to them at all, or came extremely rarely after being looked for by relatives. While the situation with incorrect filling out of documents during discharge is typical for our sample: “I spent a week here, the terrible staff has the feeling that they deliberately want to hurt. The first time I saw the attending physician was when they were discharging me, I don’t want to speak about food, even in the documents for the discharge they made a lot of mistakes” **(Volodymyr, June 2022 - explosive injury, April 2023 - gunshot wound).**

In such cases, relatives try to do everything possible so that the injured

person receives at least some kind of treatment. They take on the responsibility of finding and bringing a doctor, receiving a treatment plan, monitoring the implementation of this plan, actually becoming a representative of the injured in the hospital, and demanding from the medical staff the performance of all functions required for treatment:

“There was no symptomatic therapy until I complained and went and bought it at the pharmacy myself. Yes, everything that I gave him additionally (analgesics, anti-inflammatory, calcium-containing drugs, chondroprotectors, for intestinal peristalsis and laxatives) was recorded in history. I also followed up on planned tests and examinations and reminded them. They did everything politely, but I reminded them that they controlled. But it’s not a problem” **(Larysa, born in 1989, a medical worker, Oleksandr’s wife (born in 1989, an electrical fitter of SCB, wounded after artillery shelling));**

“From the moment he was wounded, I was and lived next to him in the hospital for 2 months. I carried out all the organizational points according to the documents, searching for hospitals and doctors, communication with the unit and its employees” **(Nadiia, born in 1988, Anatolii’s wife (born in 1988, head of the milling shop, seriously injured)).**

Under conditions of such negligence, the wounded who were “unlucky” to come across a “doctor from God” immediately began to look for specialists on their own. If you managed to find a good doctor in the end,

it was called “you’re lucky”. Most often, this was done by the relatives of the wounded, who took it upon themselves to research the situation in various hospitals and connect “acquaintances” to find the right specialist: “We came on vacation after the vacation, again we ourselves found a doctor who agreed to take us and perform this operation on us (...) Now we are changing the hospital. It is possible to be treated by a leading traumatologist of Ukraine. He offered to go to his department. Honestly, it was just luck” **(Iryna, born in 1977, a massage therapist, Leonid’s wife, born in 1980 (a furniture maker, serious injury)).** Sometimes the wounded are forced to go to private clinics at their own expense because the state treatment turns out to be helpless with their injuries: “Unfortunately, there was no interaction with the doctor, after being discharged from the military hospital with the conclusion of the MMC about unfitness, I looked for a traumatologist on my own, with whom I will continue treatment, and now I go to Kyiv to see him and receive treatment at my own expense because this is Dobrobut, a private clinic. In the city of residence in Kremenchuk, traumatologists and orthopedic doctors said that they would not be able to help in our city and the region” **(Anton, 37, a lifeguard at an oil refinery, has been serving since 2015 with a break, serious injury).**

It is also important to emphasize cases of corruption in hospitals. We have recorded only one such testimony, but it is important that it says that unwritten rules do not allow demanding a full-fledged bribe from the soldiers: “The attitude towards us is +/- tolerant, the nurse first asked “for a chocolate bar”, after that she placed us in a normal ward, and she also allo-

cated a bed to me, and in general, the attitude of the whole shift immediately became very positive)) Well, the doctor is a little arrogant, but he does what is required because “he is a military man.” He didn’t hint at money, but this hospital is generally famous for its love of bribes” (**Olena, born in 1988, a pharmacist, Oleksandr’s wife, born in 1993, a blacksmith, contract soldier since 2015, TBI**).

The next important aspect of treatment is direct care for the physiological needs of the wounded. According to our observations, hospitals are critically understaffed for this, but even when this function is performed, the wounded often complain of inattention, negligence, and irregularity of such care. There are volunteer initiatives that our interlocutors greatly appreciated, but they do not provide full care: “They saved a little, volunteers brought food to the soldiers, almost every day and sweets were always, tea, coffee, yogurts, kefir, fruits (**Larysa, born in 1989, a medical worker, Oleksandr’s wife (born in 1989, an electrical fitter of SCB, wounded after artillery shelling)**).

Most often, the wounded in the hospital are taken care of by their closest people: “Since my husband had to lie in one position 24/7, I had to be with him constantly. It is to wash, feed, change the bed, bring, serve, take away....run to the pharmacy (...), buy food. By the way, the food there was disgusting, like for pigs....it is a medical institution, and it does not sort out the food, but it was terrible (**Larysa, born in 1989, a medical worker, Oleksandr’s wife (born in 1989, an electrical fitter of SCB, wounded after artillery shelling)**).

It is also important to take into account the fact that hospitals do not

always have conditions for relatives to stay. Yes, our interlocutors were forced to rent an apartment at their own expense and to come to the hospital for the whole day to care for the wounded:

“On April 11, 2022, the man was transferred to the Mukachevo military hospital. I am coming to Mukachevo with my cat, it is simply impossible to rent an apartment in Mukachevo, I connected all my friends and acquaintances to the search for housing, I talked to all the realtors - with no result, so I am staying in a hotel, thank God they accept pets during the war. I settled here 1.5 km from the hospital, so during my lunch break and in the evening, I ran to the store to buy something tasty for my husband and the boys who were in the ward with him” (**Liudmyla, born in 1983, an employee of DTEK, Valerii’s wife, born in 1976 (MEI)**);

“For relatives like me, there are no places where I could settle, so I was forced to rent housing, which is not cheap” (**Larysa, born in 1989, a medical worker, Oleksandr’s wife (born in 1989, an electrician of SCB, wounded after artillery shelling)**).

However, some relatives are “lucky” to get a place to spend the night right next to the wounded, and here it is important to note one more fundamental point. Caring for a wounded person can be something like an intimate duty for a loved one, in which others should not be involved, it is considered such a delicate matter that only a close person can perform this care properly and truly, and a stranger never will be able: “They had a place in the ward, and I lived in

the hospital for two months, although I had said right away that if someone needs to be admitted, well, there is no room there, then I have somewhere to go, I will go. I just didn't want him, let's say, to be looked after by nurses and all that, and the doctors weren't against it, I lived there, spent the night there, and had a shower there, thank them very much **(Nadiia, born in 1988, Anatolii's wife (born in 1988, head of a milling shop, seriously injured))**.

Most relatives who care for the wounded often have children or elderly relatives who also need care. Our interlocutors were forced to leave their children with their grandmothers or neighbors to care for the wounded, and they shared their experiences on this matter very emotionally, about how they had to be "torn" between children and their husbands, between their husbands and elderly relatives:

"During the period when I was with my husband, my children were with my mother, she had 2-3 years left before retirement, that is, she could not leave her job, which is already very difficult. She took all possible vacations, days off, sick days... so sometimes the children were at neighbors' and friends' houses... that is, at the time when he was transferred, I desperately needed to return home. But I couldn't leave him either, since no one was going to take care of him, they didn't want to". **(Larysa, born in 1989, a medical worker, Oleksandr's wife (born in 1989, an electrical fitter of SCB, wounded after artillery shelling))**

"When a disabled husband, a disabled mother, all household problems and issues, work difficulties

fell on my shoulders, I thought that I would not be able to carry all this out" **(Liudmyla, born in 1983, a DTEK employee, Valerii's wife, born in 1976 (MEI))**.

However, close relatives of the wounded did not only take care of their relatives, most of them also had to work because there were not enough funds for everything. To be in the hospital, they usually used all possible weekends, vacations and days off, but this was rarely enough, and employers began to insist on dismissal: "At the end of May, I was notified at work that either I return to work or I am fired. (...) As it was said: "everyone has some problems, but they work" **(Liudmyla, born in 1983, a DTEK employee, Valerii's wife, born in 1976 (MEI))**; "I'm not working right now because I had to devote time to my husband's treatment. I had to resign because my husband's health is more important now" **(Iryna, born in 1977, a massage therapist, Leonid's wife, born in 1980 (a furniture maker, serious injury))**.

Currently, there is no mention of any assistance from the state for the care work of relatives of the wounded, as well as legal protection against dismissal from work due to this

One of the recorded challenges and barriers for study participants was the conditions in hospitals where veterans with severe injuries are admitted. The absolute majority complained about the shameful inadequacy of medical facilities for their most basic needs. In such a situation, the wounded are completely deprived of even minimal independence, which provokes irritation and depresses their morale even more: “After the Volyn regional clinical hospital, I was transferred to the district hospital. It is not equipped for patients with amputations at all. For example, I used a wheelchair, and the wheelchair cannot fit in the toilet. There were no crutches, we had to look for them, the doctor had given hers” (Serhii, born in 2003, a student, MEI). Often, due to the overcrowding of hospitals, the wounded are not admitted to the trauma department, which is usually at least minimally equipped for patients who have difficulty moving, but to any other free departments, including children’s departments:

“In the hospital itself, there is no mention of facilities for such injured people as my husband, who cannot move. It so happened that he was put in the burn ward, I understand because there were no places in the trauma ward (...) There were about 15 steps in the burn ward, there was no ramp to go outside, you had to climb all these stairs, it was an insurmountable obstacle in our position, and there was also a limited number of wheelchairs in the department. (...) It was a pity for all the boys who had not seen the street for months... Taking a shower was another quest, a shower cabin with a high side, into which

my husband could not jump, so our bathing was limited to wiping with a wet towel, before that, it was necessary to get a basin, for this it was necessary to find an orderly or a nurse” (**Liudmyla, born in 1983, an employee of DTEK, Valerii’s wife, born in 1976 (MEI)**).

Such conditions were perceived by the wounded and their relatives as very humiliating, because such a life causes additional suffering to people who already feel bad both physically and emotionally. In addition, it is important to emphasize that we are talking about the wounded, people whose identity is the protection of others, and such nuances of hospitals do not allow them to even take care of themselves and their basic physiological needs.

So, it is possible to point out several important issues that wounded veterans face during the treatment. The most important of them is interaction with the attending physician. In general, four types of such interaction can be distinguished: successful, when the wounded receives high-level professional assistance, unsuccessful, when the infirmary does not have specialists of the required profile, lack of interaction, when the doctor does not visit the wounded at all, and situations when the wounded had to independently seek a specialist from other medical institutions. However, close relatives of the wounded person often supervise the entire treatment, as well as communication with the doctor and the rest of the hospital staff. Most often, they also completely take over the function of junior medical personnel and provide care for all the veteran’s physiological needs on their own. To be able to do this, they have to move to other cities

and rent housing, torn between the injured and, for example, children or elderly relatives who also need care. Relatives of the wounded are often forced to quit their jobs because all their time goes to care and stay in the hospital.

It should be emphasized separately that often the conditions in hospitals are not suitable for people who have difficulty moving, and this fact is perceived by the wounded not just as discomfort, but as humiliation because they find themselves deprived of the opportunity to independently fulfill basic physiological needs and are always forced to depend on someone's help.

2.3 Rehabilitation

PHYSICAL REHABILITATION

After treatment, a period of rehabilitation is necessary for veterans with severe injuries. Most often, it is not easy because the state lacks appropriate institutions and specialists for such a large number of patients. However, the most important problem is the extent to which rehabilitation is formally implemented. Many of our interlocutors concluded that the state is not able to organize anything effective for them, and successful recovery is actually important only for them and their relatives. That is why they began to develop different strategies for finding clinics and specialists independently or recov-

ery at home. Often, this all happened at their own expense with the help of private medical institutions or with the support of volunteer and charity initiatives.

It should be noted that we also recorded a successful experience of free state rehabilitation, but with such a recovery the injured person should be «lucky»: “There is a good rehabilitation center in Kyiv from the hospital (...). But for some reason, doctors don't talk about it much (...) It's very good there. You need to see and feel in detail. Different types of massages, the rooms have a salty aroma, physical therapy, swimming pool, sauna, good staff, and maybe something else (where they sent). Free,



from the hospital. Referral is needed»
(Anton, born in 1984, MEI, TBI).

However, not always the rehabilitation centers to which the wounded are referred actually have the capabilities, and most importantly the specialists, to improve the situation:

“Sosnivka is an ordinary city hospital. In February 2023, they became a rehabilitation center. Well done, they made repairs and adapted the premises. It can be compared with a Soviet sanatorium. About 65 people, only with amputations, there was a training hall on the 3rd floor, massage. Worked for an hour. There was no rehabilitation in particular. Regarding bandaging the stump (so that it does not swell), and how to choose an elastic bandage (length, width) - all this was googled and learned independently. In Sosnivka, the boy is the only rehabilitator. The massage therapist is a volunteer who traveled by herself and gave them massages for free” **(Kateryna, born in 1986, a manager, Valentyn’s wife (born in 1981, a veterinarian, MEI)).**

The process of helping the wounded can be organized so carelessly that veterans do not even receive information about possible rehabilitation at the facility where they are being treated. The presence of a rehabilitator remains a formality, and no one systematically works with the wounded, so a typical situation is when veterans, together with their relatives, search for information on the Internet about what exercises to do:

“No questions to the staff in Kyiv. wonderful doctors and nurses, still calling and writing. There are no questions about attitude and care. There is a question in the rehabilitation plan: only after 4-5 months did we learn that there is a gym (we could do arm exercises on a wheelchair). The rehabilitator is an uncle under 70 years old, he came in several times, but there was no rehabilitation as such. We did everything by ourselves, I ordered elastic bandages for him because we understood that it was necessary to work out the hands. Tied to the bed, looked for exercises on the Internet.

The rehabilitation specialists also showed some exercises” (**Kateryna, born in 1986, a manager, Valentyn’s wife (born in 1981, a veterinarian, MEI)**).

Also typical is the situation when rehabilitation departments are overcrowded and the wounded are in reality placed in other departments where there are free places, although this is not reflected in the documents. Accordingly, specialists go to such departments even less often and there is no talk of any full-fledged rehabilitation at all: “They placed him in the children’s department (...) But according to the documents, he will be in the rehabilitation department. No one was engaged in him. They brought an ergonomic mat, a ball, a rubber band, left it and went (...). Such rehabilitation lasted from January 24, 2023 to February 14, 2023. Just wasted time. During the rehabilitation period, the attending physician also did not show up” (**Larysa, born in 1989, a medical worker, Oleksandr’s wife (born in 1989, an electrical fitter of SCB, wounded after artillery fire)**).

TERMS

The legislative framework was a major problem that prevented effective rehabilitation of the wounded for a long time. Until recently, wounded (however, like civilians) had the right to undergo only two rehabilitation cycles of 21 days per year. Since June 2023, the number of cycles was increased to 8, i.e., 168 days per year. This improved the situation significantly, however, in reality, even this term may not be enough, especially for people who need prosthet-

ics, because it is often preceded by a whole cycle of operations and recovery after them.

At the time of this study, the situation with unexpected discharge from the hospital for the wounded and their relatives (who were not always aware of the limited period of 2 times of 21 days per year) was typical. Talking about such situations, our interlocutors did not hide their irritation and indignation, stressing that the wounded do not affect how their injuries heal, and the current legislative norms are in striking contrast with modern Ukrainian military realities:

“And here is the most important thing! According to the law, boys have the right to rehabilitation 2 times for 21 days a year. That is, rehabilitation with amputation is equated to any civilian rehabilitation. That is, in 42 days they have to undergo rehabilitation and get a prosthesis, which they also have to learn to live with. But this is absurd! Each operation delays prosthetics for a month on average. And they are sometimes made several times, one after another. At first, no one dealt with the boys. They lived, had operations, and did exercises. And now they started to push everyone to leave the rehab center as soon as possible. But what are boys to do?” (**Olha, Kyrylo’s mother, born in 2003, a student, MEI**).

This fragment of the conversation actually demonstrates informal ways of overcoming legislative oversight, common to Ukrainian realities – the hospitals themselves ignored these norms, but over time they began to adhere to the formal rules. This is related to the

actual compensation for the service provided as part of the rehabilitation package of the Medical Guarantee Program, which is paid by the NHSU.

The way out of such a situation was to go through the MMC in the hope of getting a leave for at least minimal self-recovery, but here it should be noted that not all wounded people know about the right to such a leave, informing remains at an extremely low level:

“The rehabilitation doctor came early in the morning and informed us that we are being discharged. I told them to submit documents for the MMC because he is not recovered yet, since he needs normal rehabilitation because he is not yet able to take care of himself to return to the unit. Therefore, there should be at least a leave for health reasons. Not with pleasure, but they did so, but the husband was also not taken to the commission, the documents were handed over. Thus, the MMC made a decision requiring leave for 30 calendar days” **(Larysa, born in 1989, a medical worker, Oleksandr’s wife (born in 1989, an electrical fitter of SCB, injured after artillery shelling))**.

In general, a soldier has the right to take medical leave (30 days each) four times a year, but in reality, the military unit does not always comply with this norm: “Although there should be 4 leaves, usually no one gives the fourth, but they are just left it in the unit, and it doesn’t matter if the bones have fused or not, and it doesn’t matter that you need rehabilitation to restore movements after the injury, and that still takes several months” **(Serhii, born in 1987, a private entrepreneur, multiple**



shrapnel wound).

As a result, rehabilitation is filled with additional uncertainty for the wounded because it is difficult to predict how quickly the body will recover after an injury. Soldiers also have to worry about whether they will have time to recover within the legally limited time. If they are discharged before the actual recovery, it will mean that they will be forced to stay in the military unit in such a physical condition that they will need help even with simple household items.

Faced with negligence in hospitals, the indifference of the military unit and state bodies in general, many of our interlocutors decided to look for ways of rehabilitation on their own. Most often, this happened in one of two ways:

- in a self-found rehabilitation center or a hospital with a specialist who has earned the trust of veterans

and their families;

– at home with self-purchased requisites and information from the Internet (if informally it was possible to agree on this with the military unit, i.e., when the management demonstrated its trust and, despite the absence of such a norm in the law, allowed the wounded to stay at home, communicating with him via phone or in messengers).

The wounded often complained that the military units did not care about their condition at all and did not make any efforts to improve it, the phrase “all by myself” was repeatedly heard in such stories. For the soldiers, the realization that their health was not needed in the army by anyone but themselves was quite painful and caused sharply negative emotions, it was especially infuriating that in principle they had to demand from the management the realization of their right to rehabilitation:

“After receiving the status of unfit for military service for six months with subsequent review. In fact, they force you to go to the service. This is not news, but no one in the military unit cares about the fact that you need rehabilitation, specialist supervision, or further treatment - it’s all up to you. That is, if you are persistent, you will manage to be sent to medical institutions, and in general, the medical service is not interested in overloading them with work. No one is interested in your condition and needs, it’s all by yourself. Now I’m undergoing rehabilitation, and again I’m doing it all by myself: I’m looking for a place where I can undergo rehabilitation or treatment, there were no offers from the medical service. Rehabilitation takes place in the following

way: again, all by yourself. You find the hospital centers, the medical service of the military unit does not refer you or suggest medical facilities, it does not serve as a body that offers something for you, but is a body that you need to receive only a referral for treatment. I am currently undergoing rehabilitation in (...) Kyiv. In terms of rehabilitation, everything is fine: the relationship, the experience of the specialists, there is a real improvement, further rehabilitation, I plan to undergo it at the place of residence” **(Hryhorii, serious injury)**

Searching for a medical facility and specialist for rehabilitation that is most relevant to the specifics of the injury is similar to searching for a “doctor with golden hands” for treatment. The wounded and their relatives conduct a lot of research work, “connect” acquaintances, and in the end, choose a place or a specific specialist with whom they are ready to start working. Many hopes are placed on such rehabilitation:

“I really hope that he will go to Kyiv and there with a new rehabilitator... He wanted to see this particular rehabilitator for a long time, so to speak, but he didn’t even send him a text message, and I wrote one a long time ago. He (the doctor) did not read it, but now we wrote to him again, and he answered me, and he is ready to take us, and I do hope that, firstly, he will be able to help him, and secondly, if after all, he will help him (and for some reason I am sure that he will help), when he sees the fruits of his work, and he sees that everything works out, his condition will change for the better, he

will become happier” **(Nadiia, born in 1988, Anatolii’s wife (born in 1988, the head of the milling shop, seriously wounded))**.

However, it should be noted that the independent search for rehabilitation often leads the wounded to private medical institutions that give good results, but at the same time, soldiers cannot always pay for the required duration of rehabilitation in these institutions due to high prices: “The wife found a private rehabilitation center, they kept me there for free for a month, and then they said I had to pay 50,000 for two weeks. I don’t have that kind of money, since then I’ve been sitting at home. Well, it’s great there, they worked with me there in the morning, at lunch, and in the evening. Both with hand and foot. I started to walk much better” **(Roman, born in 1988, TBI)**.

It is worth noting that such independent rehabilitation has not only financial barriers but also bureaucratic ones. So, officially, the military unit does not permit outpatient treatment and does not accept certificates from such institutions, so even if there are good specialists and opportunities to recover, the wounded cannot do it:

“Once I asked the hospital about rehabilitation, and they told me that it was all very difficult. Here in Dnipro, we have a good rehabilitation center - recovery. I went there to see the manager and there I begged and negotiated with them (...). Since our status is currently temporarily unfit with revision, he must either be in a hospital somewhere, or in a unit. I would gladly take him to other rehabilitation centers (private) at my own expense, but there is always

this red tape with documents. Certificates of outpatient visits are not suitable for units (((” **(Nadiia, born in 1988, Anatolii’s wife (born in 1988, head of milling shop, serious injury))**).

On the other hand, there is a practice of unofficial agreements with the military unit, when the seriously wounded are given the opportunity to stay at home for recovery. This is not advertised, rather it is an exception, but it is still possible if there is a good relationship with the management: “Thanks to the command of my unit, I can visit a rehabilitation specialist. I am talking about the fact that they do not oblige me to be in the unit all the time, but they treat my needs and problems with understanding” **(Oksana, born in 1989, in the army since 2017, MEI)**. It should be noted that in such cases, the injured person often has to be specially transported to a “good doctor” every day or several times a week:

“After staying in a local hospital here in Zhytomyr, we turned to a rehabilitator who worked on a volunteer basis in the hospital because there is no rehabilitator in the Zhytomyr hospital. When her husband was in the hospital, she came and taught him and other boys who needed it. We later agreed with her, and even now we plan to work with her when the cast is removed. She lived 15 km from us, so we went to her for classes 2-3 times a week. Then we enrolled in a private recovery center, scheduled classes for 15 days, it seems, also physical education, massage and other methods that affected the nerves.” **(Vira, born in 1983, a manager, Oleksii’s wife,**

born in 1980, military personnel, severe limb injury and concussion).

However, not all families have the opportunity to take a veteran to the doctor, and it is difficult and not always financially possible for the whole family to move closer to the place of rehabilitation. In such situations, independent rehabilitation at home becomes the only realistic option:

“Before going home, I arranged a consultation with the rehabilitation center in the region where we live. We got there, but there was a problem with accommodation. There is no inpatient department there, only procedures and classes. They agreed to rehabilitate him. But it was necessary to look for a place to live and move with the children because there is no one to leave them with. And leaving him alone is not an option, and drive 65 km every day is also not an option” **(Larysa, born in 1989, a medical worker, Oleksandr’s wife (born in 1989, an electrical fitter of SCB, wounded after artillery fire)).**

“We have already decided at home that we will rehabilitate at home. If possible, we will buy everything we need, we will have a video call with the doctor from the rehabilitation center, and in this way, we will do. The walkers were given to us by the local chaplains. Mats, balls, hemispheres, children’s three-wheeled bicycle, rubber bands for fitness, dumbbells - we had such exercise equipment. I did the massage myself. In just two weeks, he didn’t use the walkers and started walking on crutches, and then he used

only one (a crutch)” **(Larysa, born in 1989, a medical worker, Oleksandr (born in 1989, an electrical fitter of SCB, wounded after artillery shelling)).**

However, under the condition of such unofficial rehabilitation at home, veterans and their relatives often feel abandoned because a serious injury requires special knowledge, and it is not clear where to get help if the condition worsens: “My husband was discharged from the hospital with EFD, ok, I can bandage him at home, but who can’t, what shall they do? Next - vacation, just at home. Who should I turn to in case of deterioration? A family doctor? A traumatologist? To the unit for treatment referral? After vacation MCC, unfit for six months. It’s good that they allow him to be at home and not in the barracks” **(Iryna, born in 1977, a massage therapist, Leonid’s wife, born in 1980, (a furniture maker, serious injury)).**

Some of the wounded who were included in our sample managed to get rehabilitation abroad. Usually, the preparation of documents for such a trip takes a long time, but the main problem in such cases is not even bureaucratic obstacles, but elementary ignorance of the procedure on the part of the military unit: “The main thing that I understood and encountered is that no one knows anything how it is formalized and how to do it correctly, and that is why I was often told to go to hell more than once...” **(Vadym, born in 1979, Council of the Trade Union of Railway Workers and Transport Builders of Ukraine, serious injury).** However, after arriving in the country where rehabilitation is to take place, the wounded often encounter the local bureaucracy:

“I’m reporting. I arrived (in France) after 5 months of delay and more than a year without seeing my family... Now some bureaucracy, but already the French one. There is no less of it here than in our country, and maybe even more in some issues. To go to rehabilitation, you need to have insurance, to have insurance, you need to submit an application to the prefecture, after the confirmation and invitation, you need to come to the prefecture again and get insurance. Already after that, you can contact the clinic itself... No one can say exactly how long it will take. They say “about a week, but this is France, don’t count on that it will happen sooner than in two weeks” **(Vadym, born in 1979, Council of the Trade Union of Railway Workers and Transport Builders of Ukraine, serious injury).**

Separately, we should mention the problems related to the prosthetics of the wounded. In Ukraine, state prosthetics for soldiers are free, in total 85 enterprises are working, which are engaged in prosthetics. The injured person has the right to choose the company that will manufacture the prosthesis independently, to receive compensation from the state for its manufacture, as well as to service it for free and replace it with a new one after the end of its useful life. However, in real life, it can be difficult to understand exactly how to implement this right:

“No one could tell us how to move towards prosthetics either. I searched, called, collected information bit by bit. What documents are needed, where to apply. Now, I hope the information situation is better.

More articles and advertisements appeared. They began to talk and write more about it. It took us a lot of effort to get to the rehab center in Lviv. And only here did the son begin to receive some kind of rehabilitation. Although the center itself does not have a sufficient material base for high-quality rehabilitation of soldiers with amputations. And the rehabilitators themselves would not be hindered by some additional training, some courses on working specifically with amputees. Although they are good, they try to the best of their ability” **(Olha, Kyrylo’s mother, born in 2003, a student, MEI)**

In addition, the injured and their relatives do not always learn on time about the necessary bureaucratic steps for obtaining a prosthesis, for example, the need for a decision of the MMC:

“Now I understand that once again the MMC did not prescribe that my husband needs prosthetics, but to apply to social insurance or the Security Council, or something, we need the MMC to have it written that he needs a prosthesis. And so, it turns out that we will wait until August for our new MMC there. I will already ask them in this MMC to prescribe that he needs prosthetics and to go somewhere” **(Nadiia, born in 1988, Anatolii’s wife (born in 1988, head of the milling shop, serious injury)).**

Injured people often receive information from their relatives, especially paying attention to what they have heard from people with similar injuries, trying to find an opportunity to receive

the highest quality and relevant service for a specific injury. However, such information is still not always complete and comprehensive:

“My husband says that there was some kind of Stetsenko center where they make bionic prostheses, and they can make them right on the finger. So I applied to several prosthetics centers, and some of them could not help at all, and someone suggested that we cut off the hand completely, to make the prosthesis more understandable to everyone. And it is precisely on the fingers in this Stetsenko center, and a guy with a similar problem went there already for a consultation. And there they told him that the state covers only 300,000, and the rest, well, we should either provide or, well, some fund. The total cost at the moment is somewhere around UAH 1,600,000 for a permanent cast, but first, they put a temporary one, which costs somewhere around 450,000. And I don't quite understand why we are talking about UAH 300,000, and what it is, and where to see it” **(Nadiia , born in 1988, Anatolii's wife (born in 1988, head of the milling shop, seriously wounded))**.

In addition to the lack of information, there often arise problems with preparation for prosthetics. Thus, the wounded with amputations complained about the lack of interaction between specialists, in particular, between surgeons and prosthetists, because the existing system does not provide for such cooperation, and this causes great additional problems for veterans with

severe injuries, which could be avoided, including repeated amputations for complete prosthetics:

“Hospitals lack full-time prosthetist consultants who could, in cooperation with surgeons, reduce the number of amputees who, during prosthetics, still have to perform additional cosmetic operations on stumps” **(Valentyn, born in 1981, a veterinarian, serious injury)**;

“The goal of the surgeons is to stop the infection and cut a minimum of tissues and bones. I wanted it to be a civil process - communication with prosthetists at the stage of amputation, so that re-amputations would not have to be done later, when everything has already healed” **(Kateryna, born in 1986, a manager, Valentyn's wife (born in 1981, a veterinarian, MEI))**.

Rehabilitation after such operations is also a big problem because often the hospital staff is completely unprepared to work with amputees and does not have the appropriate professional knowledge. Therefore, the injured or their relatives often started looking for information on the Internet about rehabilitation and preparation for the prosthesis themselves because they understood that they were wasting time in the hospital:

“Young doctor, competence about patients with amputation is very low. She wanted to discharge me home in a week, but she did not say who to contact regarding prosthetics, etc. No one in the hospital knew how to prepare a stump for pros-

thetics, he looked for a YouTube video on how to bandage a leg” **(Serhii, born in 2003, a student, MEI);**

“I looked for rehabilitators and various exercises on the Internet. Because I understood that something had to be done. That’s how we learned that it is necessary to bandage a stump, and since none of the staff knew how to do it, we also learned it thanks to the Internet” **(Olha, Kyrylo’s mother, born in 2003, a student, MEI).**

Among our interlocutors there are descriptions of various experiences of interaction with state prosthetics. For some, everything happened relatively easily and without problems: “The prosthesis is made by Tellus, they came to the hospital, took measurements, then called back and brought this temporary prosthesis, my son signed a contract with them. So far, there have been no problems with prosthetics” **(Taras, Ivan’s father, born in 2004, gunshot wound).**

Others retold stories of negative experiences observed in rehabilitation centers. Most of the negativity is related to the fact that prosthetists are not near the injured person during classes with a rehabilitation specialist, and therefore cannot adjust the prosthesis in time, which significantly slows down the adaptation process:

“There is also a problem with prosthetics. The problem is with prosthetists who make low-quality prostheses and leave them, boys, alone with that prosthesis for an indefinite time. There is a problem with professional rehabilitators who have

not been taught to work with people on prostheses - the Internet is our everything, learn on your own (...) Lack of rehabilitation centers, lack of time allocated by the state for full recovery and complete prosthetics. (...) Here, at the rehab center, various prosthetic companies bring the legs to the boys, turn around and leave... But they can’t walk on them! There it rubs, there it lives, there it soars, there it is too high, there it is too low... And no one is in a hurry to go to them to remake them, they can wait for a couple of weeks until they appear to tighten something... This is all wrong! This system is not working properly! Because our girls at the rehab center cannot adjust those prostheses on their own, this is not their specialty. And that’s why things are going very hard for the boys...” **(Valentyna, Dmytro’s mother, born in 2002, a student, gunshot wound);**

“I received prosthetics at “Arol +”, according to the state program, free of charge. Overall, I’m satisfied. What is missing is that the prosthetist and the rehabilitator attend classes together. Although sometimes... The prosthetist is at the company, you have to go to them, and the rehabilitator attends classes at the center” **(Oleksii, born in 1973, a teacher of sports gymnastics, MEI, gunshot wound).**

Among our interlocutors, there were several people who were “lucky” to be rehabilitated at the Superhumans non-governmental charitable rehabilitation center. All of them very willingly and in detail shared their experience of

being there, contrasting it with the experience of public hospitals. The wounded often emphasized that the specialists of this center “dealt with” complex cases that doctors in state hospitals did not want to deal with:

“Superhumans was found out at the beginning of the injury. (...) The Union of Veterinarians of Ukraine united to support my husband, they called and said that such a center was being built, contacted the owner and helped to get in line. (...) We talked to them since the intensive care unit and sent them updates. In Sosnivka, they have already invited for an initial examination in Vinnyky, they have already told everything, shown how to properly bandage the stumps, how to hold them better, how long to stay in them, etc. It was like a light at the end of the tunnel, they gave very practical advice in plain language about what should be done” **(Kateryna, born in 1986, a manager, Valentyn’s wife (born in 1981, a veterinarian, MEI)).**

“Also, we have already worked with superhumans. They are just great. First, we needed to understand whether my son would be able to walk with a prosthesis, or whether reamputation would be necessary. They fiddled a lot with my son, figuring out what and where to put it so that the osteophyte would not interfere. And everything worked out. They have a very strong rehabilitation base. We need such centers!” (Olha, Kyrylo’s mother, born in 2003, a student, MEI); “After the first operation, there were complications, no one on the state program wanted to do it, they said

that it was necessary to do an additional operation. And SUPERHUMANS agreed” **(Serhii, born in 2003, a student, MEI).**

However, it is important to emphasize that there is no hospital in Superhumans, so the injured are physically and legally treated in a state medical institution, and they come to the center for additional classes for more comprehensive help: “Physically and legally, my son is currently being rehabilitated in Lviv, Galicia, and he goes to Superhumans additionally. (...) In Superhumans, everything is free of charge. He is there all day. There, an occupational therapist works with him, develops his hands, a rehabilitator walks with him, a prosthetist monitors the condition of the prosthesis, there is a fixed doctor to whom you turn with any questions. There are psychologists, nutritionists, and I don’t know who is not there. Everything is free of charge. My son just goes there by taxi” **(Valentyna, Dmytro’s mother, born in 2002, a student, gunshot wound).**

It should also be noted that often after receiving a volunteer prosthesis at the center, veterans still apply for a state prosthesis: “We are still thinking of receiving prostheses under the state program. We talked with the boys, it is better to have 2-3 pairs of prostheses. Because you constantly need to service them, so it is better to have spares. We have not decided yet where we will receive state prostheses, but for now, we are considering the TellUs Center. They are in Odesa. We look for information ourselves. We called, talked to various centers and so far they have provided more detailed information” (Kateryna, born in 1986, a manager, Valentyn’s wife (born in 1981, a veterinarian, MEI)).

PSYCHOLOGICAL REHABILITATION

If the physical rehabilitation of the wounded is not perfect, often formally, but still provided by the state, then the study of the experience of our sample of veterans shows that the situation with psychological recovery is incomparably worse. Despite the fact that psychologists work in hospitals and in military units, there is no question of systematic psychological help at all. The wounded themselves often speak of such psychologists as «staff units» that simply exist on paper and do not provide real help and are not trusted: «They do not provide any psychological help to the wounded. You have to seek everything yourself. We have a psychologist in the center, but she does not inspire trust and a sense of professionalism, no one goes to her. And that's why many soldiers, many are in a depressed state after being wounded» **(Serhii, born in 2003, a student, MEI).**

Not all soldiers have PTSD, not all need the help of a specialist, but the state had to provide the possibility of such help not only formally, but also in fact, as our interlocutors repeatedly spoke about. It shall also be noted that the prejudice of civilians regarding the presence of psychological trauma in all soldiers is perceived by veterans as an insult and humiliation.

Of course, among our respondents there are those who were «lucky» to receive professional psychological help in their hospital, but these are exceptions because in such cases it was possible to combine two factors: the presence of specialists and the conscious desire of the injured person to contact them. In fact, this happens very rare-

ly: «Then it's real, which is annoying, I got injured on January 1, 2023, until now (June 2023) no psychologist has worked with me. Just now, in Kyiv City Hospital No. 7, a psychologist came to me and asked about my psychological state, although this is clearly not how things should be» **(Hryhorii, severe injury).**

Those who received psychological help while still in the hospital described their experience very sparingly, without details, but later emphasized that it was very important and productive for them:

«When (...) I woke up in the intensive care unit and my wife was sitting next to me, I told her to ask the doctor to bring a psychologist to me. I wanted to talk to someone, I needed it then, I understood it» **(Roman, born in 1988, TBI);**

«Psychological rehabilitation: underwent, back in Zaporizhzhia. PTSD. Attitude +» **(Denys, born in 1974, MEI, concussion);**

«Now I have worked with rehabilitation specialists in the hospital, I have been to a psychologist - she wanted to talk to me. To talk about «phantoms», they chose a strategy for how to live with it...» **(Oleksii, born in 1973, a teacher of sports gymnastics, MEI, gunshot wound).**

Several of our interlocutors received professional psychological help at Superhumans, a non-governmental center for the injured. Treatment of

PTSD is one of the main directions of the center's work. Respondents spoke positively about their experience of working with psychologists at SUpEr-hUmans, willingly sharing details:

«Psychologists constantly work with the boys. Who needs more attention every day. They periodically somehow communicate with others. That is, they meet, they can sit somewhere during a coffee, a smoke break. Sometimes they invite you to their place, they communicate in a more private conversation. That is, access to psychologists is always available. That is, if you come now, and you feel like it, right this second, you will find a person with whom you can talk and who will consult you. They also have a very cool thing - it is a psychologist of the first contact. Now there are 2 or 3 people, they are military guys who were also injured. They are now decommissioned, but they were injured earlier and are now on prosthetics. Now they are studying along the way. What does a first-contact psychologist do? For example, in our case, we were staying in Sosnivka, in the Lviv region, and they sent a car from Superhumans to take us to them. The driver came for us and the psychologist of the first contact came. And all the way for about an hour, while we were going to Superhumans, (...) this person talked with us. It's very cool that this particular person is also wounded, she went through this entire path that a wounded person will go through. (...) That's why in these cases, when the guys talk to

people who have experienced it, they really understand what this person feels, it's really great. That is, they tell how it was for them. There, they share some emotions about phantom pains. And he already feels what kind of mood this person has, what kind of psychological state he has. (...) And when he has already arrived, he has a little picture for the main psychologists to pay attention to, for example, and briefly tells his impressions about the psychological state, how this person behaved, what he expects, what he wants, what are his problems. That is, this is a very, very cool thing, it helped us a lot because the husband, when we went to this rehabilitation center, (...) he was worried, it had already been 8 months since he was lying horizontally, roughly speaking, he was already taken over, and he simply did not believe that one day he would be able to stand on those prostheses. And he wasn't in a good mood, he wasn't very communicative, he didn't really want to communicate, and here in such light conversation there about «where did you serve», «and I served there, and we had that, but we had this.» And they chatted on various topics all the way. It was a man with a prosthetic arm. This guy let me touch his hand, told how it happened to him, how he was treated, and what happened. That is, in front of you is a real person who also had an amputation, and now he has come to the moment that he is now with a prosthesis, and he is alive and healthy, and everything is okay with him)» **Kateryna, born in 1986., a manager,**

Valentyn's wife (born in 1981, a veterinarian, MEI).

However, on the other hand, according to some research participants, this center lacks specialists to cover all the needs of the wounded: "I was provided with excellent psychological rehabilitation at the Humans, but, first of all, it is a long way to go there from Lviv. Secondly, there are very few psychologists there, about 1-2, and they are often on trips, there simply isn't enough" **(Serhii, born in 2003, a student, MEI).**

It should also be noted that many seriously injured people do not receive psychotherapeutic help in hospitals, but when treatment begins, they are prescribed antidepressants, tranquilizers, sedatives, strong pain relievers, and sleeping pills in hospitals to relieve pain, anxiety, and improve sleep. Some of these drugs can develop addiction: "There are those who started to inject nalbuphine for pain, and then just stuck to it" **(Valentyna, Dmytro's mother, born in 2002, a student, gunshot wound).**

Among those interviewed by us, the majority believed that soldiers should consult a psychologist. However, some emphasized that it should be a veteran's choice, while others insisted that a psychologist's consultation should be mandatory because only a doctor can assess a person's condition and understand whether he needs further treatment:

"In general, I think that everyone should apply. It's been 5 months now, and I understand that it would be better if I had a good talk with psychologists in a month or two, because there are problems. They

are not so pronounced, not so bright, but they are. And communication with specialists is a very necessary thing. I think it should be introduced, and people need it. I don't know what all military personnel do to survive a traumatic experience, and whether it is possible to survive it - I have a question" **(Kyrylo, born in 1972, an employee of a construction company, human rights defender, two concussions);**

"Psychological help is definitely required. To everyone and on a forced basis, because many do not admit their problems or simply do not see them, and from the very beginning. This should be part of treatment, not prevention" **(Serhii, born in 2003, a student, MEI).**

Without a doubt, each war survivor has their own context, but our interviewees emphasized what all wounded veterans have in common and what they may need professional help with:

"I personally believe that military personnel should consult a psychologist. Every soldier has experienced the moment of losing a loved one or a brother because this is war, and it is not possible without losses.. Everyone admits this, but not everyone can psychologically agree or come to terms with it. He loads his nervous system with "responsibility", and this leads to overload and a nervous breakdown, therefore, the "brain doctor" is a necessary listener in this case. I went to the doctor, I dealt with the responsibility of my injury, which led to disability and mutilation. A

few sessions, more conversations, analysis of deeds or actions, and everything fell into place and became clearer...” **(Anatolii, born in 1978, MEI).**

However, in reality, receiving psychological help is hindered by a number of barriers, the lack of specialists is only one of them. Other obstacles are prejudices about psychological help in society, lack of understanding in which cases one should contact a psychologist or psychotherapist, lack of understanding where to look for a specialist and the lack of practice of applying for psychological help both in civilian life and in the life of a soldier.

Respondents point out prejudice against psychological help not only among soldiers. It is believed that a psychologist is needed only by people with serious illnesses, or “someone, but not me, because I can handle it myself”:

“Psychological help is needed by those who express their desire to receive it because, unfortunately, our society is not always ready to accept psychological help. And I am not speaking only for the military. A moronic concept - only psychos go to a psychologist. That’s why many people have this attitude” **(Oksana, born in 1989, in the army since 2017, MEI);**

“The mood (of the husband) is different. Sometimes you have to chin him up. Sometimes everything is okay. But I understand him. I offered a psychologist, but so far he doesn’t want to. Well, like all men and many people believe that a psychologist is when you are sick”

(Nadiia, born in 1988, Anatolii’s wife (born in 1988, the head of a milling shop, seriously injured));

“Yes, I am in favor of the military seeking psychological help, but I believe that the problem is that there are not so many professional military psychologists, and even the boys rarely agree to this help. Our society has not yet matured to this kind of treatment of the soul” **(Vira, born in 1983, a manager, Oleksii’s wife (born in 1980, a veteran, severe limb injury and concussion).**

However, if a wounded person shows a desire to consult a psychologist, he does not always know and understand where to look for such help, and even veterans do not always have the desire to spend additional efforts on this search: “In general, most wounded people do not want to mess with anything, and I understand them. Therefore, a psychologist should be available, and not somewhere far away, where you have to go and search. After being wounded, the military is not in the condition to take such an initiative” **(Serhii, born in 2003, a student, MEI).** It should also be noted that private specialists are not always financially accessible to veterans, while state psychoneurological dispensaries are associated exclusively with people with severe mental illnesses and outdated treatment methods, and this stereotype has a strong influence on decision-making.

However, the most important barrier is related to the experience of war, for a wounded person, a psychologist is primarily a civilian who has not seen

the war with his own eyes, and therefore will never be able to understand a soldier: “Not all psychologists will be suitable for such treatment... I changed 4, now I intend to be a support for veterans myself since I understand participants of hostilities” (**Vitalii, born in 1989, a bank employee, gunshot and shrapnel wound**).

It should also be noted that psychological care for the seriously wounded is related not only to direct participation in hostilities but also to the acceptance of received injuries and the consequences of these injuries. For example, amputations, the need for prosthetics, moving around in a wheelchair, etc. Alternatives to professional psychological help are both constructive and destructive methods of self-help. The most important constructive source of psychological recovery for the wounded is most often the family:

“First of all, morally and physically, those who have strong support from relatives, emerge: a wife, sister, mother, aunt, children. If a relative is near the injured person, they are calmer and more confident. Some have the goal of living for the sake of their children. Another guy had a goal to get on his feet faster than everyone else because his wife is giving birth, and he has to take her from the delivery room with one hand and without two legs (...). Someone needs to say that he is needed also, that this is not a sentence, that this is not the end of life, that we will overcome everything, that he is not to blame for this, that he will not be abandoned, that everything will be

fine” (**Valentyna, Dmytro’s mother, born in 2002, a student, gunshot wound**);

“The fact that the cat and I were near him in all hospitals helped him a lot psychologically, he tried to hold on even when he was in a lot of pain for my sake, he didn’t allow himself to be blue for my sake” (**Liudmyla, born in 1983, an employee of DTEK, Valerii’s wife, born in 1976 (MEI)**);

“(The husband) now says that he doesn’t know how he would have got out of the emotional pit if I hadn’t been there every day, all these 9 months” (**Kateryna, born in 1986, a manager, Valentyn’s wife (born in 1981, a veterinarian, MEI)**).

Soldiers often emphasize that the wounded, who for various reasons are left without family support, have the most psychological difficult:

“I will say this: among about 100 soldiers with whom I at least somehow communicated, there were only a few in a normal psychological state, to whom the family came, or at least supported them from a distance. All others are at least depressed” (**Serhii, born in 2003, a student, MEI**);

“Family support is a must. Everyone is different, for those who do not have a family, it is the most difficult. They are left alone with the problem” (**Nataliia, born in 1975, a social service specialist, Mykola’s wife (born in 1975, an employee of a construction company, MEI)**).

In addition to the support of their relatives, veterans often mention that playing sports, growing plants, taking care of pets, collecting puzzles, video games, shooting at a shooting range, and other hobbies helped them stabilize their emotional state, as well as spending time in peace in nature:

“I try to engage in tourism: hiking, Jeep tours, walks and weekend tours. Travels help a lot to fight flashbacks, in particular my cycling marathons (...). But it still happens that I read military reports, look at videos, and then I don't sleep for a day...” **(Myroslav, born in 1987, a police officer, concussion);**

“I saw how people who, before the war, had never even picked up a book from school, began to write poems or songs, draw. Many people switch to animals: cats, dogs in the military positions, crows, and even

hand mice in the dugout - all this is a way for the military to distract and find something human in the war, at least among the animals...” **(Vadym, born in 1979, Council of the Trade Union of Railway Workers and Transport Builders of Ukraine, serious injury).**

Separately, our interlocutors mention the importance of work, the fact that it is necessary to perform some household tasks every day because they help the wounded to feel needed. Those of the wounded, whose physical condition allowed them to work, spoke very positively about the impact of returning to work on their emotional state:

“I was involved in the work in the family in every possible way, it was like in the army to “cut tasks” for me, despite my somewhat limited condition. They followed the



One of our respondents at his artistic hobby.

implementation, involved me in everything that distracted me and gave me an opportunity for self-realization. They consulted me about little things and wanted me to take responsibility for important issues. This partly helped my integration into civilian life... There, in the war, the lives of subordinates depended on my actions, I was responsible there, and here I was also made responsible, therefore, I am not extra, I am needed. It inspired me” **(Anatolii, born in 1978, MEI).**

Among the destructive practices of psychological self-help, the use of alcohol and narcotic substances prevails:

“How do guys overcome stress? Some drink, can’t sleep because of pictures, and so they forget a little and the brain shuts down (...). Others take antidepressants and tranquilizers. There are those who smoke grass. There are those who started injecting nalbuphine for pain, and then just stuck to it... It’s sad... Many have been left by their wives - they become alcohol-addicted and think about suicide...” **(Valentyna, Dmytro’s mother, born in 2002, a student, gunshot wound);**

“I don’t know exactly why, but in my center about a third drinks alcohol on a regular basis. Someone because of pain, someone because of grief, someone just for company. But the problem is very big, well, really huge” **(Serhii, born in 2003, a student, MEI).**

As shown by the results of the Second anonymous online survey among veterans and active military personnel “Portrait of a veteran. Block “Needs of veterans” from February 6-12, 2023, 72.8% of interviewed veterans faced alcohol abuse after the war, 47.9% confirmed that they already have alcohol addiction⁶.

Among the thoughts of our interlocutors, there was also the opinion that not the injury itself, but the attitude of the state is the main reason for their difficult psychological state: “I think that psychological help can be useful for military personnel, but mostly it is not the psychological disorders themselves that need to be solved (consequences), but the reasons, which are often bureaucracy, poor management, incomplete official correspondence of the management staff” **(Oleh, born in 1985, MEI).**

Such reflections, first of all, indicate to what extent, according to veterans, the state is responsible for the condition of soldiers after being wounded and how poorly it copes with its obligations to the people who protect it.

So, after treatment, wounded soldiers need a period of rehabilitation, but the state health care system, in their opinion, does not satisfactorily fulfill this need. Rehabilitation in state medical institutions often takes place formally, besides, until recently, the law allowed only 42 days of rehabilitation per year, which is not enough for seriously wounded. Such a situation contributes to the fact that veterans and their relatives independently look for opportunities for rehabilitation, even at their own expense, and often at

the same time the military unit stands in the way of such restoration because the legislative framework for the rehabilitation of the wounded is still extremely imperfect. The situation with psychological rehabilitation is even more complicated, quality services in this area are available in very few state hospitals, and veterans often refuse to seek a specialist on their own: there is a lack of information on where to look for a psychologist or psychotherapist, such a service requires additional funds, moreover, the wounded often have prejudices against psychologists, and also doubt the ability of a civilian doctor to understand the emotional state of a soldier.

A significant part of veterans engage in psychological rehabilitation on their own using constructive and destructive methods

Of the constructive ways, communication with family and support of loved ones help the most, among others, being in nature, sports, hobbies, pets, etc. are also indicated. Among the destructive ones are the use of alcohol and drugs. Separately, it should be said that bureaucratic obstacles in the way of treating the wounded worsen his emotional state even more.

2.4. MMC: “Oh, this is really the second war”

Each wounded person has an extensive experience in the passage of the military medical commissions. These are specialized authorities that deal with medical evidence of suitability for military service, establishing a causal connection between diseases, injuries (wounds, contusions, permanent injuries), and determining the need and conditions for the use of medical and social rehabilitation and assistance. In particular, with the passage of this commission, the process of dismissal of a wounded person from service officially begins, as well as his/ her transition to the formal status of a veteran.

MMC consists of eight physicians of various specialties: therapist, surgeon, ophthalmologist, psychiatrist, dentist, neurologist, otorhinolaryngologist, dermatologist. Before passing examinations of these specialists, it is also necessary to pass a number of tests, fluorography and ECG in advance. However, in reality, the passage of such a commission becomes a great test for both the wounded person and his or her relatives. Physicians can work at different times, on different floors of the institution, or even in different rooms. Each of these physicians usually has huge queues with their own unwritten rules, and the conclusion of the commission often contains inaccuracies, and you can wait for it for months.

Wounded veterans most often pass more than one such commission, because this completes each subsequent stage of treatment, and in cases of severe wounds, treatment can be

prolonged and not in one medical institution. In general, wounded person passes up to four MMCs, and then, depending on the decision on the degree of suitability for military service, either leaves the army or returns to the military unit.

From the stories of veterans, it is clearly understood that in their environment there is a clear negative image of the MMC, therefore most of them immediately prepare for the worst, but even in spite of this, for many of them the realities of passing the commission are turned out to be even worse than expectations. To a large extent this is due to fact that our interlocutors are people with severe wounds, who often are difficult to move, who are forced to endure severe pain. In such a situation, the physical presence in queues to such a number of specialists and the need for repeated visits to medical institutions for this purpose begin to be perceived by them as humiliation and unjustified additional suffering.

Most of them begin to experience problems with MMC almost immediately, because there is a critical lack of the information about the peculiarities of passing such commissions:

“A huge problem – documentation (...) The person that would come to you and explain everything, what would happen and in what order, which steps would be ahead, etc. was missing. I was with my husband from the second day, and I learned the information from acquaintances, from what I heard by

chance, etc. I want a person to come at least once a week and say conditionally: "Well, guys, there should be a certificate of wound, call the military unit, they must issue it." They do not have that understanding; they are like kittens who has gone to war to defend the country first; and then they have lost their arms, legs; and they do not understand at all how they should live and whether they need to live" **(Kateryna, born in 1986, manager, the wife of Valentyn (born in 1981, veterinarian, MBT))**.

Most of the wounded persons learn useful information from each other, because in turn they receive such experience:

"I also communicate with the military men that are treated in my department. Very often, we exchange our experience with them regarding the passage of the MMCs, obtaining some certificates, calculating wages and carrying out payments" **(Serhii, born in 1987, private entrepreneur, multi-fragment wound)**.

However, this information is not enough, so the wounded persons refer to all possible sources:

"At first (after being wounded), all the information was drawn from the military authorities, where I was forced to go (this was the order). Then I began to understand that something was wrong there. And I read the laws. Then the lawyers from the Legal Hundred came to the hospitals. And I realized that not elderly women had to go to hospitals in order to pray (which

was also needed), but people that explained the path of a wounded person" **(Anton, born in 1984, MBT, TBI)**.

Here we should once again focus in more detail on the role of relatives of warriors. Very often, it is the relatives who take over the management of all issues related to the passage of MMC and interaction with the military unit:

"All certificates, reports, communication in the company, military office, hospitals – my responsibility" **(Natalia, born in 1975, social service specialist, the wife of Mykola (born in 1975, employee of a construction company, MBT))**;

"I deal with his documents. I cut him off from communication with the military office and headquarters of the military unit (...). Regarding the military unit, it is difficult for me (I communicate only through the brothers). The constant manifestation of character is tiring: like if you are a cultured person, then you can, like me, collect certificates for a year; and as soon as you manifest the character or become a general in a skirt, then certificates are quickly issued... Warring military unit and constantly changing leadership complicate the process" **(Maryna, born in 1984, currently unemployed, the mother of Volodymyr (born in 2005, student, TBI))**.

Most often, talking about such experience, the relatives of the wounded persons remember, for example, their relatives' neighbors in the hospital ward, who had no one nearby; and

having received all their severe wounds they had to deal with humiliating and difficult bureaucratic procedures:

"My son has me for running about and clarifying all issues, communicating with the leadership – I am his bird secretary. (...) And for the rest of the fellows – this is an utopia!!! Paper on paper. This is here, and that is there... But he will be tired with running about on crutches or in a wheelchair... This is the biggest problem in this whole circle of hell!!! And there is also a lack of necessary information. You search for something, ask how and what they went through on their own, what they were told; I visited lawyers; I know many volunteers. So, it's even difficult for me to understand the sequences of actions, and how to do it... And what about a quiet guy from the village, whose mother is afraid to go to the city." **(Valentyna, the mother of Dmytro, born in 2002, student, gunshot wound);**

"So, everything seems not so difficult... but let's take into account that I did it. I am not sick, I am not injured, I have thought through my every step. I re-read laws, resolutions, searched for information, including and in the "Principle" I coordinated myself on my own. I am also well aware of the medical process... And now put my husband instead of me. He moves with a crutch, he almost always has pain, which is present at rest. He can sit for not more than an hour, he can stand – even more so... And there are almost all of them like him, and some of them are in worse condi-

tion. And almost all of them are wounded, and they have terrible headaches that worsen at night, so they do not sleep at night. And at what conditions do they go to the medical rooms? I describe in such detail in order you to live as a family, a military man for a while during this period. And our situation is not worse. There are military men that are left alone with their problems. There is no one to protect, defend and support them" **(Larysa, born in 1989, health care professional, the wife of Oleksandr (born in 1989, signaling, centralization and blocking electrician, a person wounded due to artillery fire))**

MMC for the wounded persons is the brightest and complete embodiment of a bureaucratic waiting, often absurd in nature, but one that cannot be influenced. Such waiting provokes a feeling of irritation with unfair circumstances and suppresses the emotional state. When passing MMC, waiting usually takes place in three stages: waiting for referral for MMC, waiting in queues during the passage of MMC, and waiting for the conclusion.

So, the first step of the bureaucracy system of MMC is to obtain a referral for MLC. In the event of deterioration of the physical condition and of the need for leave for treatment or rehabilitation, the warrior must obtain such a referral from the commander of the military unit either in the medical institution where he is treated, or through the Recruitment and Social Support Center (hereinafter referred to as RSSC). However, it is extremely difficult to obtain such a referral. For example, it may be incorrectly formulated:

"Upon returning to the permanent duty station, I began to feel worse and obtained a referral for MMC. I obtained the referral three!!! times, because our medical commission (...) were not aware of the form of referral for MMC. I went to the hospital three times until I found the relevant form myself, and the chairman of the medical commission of the military office signed it. I typed and printed out the medical documents that were to be submitted by the chairman of the medical commission of the military office, because the medical commission of the military office did not have a computer and a printer!!!" **(Natalia, born in 1972, biologist, commissioned for health reasons).**

Respondents also talked about cases when following treatment, a severely wounded person was forced to move personally for a long distance to a military unit on the front line in order to obtain a referral for MMC for further treatment. The following stories are typical:

"Tomorrow, dad is going to the doctor to be examined and, if necessary, to obtain a referral to MMC. But there is one caveat, he will go to the doctor to Avdiivka, with a body armor vest and a head bucket on), this is idiocy. All idiocy drives me crazy), it would be possible to stay at home for 10 days" **(Veronika, the daughter of Mykola, born in 1973, metal smelter, gunshot wound);**

"Now I need to pass MMC and to undergo a surgery of the tibia, as it does not grown back together due to the presence of fragments in the area of the fracture. My military

unit refuses to issue me a referral for MMC at the place of treatment and refuses to issue a referral for transfer to the medical institution where I can undergo such a surgery. The commander of my military unit said that I should be discharged at my own request from the medical institution where I stayed in the in-patient department, and I should come to the military unit" **(Serhii, born in 1987, private entrepreneur, multi-fragment wound);**

"Upon the end of the leave, my husband called the military unit again, and again the same song – come or you will be counted as UAMU (Unauthorized Abandonment of a Military Unit). At this time, my husband's brother came to Pavlohrad (...), and he also needed to go to the military unit. He had both his legs broken, he received permanent injury on the same day, like my husband (...). And we were again faced with the question of how they both would go to the military unit. Our comrade and friend serving in the area defense battalion was on leave and agreed to drive them. He drove them to some locality outside Kurakhovo, where they stayed for half a day waiting; then a military vehicle came and drove them to the military unit (...). And they arrived to the locality, which was very close to the front line, where incoming strike could occur at any time; they stayed and waited, but if incoming strike occurred, they would not even be able to hide, because they would not be able to run to some shelter, their every step was difficult. So, they took them

away, drove them to the military unit, to the doctor, the doctor examined them and asked: "Why did you come here in such a condition?" Then they were driven to the headquarters, where the military men stayed with varying degrees of mobility after being wounded, and they were settled in some building. Thank God, my husband was given a bed, because there were military men who moved more or less, they slept on the floor. The medic of the military unit prepared documents for MMC in advance, these documents were signed in the headquarters, and there was no opportunity to go home, so they stayed overnight in the headquarters. We agreed with the carrier to take my husband and his brother away from Kurakhovo. Some driver from the headquarters drove them to Kurakhovo, and there they waited for the carrier. It was good that my husband went with the brother, he helped him with a backpack, because my husband would not be able to move around on crutches with a backpack. I also remember how my husband told me that he woke up at 4 am, went outside to leave the headquarters, sat on some bench and saw how the Russians released phosphorus at a distance of less than a kilometer... He says: "I sit and think, well, what can I do, I won't even have time to hide, I sit and admire." In short, it's all really scary... They got home somehow, at home I met him near the minibus. To make it clearer, he was in the following condition: from the steps of the minibus, he went down on his buttocks, I took his backpack

out of the minibus, and I held his back all the way so that he would not lose his balance and fall. He arrived broken and very tired" (**Liudmyla, born in 1983, an employee of DTEK, the wife of Valerii, born in 1976 (MBT)**).

We have deliberately submitted the whole story of the warrior's wife in order to demonstrate all the shades of the formal 'have gone to the military unit according to the referral', because for the severely wounded persons, such a trip means physical suffering on the road, humiliation due to the need to do it in such a difficult physical condition, the feeling of lack of freedom and unfairness due to the inability to comply with the rules of the military unit. The feeling of absurdity, if in place it turns out that it is not required to go to the military unit, as well as complete helplessness in a situation of danger in the military unit where no one is to take care of a wounded person there, because the state does not provide for this. Here it should be noted that at present the work aimed at elimination of the need to be directly present in the military unit in order to obtain or transfer certain documents continues. In particular, PO "Principle," in conjunction with the responsible government bodies, works on automatization and digitalization of the path of a wounded person.

However, military units do not always blindly follow the formal rules and can actually meet the warriors halfway (even if they once refused to do so). "To meet halfway" is to allow sending of documents in messengers, by e-mail, etc., and not to require unnecessary physical presence of a wounded person in the military unit:

"My husband has no complaints related to the command of his brigade. He says that everything can always be solved. The main thing is not to sit back, not to become depressed in a military unit, but there are also such cases. To find out what is your usefulness there and do" **(Natalia, born in 1975, social service specialist, the wife of Mykola (born in 1975, an employee of a construction company, MBT));**

"The physician viewed images and the conclusion of the physician from Uzhhorod and gave a leave for health reasons for 30 days. We sent the conclusion to the MMC medic and to the commander by Viber. They agreed that there was no need to go to write a leave report. Upon the end of the leave, my husband again called the commander and the medic, and the medic said that she would make a referral for MMC. We were probably waiting for the referral for 2 weeks, and it was good that the medic met halfway and made this referral in the absence of my husband in the military unit, because according to the rules, a wounded person had to go again to the military unit and stay there until they made a referral for MMC, and according to the words of the brothers, a referral could be waited for a couple of months. I do not know how he would have stayed there all this time and I am very grateful to the medic for making concessions" **(Liudmyla, born in 1983, an employee of DTEK, the wife of Valerii, born in 1976. (MBT)).**

But it should be understood that not all military units meet halfway eas-

ily. Relatives of warriors describe how they had to express themselves aggressively in order to make it possible for a severely wounded person to stay at home, where someone will take care of him (her), because there will not be such care in the military unit:

"Upon the end of the leave, we arrived to the line unit, we were referred to a traumatologist in the hospital. (...) The physician carried out an examination and recommended to pass MMC in order to determine the suitability, because there were problems with one of the joints and one bone had not grown together. Therefore, it categorically did not recommend physical exertion. With this record, we returned to the medical company, resubmitted documents for the passage of MMC. We were registered, but we had to wait for the referral for three weeks, and all this time my husband had to stay in the military unit, to live in the gym. Certainly, it was better than trenches, but it was worse than in a forest. And I said, "Who will bear responsibility for him? Who will control his nutrition? (I repeat, he has gout), Who will monitor the administration of drugs and who will be responsible for the deterioration of his condition? In response, I also received a negative answer... such as "What about the defense of the Fatherland, the duty to the State, to the people?" I could not resist and spoke very rudely: "He owes nothing to anyone but his parents and family. He was born at the expense of his parents; his parents fed, dressed him. He received his education at the expense of his

parents. After and during his studies, he worked, paid taxes, and had no debts to municipal and banking institutions. He was treated at his own expense. His family is financially dependent on him, he feeds the members of his family, dresses, treats them. We have never used any of the benefits. The State has never helped him. From the first day of the full-scale invasion, he served, he did not escape, did not hide, did not defer, although he had a reserved occupation. He served for 11 months. And if it had not been for the wound, he would have served so far, but it occurred, and if he had a duty to the State, he had already fulfilled it. Therefore, have respect and some conscience and do not create a circus. We went home with the command permit. He had to report on call and to register (in Signal) at 9:00 and 17:00 every day, but to live, to sleep at home. And after a while, they called him from the military unit, they did not introduce themselves and said that they did not have any information about his place of stay and that they were submitting documents for UAMU. In telephone mode, we submitted all statements and all stages of movement. They didn't call anymore" (**Larysa, born in 1989, health care professional, the wife of Oleksandr (born in 1989, signaling, centralization and blocking electrician, a person wounded due to artillery fire)**)).

But even if a referral for MMC is obtained, this does not mean that a person can immediately pass it, because it is often required to wait until the commission meets, and such waiting period is not determined:

"The first MMC granted us a leave for a month, and in that month, we sought out a physician who would continue to treat us. My husband stayed in the military unit, they ordered to go to the medical unit on Thursday and to write a report for referral for MMC, previously it was impossible. Then they would orient with the exact date of the commission. That's just the way it was. So, he waited for MMC in the military unit (...). The conditions were like in the military unit (in Druzhkivka). We were waiting, maybe there would be some information on Thursday" (**Natalia, born in 1975, social service specialist, the wife of Mykola (born in 1975, an employee of a construction company, MBT)**)).

When the date of the commission is known, the wounded person must come there personally. Here it should be noted that MMC examines future veterans in military medical institutions on a territorial basis. MMC examination at the place of treatment, training, temporary duty, at the place of leave is also possible. Therefore, our interlocutors most often had experience of MMC in the hospital during treatment or in military medical institutions. This experience was significantly different, but in both cases, there were a number of problems with passing the commission.

It should be noted that despite the decision on setting up MMCs at civilian treatment institutions at the beginning of the full-scale invasion, at present their network remains insufficient.

The wounded persons emphasize that such additional commissions are simply necessary, because the existing MMCs are not able to effectively exam-

ine such a large number of people:

"Well, regarding MMC and physicians in general. This is the most painful topic. Actually, there are very few physicians, it is clear that they are stuffed with work 24/7, and they simply missed some moments in the course of examination (...). Why are military men not allowed to pass examinations by medical specialists at civilian hospitals? As if I, the one who has voluntarily gone to serve from the first days of the war, will give a physician a bribe so that he writes me a conclusion that I am not fit for service. This is nonsense... And due to such idiocy, wounded guys suffer in endless queues in a military polyclinic waiting for their turn No. 264 while only No. 35 has come at the physician. Unfortunately, the electronic queue simply does not work. We have a queue for a neurologist in Kharkiv for 2 months, and I have a leave for 30 days.... How can I come at it? And usually, a civil neurologist does not fit, because, of course, I 'gave him a bribe' for his conclusion regarding my state of health. Oh, this is really the second war" **(Danylo, born in 1995, temporarily unemployed, study, MBT).**

Quite a typical situation is when veterans complain that even in a hospital the passage of commission by a person with a severe wound is full of humiliating obstacles:

"I have promised to talk about hospital. There is an absolute mess about passing MMC. For example, I am a bed patient, I cannot go and

stand in queues to the physicians, they should come to me, but..., but... I stayed in bed for 4 days, and no physician came to me. Just so you understand, this is despite the fact that my wife is with me, who ran to the physicians every day instead of me and urged someone to come in. There is a deadline for passing the commission, it seems to me, 10 days. Then three physicians came to me one day, and two physicians on the next week. The result: I stayed in bed for 2 weeks, and in 2 days I passed the MMC" **(Anton, born in 1986, a rescuer at an oil refinery, he has been serving since 2015 with a break, severe wound).**

In the course of the study, we recorded very few positive experiences of passing MMC, but still they were, and therefore they should be remembered:

"It went well this time. First, the commission was in the hospital, all the medical specialists gathered in the assembly hall, there was my attending physician who represented me and defended my wound as severe. In my presence, they typed the conclusion, signed it, stamped and gave it to me. Everything took 20 minutes, not more" **(Volodymyr, June 2022 – blast injury, April 2023 – gunshot wound);**

"By the way, I want to note that I have been addressing all sorts of institutions for a year, but I have not dealt anywhere with such attentive staff and good people as in the 20th MMC in the city of Dnipro; I was in such a pleasant

shock that after a week I couldn't get away from it all. They are not on the territory of the hospital. They are located separately. Documents for MMC are sent to them, and they review them and make decisions" **(Oksana, born in 1989, she has been serving in the army since 2017, MBT).**

If a wounded person passes MMC in the wrong medical institution where he/ she is treated, the procedure is as follows: First, it is necessary to arrive personally at the appointed date to the place of passage of a medical commission, then to register and to receive the appropriate forms for passing examinations by medical specialists, for passing tests and additional examinations. At the same time, wounded persons were often confounded to learn that the medical specialists of the commission worked on different floors of the hospital, in different rooms, often at a great distance from each other, and no one cared how people with wounds overcame these distances:

"The physicians, of course, worked on different floors and in different buildings; the queues were very long (...) On the first day my husband went to the hospital, passed examination of one medical specialist, and he was sent to the admission department to issue a card. It was located in another building, and on the way to that building he walked, did not see the descent, because it was dark in the corridor, and he had poor eyesight, and he fell down on that descent. Of course, he dropped to the floor on the crutches, then in the hospital

he found a wheelie and an accompanying person that brought him to the admissions department" **(Liudmyla, born in 1983, an employee of DTEK, the wife of Valerii, born in 1976 (MBT))**

We recorded the cases when a wounded person had to go to another city to visit medical specialists. Such a situation can occur if in the hospital there are no medical specialists with a certain specific specialization who could establish a competent diagnosis for veteran: "He passed the MMC within 2 weeks in Zhytomyr, in the hospital located at his place of residence. Two times we went to the hospital located in the city of Kyiv to visit the vascular surgeon in order to receive a conclusion, as in our hospital there were no such specialists that could establish a diagnosis. This was probably the most difficult test, because there were days when he was sitting in the queue and did not have a chance to get to the physician ((((" **(Vira, born in 1983, manager, the wife of Oleksii, born in 1980, veteran, severe injury of the extremity and contused wound).**

The main word used by the wounded to describe the experience of passing the military medical commission is "queues". There is a long queue to see each of the 8 specialists in almost every military medical commission. Usually, the veterans we interviewed left home in the morning right after the curfew ended and spent the whole day in lines until the doctors' working day ended, because if they left later, they might not have time to take a place in the queue: «My husband used to leave the house at 5 am after the curfew ended, arrive at the hospital, go to the doctor, and there were 47 to 68 people in line» **(Liudmyla, born in 1983, DTEK employee, wife of Valerii, born in 1976 (mine-blast trauma))**.

At the time of the survey, most of the military medical commissions did not have an electronic waiting system: "There is a live queue of more than 50 people to one specialist, guys wait from 5 am to 5 p.m. for 3 to 5 days. If you need additional examinations, you have to get in line again and wait 3 to 5 days to get to a specialist for an additional examination" **(Larysa, born in 1989, medical worker, wife of Oleksandr (born in 1989, signaling and interlocking electrician, was wounded in an artillery shelling))**. Since May 2023, electronic queues have been introduced, but they are currently not available in all hospitals and all cities. However, even where they do operate, the biggest absurdity is that there is a separate queue to sign up for the electronic queue: "In May, they introduced an electronic queue, but you have to go to the registration office again to sign up for it," **(Vitaliy, born in 1989, bank employee, gunshot shrapnel wound)**. The reason for this situation is that the chief medical of-

ficers do not register the wounded in this queue on time, although it is their responsibility.

Queues are the biggest complaint of the wounded at the military medical commission, everyone says this without exception, with great irritation, because we are not just talking about the standard small waiting for a service, but about waiting as the main task, which is accompanied by a whole list of unwritten rules that are different from the commission to the commission and from the doctor to the doctor:

"In the morning, until 2:00 p.m., the doctor comes out and lets 10 people into the office, where they sign up, then the doctor calls them in turn. Others are waiting. And so on several times until 2:00 p.m.. After 2:00 p.m. there is a live queue. To get in, you have to stand all day, without a break, because either you'll miss your turn or someone will come in before you. That's how we managed to get in the live queue. Although, there were a lot of guys before us who were not waiting at the time. Accordingly, they had to come back the next day and go through it all again." **(Larysa, born in 1989, medical worker, wife of Oleksandr (born in 1989, signaling and interlocking electrician, wounded in an artillery shelling))**.

That is why passing the military medical commission for the wounded and their relatives requires not just standing at the door, but also attentiveness, observation, communication skills, and perseverance to learn about the many informal rules that exist in this particular commission and to fol-

low them in time. Only in this case, the veteran have a chance to pass the entire commission and meet the deadline.

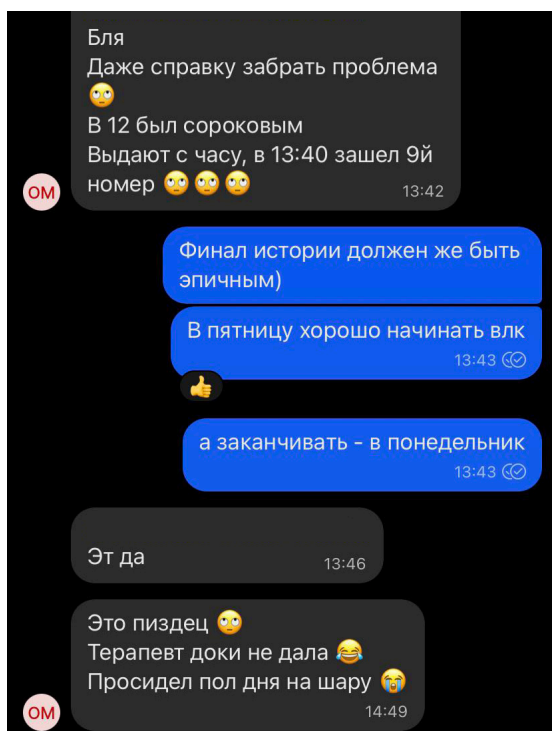
The queues at the commissions are usually absurdly long, and therefore soldiers also often ironize the general ineptitude of this system of the MMC: "The MMC is a separate world, where people spend so much time that you can even get to know each other, make friends, get drunk, and sober up while you are waiting in line." (**Oleh, born in 1985, mine-blast trauma**).

It should be noted that at the time of the examination, 10 days were given to undergo the MMC, but with the right to extend it for three days after the application: "They give you 10 days to pass the MMC, if you don't have time, you need to go to the medical company, where they will extend the term for 3 days, and this can last for months" (**Larysa, born in 1989, medical work-**

– Fuck. Even getting a certificate is a problem. At 12 am I was forties. They give out certificates from 1 pm, at 1:40 pm the ninth number came in

– Well, the ending of the story has to be epic) Friday is a good day to start a MMC and to finish on Monday

– It's true. It is horrible. The therapist did not provide documents. I wasted half a day



er, wife of Oleksandr (born in 1989, signaling and interlocking electrician, wounded in an artillery shelling)).

However, in the context of a total lack of information, not all wounded veterans knew that the time allotted for undergoing the MMC was limited. This unawareness can have negative consequences for the veteran's future:

"Now the unit has decided to demonstratively fuck up the guy for having undergone the MMC for 1.5 months. He was unlucky with the therapist, and he went through all the doctors and performed all possible tests. Except for the gynecologist. Now they are telling him that he did not write reports every 10 days to extend the terms of the MMC, and they remembered him only when he sent them a certificate. No one cares to call/ask how he is doing, why it took so long, or tell him about the reports. And how do people from civilian life know about all these nuances of the MMC? No one warns soldiers that they have to report to the unit every 10 days. They only want you to check in with the therapist every day." (**Oleh, born in 1985, mine-blast trauma**).

It should be noted that in addition to the informal queuing rules on the part of the MMC, there are informal rules for standing in line on the part of the wounded. For example, they use the well-known method from Soviet times to "take" a queue for several rooms at once. However, it should be noted that this method is not always effective:

"When they see such lines, the guys get confused and start running from one room to another at the same time so as not to miss the queue. Thus, they are exhausted, and they just waste time and energy, spoil their mood and psyche because it is impossible to pass commission this way. As a result, they do not take any medical examination," **(Larisa, born in 1989, medical worker, wife of Oleksandr (born in 1989, signaling and interlocking electrician, wounded in an artillery shelling))**.

Sometimes, the wounded or their relatives develop their strategies for passing the MMC, which are based on the optimal estimation of time for each aspect of the health check and its sequence: "After analyzing all this, since I am a medical worker, I made a strategy: tests (specialists do not look at you without tests); ECG, fluorography (you also cannot see a specialist without it); X-rays and CT scans (we had them); then specialists for whom we have no problems and complaints; and finally such specialists as ophthalmologist, neurologist and traumatologist **(Larysa, born in 1989, a medical worker, wife of Oleksandr (born in 1989, a signaling and interlocking electrician, wounded in an artillery shelling))**. However, to build such a plan, you need to know complete information and understand how each of these stages will take place, and such knowledge is often unavailable.

In addition, the wounded willingly shared the life hacks that helped them to speed up the process of passing the commission:

"The ophthalmologist turned out to be problematic; it's a whole quest to get to him. He sees no more than 10 people a day (he says he can't physically manage more), you have to sign up for an appointment, knowing in advance that you won't be accepted, then wait until 1 p.m. to confirm that you are there and ready to see the ophthalmologist, and then at 4 p.m., when the appointment is over, sign up for the next day to be even closer in line... However, there is a secret in this scheme. If you have no eye problems, you can get a referral from your family doctor and see an ophthalmologist anywhere (this was told to me by the head of the hospital when I asked him about seeing an ophthalmologist in another city). So, when I was at home, an ophthalmologist examined me in 40 minutes, without any hassle and ordeal. It gave me a little more time." **(Anatoly, born in 1978, mine-blast trauma)**.

Undoubtedly, the very fact that there are such huge queues and the need to look for life hacks to get through them causes irritation and indignation among veterans.

Our interlocutors described the emotional state of veterans in the queue in some detail, reminding how painful this experience is for the wounded:

"No one explains, guides, or tells them what to do to make it easier. However, if it were explained, it would be easier for the medical staff, and the guys would be less traumatized by what they saw and felt. They feel unprotected, abandoned,

unwanted, and humiliated. It's painful, it's disgusting when you realize what they went through, and now, when they need a basic sense of support and gratitude, they receive neglect and inaction from those for whom they fought, for whom they were injured, wounded..." **(Larysa, born in 1989, medical worker, wife of Oleksandr (born in 1989, a signaling and interlocking electrician, wounded in an artillery shelling)).**

"This situation with the MMC is more than a humiliating procedure; it causes despair and disbelief in the possibility of changing the system at all... After the commission, I had insomnia, increased anxiety, increased aggression towards my relatives." **(Natalia, born in 1972, a biologist, commissioned for health reasons).**

It is also necessary to describe the conditions of "standing" in the queues of the MCC. Firstly, most medical institutions critically lack basic things, i.e. seats where the wounded could sit down. That is, people on crutches and in severe pain have to stand for days or look for a place on a bench that might suddenly become available. In addition, the rooms where the commissions sit do not have basic technical equipment, such as photocopiers, so the wounded need to go somewhere outside the institution and look for a place to make a copy of documents.

Most veterans use the word "humiliation" to describe their experience of passing the MMC: "The attitude towards the military is horrible. There were guys who wanted to die in peace. Because they were humiliated." **(De-**

nys, born in 1974, mine-blast trauma, contusion). However, "standing" in lines is not the only humiliation that our respondents talk about. They also complain about the self-will and "heartlessness" of doctors. The future life of a wounded person largely depends on what will be written in the commission's conclusion, and therefore when the commission makes a decision inattentively or simply abuses of its position, it causes outrage:

"MMC is a hell. I had been passing the first commission for about a month (...). It seems that the head of the MMC determines the final diagnosis at will, even when the doctor who represented me pointed out specific signs of violations that should have led to my dismissal." **(Petro, dismissed for health reasons);**

"My husband is already a bit tired of hospitals, but it is necessary. It was difficult to pass MMC there; the surgeon said he was fit, although his arm was working at 20 percent. After my husband's remarks, he started reading everything again and said, "You are on the "edge", but for some reason, when making a decision, this edge was not in favor of the military. We had to appeal to the head of the MMC to sort out the situation. It is good that at least he was recognized as partially fit. This is how they deal with things. I am outraged that everyone can see that his arm does not work, but he has to constantly prove something. Due to all these nervous situations, my husband has neurodermatitis. Now he has arrived in not the best

condition. He needs to be treated for this, especially since he needs rest." **(Natalia, born in 1975, social service specialist, wife of Mykola (born in 1975, construction company worker, mine-blast trauma).**

At the same time, the wounded often draw attention to the unwillingness of the commission to show understanding and empathy even in small things: "As always, there are queues, quarrels, doctors and staff are heartless. Damn, there's a printer behind me, and they're asking me to go somewhere to make copies of documents." **(Volodymyr, born in 1988, June 2022 - explosive trauma, April 2023 - gunshot wound).**

It is important to emphasize that in the stories of veterans and their relatives about their experience with the MMC, the phrases "armed with information", "we will fight", "go to storm", etc. were often used: "Everything is relatively normal, except for the fact that I am in a state of waiting, and it is stressful... Today I was in the hospital, I was ready to "storm", but no, I did not succeed..." **(Anatoliy, born in 1978, mine-blast trauma).** This vocabulary is not accidental, as veterans expect in advance that passing the MMC will not be easy and that the conclusion may be unfair. This expectation is formed under the influence of stories from other patients in the hospital and colleagues with negative experiences of passing the MMC. Therefore, for many people, passing the MMC is a second "war" that they did not expect when they volunteered for war or were mobilized. For their loved ones, it is also a "war":

The next day, a therapist asked: "Where did you serve, how did you

get injured? OK, according to my profile, you are healthy, fit." I said: "Wait, he has gouty arthritis." "This has to be proved, it may happen at this age...!" (...) "Okay, then here is the evidence, and you have to take it into account, record it in the medical book and form and write an article according to which he is not fit for the combat service due to a concomitant disease that is not related to the injury received while defending the Motherland." The evidence is a consultation with a rheumatologist whom we had seen the day before and tests (...) made in a private laboratory, that is, they are not bribed. In the hospital discharge summary, there is a note that there was an acute period of gout. He did not object at all, silently rewrote the diagnosis, and wrote the article. He wished my husband a speedy recovery and to take care. What is my point? If you go armed with information and arguments that confirm your words, then it's not an issue... they'll take it into account, but otherwise, they will not make a shift and prove anything." **(Larysa, born in 1989, medical worker, wife of Oleksandr (born in 1989, signaling and interlocking electrician, wounded in an artillery shelling)).**

The bureaucratic process does not end with the commission, as the veteran then has to wait for the results. Usually, the decision of the commission is known within a month, but this does not always happen. Besides, a month is a long time and the wounded are forced to live in a state of uncertainty all this time. We also recorded a case

where rumours circulated in the hospital about the need to pay a bribe to get a decision from the Military Medical Commission (MMC): "To find out the status of the MPC's decision, I had to queue up in several rooms each time. This went on for almost two months. In the corridors I was told that a bribe of several thousand dollars was necessary, and some people gave from 3-5 to 7 thousand dollars for the conclusion of the MMB" **(Natalia, born in 1972, biologist, commissioned for health reasons).**

However, sometimes obtaining the conclusion of the MMC is not the last stage of this bureaucratic experience for the wounded, because it may contain errors, and then it is necessary to 'seek' its modification and wait again. For example, the conclusion may be wrong because of insufficient information, if the wounded person was not asked for all the necessary documents in time:

"During our first MMC, they gave us the wrong conclusion. They did not ask me for a defence of the motherland certificate, and I did not submit it on my own. Therefore, the conclusion was that the injury was not sustained in defence of the motherland, but 'during military service'" **(Nadiia, born in 1988, wife of Anatolii (born in 1988, head of a milling shop, severely injured)).**

As a result, the experience of going through the MMC is very negative for most future veterans, as it is accompanied by a feeling of indifference and humiliation.

Problems usually begin at the stage of finding out how to pass such com-

missions, as there is a critical lack of information from the state. Very often the entire management of the MMC and the accompanying documentation is taken over by the relatives of the wounded. They are ready to represent the interests of their loved ones and 'fight' for a fair decision by the commission.

In general, the MMC experience is one of waiting

First, the wounded have to wait to be referred to the commission, often people with serious injuries have to go to a military unit and then to the commission itself. During the commission, veterans are forced to wait in long and exhausting queues to see specialists in rooms that are not equipped for people with serious injuries, and then they have to wait for the commission's conclusion. However, the conclusion can often contain errors or inaccuracies, and veterans continue to wait until the conclusion is corrected. Waiting provokes a significant deterioration of their emotional and physical condition and great irritation and resentment towards the work of state bodies and the state's attitude towards veterans in general.

2.5. To be or not to be discharged

After treatment, rehabilitation and passing the military medical commission, the wounded are discharged or returned to their military unit.

According to the law, the military medical commission can determine one of four degrees of fitness for military service: fit; partially fit; unfit with a review in 6-12 months; unfit with exclusion from military registration.

A military unit can deploy a fit person in both non-combat and combat operations and appoint him or her to most positions. Partially fit persons are considered unfit for service in airborne assault troops, naval forces, marines, special facilities, but fit for service in support units, territorial staffing and social support centres, institutions, organisations and educational institutions. If a person is found to be “unfit with exclusion from military registration”, he or she can be discharged immediately. However, if they wish, they have the right to continue their service in one of the positions provided for by law. Those who are found to be unfit with a review in 6-12 months remain in service and must be stationed in a military unit, but the scope of their duties is determined by the commander, taking into account the person’s state of health. In the case of serious injuries, soldiers have the right to be assigned to non-combat positions only. Until recently, however, it was much more common for wounded soldiers to be made available (from the staff) in order to recruit a new person for their position.

Following the adoption of draft law no. 8168 in July 2023, those temporarily unfit for military service were granted the right to be discharged from service in the reserve.

DISCHARGE

In order to be discharged on medical grounds, soldiers must have the MMC certificate with them, go to the military unit with it, write a discharge report, collect signatures from the bypass sheet and then, according to the law, they can be discharged immediately. In reality, this process can take months.

But before we delve into our interviewees’ experiences of being discharged, it is important to consider the reasons why wounded people are forced to be discharged. Health is the most important of these, but for many wounded, returning to the army is not an option, even if they are reassigned to a position more suited to their physical condition.

In the case of severe injuries and long-term rehabilitation, veterans opt for discharge whenever possible, as the law does not provide for effective rehabilitation during service:

“As for returning to the service. I did not want to return. I have a serious injury that requires long-term treatment. And the legislation and the military regulations are written in such a way that it is difficult

for people like me to receive even long-term treatment. This is especially true during the treatment period, when the wounds are partially healed, but the bones are not, and there is no need for the doctors to do anything, but to leave it alone for a few months, so that everything fuses together, and then to undergo rehabilitation. But in practice it turns out that after the wounds have healed, the MMC decides to grant a medical leave, and then another one, until three leaves are used up, and they consider these leaves as rehabilitation, although you are just waiting for the bones to fuse, as there is no point in taking up space in the hospital” (**Serhii, born in 1987, private entrepreneur, multiple shrapnel injuries**).

At the same time, the respondents cited the attitude of the command and the presence of what the veterans themselves called “Soviet bureaucracy” in the armed forces as reasons for their desire to be discharged.

The attitude of the command to its subordinates outraged the respondents the most. In conversations with veterans, they often accused the command of inadequacy, inability to appreciate personnel, unfair working conditions, such as lack of rotation, and the fact that the unit does not do its job properly, for example, when it comes to issuing documents:

“Most of the men in my husband’s

platoon were discharged for health or family reasons. The main reason was simply the terrible attitude of the command (...), the lack of normal support, rotation... Of course, the state’s attitude towards the military is also disappointing, to say the least. After all, people are willing to give their most precious lives, but in return they have to prove various facts about their involvement in hostilities, face bureaucracy, lack of proper treatment and rehabilitation. It is also important to note that the platoon is made up entirely of volunteers. This makes it all the more insulting that, unfortunately, they are not appreciated by the country” (**Ilona, Valerii’s wife, seriously wounded and crushed**);

“The attitude of units that cannot/ do not want to simply ensure the fulfilment of their duties and help soldiers with the bureaucracy demotivates a lot” (**Oleh, born in 1985, blast injury**).

At the same time, soldiers often did not know how to protect their rights against such arbitrariness:

“The military do not know their rights. Writing a report, filing a complaint. For many of them it is really difficult and incomprehensible. In other words, one of the most difficult problems is the attitude of commanders, support services, etc. towards the personnel. Military

personnel have limited rights. The commander's order is the law. The commander is an idiot, so you have idiotic laws" (**Iryna, born in 1977, massage therapist, wife of Leonid, born in 1980, (furniture maker, seriously wounded)**).

The attitude of the command after the injury was particularly unacceptable, the veteran was often referred to as 'waste material'. Seriously injured veterans felt no gratitude from either the command or the state. The behaviour of the commanders often signalled that no one needed the wounded, that they had become an extra burden that no one wanted to take care of:

"I've already described to you in a text message that no one needs you in civilian life, because you are a waste material"... This is how it all started, especially with the unit during the discharge. The fact that the army has its own problems and a lot of injustices is one thing, but when I was discharged, they told me to do whatever I wanted, they gave me two subscriptions, two documents and said: "Go to the military registration, go there and do whatever you want". Then they cheated me out of a lot of money. They deliberately said that I was in the unit in January. But I was in the sector all of January, and they gave me a bonus of 30 instead of 100" (**Myroslav, born in 1987, police officer, shell shock**);

"Returning after being wounded is a very important issue. Yes, most of my acquaintances do not want to associate their lives with service

after being wounded. There is only one answer: they do not see their value to the command, to the leadership. They have seen how they are treated and understand that their lives and health are worthless to many commanders. Some commanders are simply "at work", let's say, they are more concerned with their career and their position in the unit than with the life and health of the soldier. That is the most important thing. Because if a commander starts worrying about the health and lives of soldiers, he will have no career, no good relations with his superiors. Unfortunately, the value of a soldier as a person is lost, and the guys feel it and understand that they are returning to an unfriendly environment, so to speak. For the commanders, for the management, illness or injury is often an "obstacle", it prevents them from continuing to lead and so on, it is a new problem, no one wants to deal with it" (**Kyrylo, born in 1972, construction worker, human rights activist, two shell shocks**);

"Remember how many people went to war at the beginning, there were queues at the military registration and enlistment offices. And what is happening now... People have just realised that we are only needed to fight, and then you are thrown into the dustbin of history" (**Serhii, born in 1987, private entrepreneur, multiple shrapnel injuries**).

The wounded, faced with the indifference of the command, felt abandoned, and the lack of payments and problems with their unit's documents

were perceived as a deliberate “abandonment”:

“Why don’t the men want to return to the service? Because they have been abandoned! They were abandoned by their comrades on the battlefield, they were picked up by others... They have been abandoned by the unit in terms of support, they have not been paid for six months. They have been sacked behind their backs and they are outraged because they no longer know who they are, where they are, who they report to, who they should be in contact with. They do not receive phone calls. Their comrades and management have forgotten them, they are not interested in them. They do not want to work with people who have abandoned them. Some of them hate them” **(Valentyna, mother of Dmytro, born in 2002, student, bullet wound);**

The whole military system for wounded soldiers is organised in such a way that after being wounded you become a useless person and they wipe their feet all over you. They are constantly trying to make decisions in the MMC and other commissions so that you get as little as possible and lose what you are getting. They constantly try to delay the issuing of certificates, and when they are issued, they make you come and collect them yourself, even if you are bedridden, and move them from one office to another. It’s just rubbish. The second month after I was injured, they stopped paying me 100,000 UAH,

saying I didn’t have a certificate of injury. The financial service needed this certificate, which was already ready and lying in the next office, and no one but me was given this certificate, and at that time I was bedridden in a serious condition. I think this is a mockery of people like me. In the end, I managed to get my brother-in-arms, who was in the unit, to take the certificate, make copies and give them to the financial service office, and bring me the original. After such an attitude, I want to finish my treatment and rehabilitation as soon as possible and never join the army again, and I want to dissuade everyone else from this idea” **(Serhii, b. 1987, private entrepreneur, multiple shrapnel injuries);**

“I was declared unfit for military service by the Military Medical Commission and had to be discharged, the documents were sent to Odesa for approval, and from that moment on my ‘adventures’ began. While waiting at home in Mykolaiv for the documents from Odesa, I went for a consultation with a local osteopathic doctor, I was reported as absent without leave (despite the fact that I had already been declared unfit and there was no point in avoiding my duties), and a few days later I was drafted into the Donetsk task force. Although I was released for 15 days, they tried to accuse me of not obeying a combat order and told me to write a report on my refusal to obey the same order. They wrote a report with violations and retroactive, reprimanded me, did not read any documents

and signed for me. Then they delayed the process of my discharge in every possible way. When I was discharged, I read in the order that I had spent January in the unit, not in the sector, and instead of 100,000 UAH there was 30,000 UAH. They told me to apply for a certificate of participation in hostilities through the military commissariat, then they refused to send the documents for 2 months. I went to the job centre, and they gave me 1,000 UAH in unemployment benefit for servicemen, because the unit did not pay taxes for us..." **(Myroslav, born in 1987, police officer, shell shock).**

There were also rumours among veterans' families that wounded soldiers with good military training who returned to the army would be sent on missions where their lives were at risk:

"It is unlikely that he will get a place in headquarters, he was in a special unit, they were trained like dogs, both mentally to exhaustion and physically hardened. An airborne assault unit. He is not fit for airborne assault, he will not be taken back. But if he has such training, believe me, he will find a place in another unit, and it will be, as they say, 'for meat'" **(Larysa, born in 1989, medical assistant, wife of Oleksandr (born in 1989, civil defence electrician, wounded in an artillery shell)).**

In addition to the ingratitude and bad attitude of the command, many of the veterans' complaints concerned the army bureaucracy. It was most of-

ten described as a remnant of the 'Soviet' system:

"I have more than 5 years of service: from a regular soldier to a senior sergeant with combat experience. I have no desire to serve. A lot of Soviet things remain in the army. There is a lot of bureaucracy. Unclear calculation of all payments. Complicated accounting. There are many commanders who, having felt the power, start to abuse it. I hope that things will change in the army after what has happened. There are many questions about various positions: how can a warrant officer who works with fuel and lubricants afford a 2021 Toyota Camry? There are many questions. It would take a long time to answer them. There is a lot of corruption" **(Yaroslav, born in 1996, food processing line operator, gunshot wound).**

Moreover, many of our interviewees were volunteers, and they emphasised that their motivation for joining the army was not related to a military career, and therefore they had a place to return to:

"There is nothing to regret, we did not join for positions or ranks, we do not need a career in the army. We all have children and families to which we hope to return" **(Oleh, born in 1985, blast injury).**

Having experienced bureaucratic interaction with the unit during treatment and rehabilitation, most expected that discharge would not be quick and easy either, but in reality it was often even more complicated:

“They brought my dad a report to sign for his discharge. It means that everything is in order with the documents... (...) Dad called. They said that everyone waiting to be discharged will be transferred to an infantry company. It’s fucked up, I’m sorry. I’m in shock. I’m fed up with this idiocy, it’s not normal. My father has lost a lot of his morale, I can’t remember the last time he called me in a good mood. I’m in an emotional tailspin) Everyone is very tired (...) Good news) Dad has already handed in his military ID card! So I’m going to pick him up in a few days. (...) Our hopes for dad’s imminent return home and celebration of his birthday have been dashed (...). The commanders said they had some innovations and now we have to wait up to 10 days. But no one says when these 10 days will start” **(Veronika, daughter of Mykola, born in 1973, metal smelter, gunshot wound).**

In particular, soldiers were annoyed by the discharge procedure, which had remained in the army since the Soviet era, such as the bypass sheet, because such a requirement was often a formality, and sometimes mistakes were made in the unit regarding the ownership of material property, which created additional difficulties during the discharge:

“I received the documents with the order to be discharged from military service and removed from the military register. Now I have 72 hours to go through the rounds and be a free man. You know, I was a bit stunned... I was absent for more than 9 months. Wouldn’t the

support services write off my property and give the company a list? Now I have to run around looking for officials to sign that they have no claims against me... A typical USSA... About the signatures: No today, everything has been postponed until tomorrow. Hello, no way... 2:0 for the bureaucracy in the army... I did not manage to get a single signature, I travelled 400 km for nothing (...). What happened was that the company sergeant major gave me another set of armour, two helmets of different sizes, a sleeping bag and a carimat... My destroyed weapon, which was supposed to be written off during the investigation, has not yet been written off. It is dated 27 September 2022 and my injury was on 09 September 2022, so I did not receive it... They decided to let me go, they would fill in the bypass sheet themselves and call me when to come for the documents” **(Anatolii, born 1978, blast injury).**

For many, the moment of discharge was an emotional relief, as many veterans faced significant emotional discomfort in the army, caused by a sense of unfreedom: “By order of the commander, I have been discharged on health grounds. Of course, this is a joy. It’s like quitting a bad job. Now I can go quickly to rehabilitation and work. I don’t have to report everything, sit in the barracks and be surprised by the bureaucracy every day. I am officially retired. I’ve finished my service in the AFU)”. (Yaroslav, born in 1996, food processing line operator, gunshot wound).

➔ STAY IN THE SERVICE

We should also consider cases where the wounded decided to remain in service. The main motivations were the desire to help the country, a sense of guilt towards their comrades, and for many their experience in the army became a way of life that they did not want to change during the war.

The desire to return to the army to do good was particularly common among our volunteer interviewees: «Regarding the return of the boys to the front... My husband, after being wounded, is ready to return if he is still useful» (**Kateryna, born in 1986, manager, wife of Valentyn (born in 1981, veterinarian, blast injury)**). However, it is important to note that these injured people emphasised that they were not satisfied with clerical work, that they wanted to act and have the opportunity to influence:

“Those who are in touch with their unit, their comrades, their command, their morale is fine. They will go back. The only question is: what kind of work? Mine wants to be useful and at least repair weapons, radios... And they wrote to him in the group: «Paperwork». He doesn't want to do paperwork! It's not his thing. He needs movement. Even with his limited abilities. They don't want to stand guard. They do nothing at the checkpoint of the military commissariat” (**Valentyna, mother of Dmytro, born in 2002, student, gunshot wound**).

The wounded had different levels of training and experience, but the more experienced ones often mentioned

that they would like to share their experience and teach others. They saw this as their mission after being wounded:

“The question of returning to service comes up from time to time. I would like to be of service, but physically I cannot carry out combat missions with my left hand, I cannot lift more than 5 kg, and two fingers on my right hand do not bend. In my opinion, I could be useful as a sergeant in some training unit, but such cripples cannot go there!” (**Oleh, born in 1969, insurance company employee, severely injured**).

In some cases, the management was interested in such work and the wounded accepted such offers willingly:

“The other day we had a meeting with the commander and he ordered us to return to the staff until we are fully recovered. We do not know if we will be transferred to the same unit or to another one. Those who are more or less well will go to the east as instructors to train new Marxists together with the instructors of the sniper school. All this will be formally decided in a few days. Those who are still undergoing rehabilitation after being wounded will continue to be rehabilitated, but will receive their allowances as they should (...) I will go, instructor work in the East is suitable for me at the moment. Besides, I will be more useful there than somewhere in the field ... or at headquarters” (**Oleh, born 1985, blast injury**).

For some veterans, however, the most important thing is to serve the country, so they feel they should choose a place where they can do the most good, even if it is not in the armed forces:

“I have an amputation above the knee, 2 joints, so I don’t think I’m suitable. Even if they ask me if I want to continue my service. I will say no: I have nothing to do at the front. Neither armour, nor trenches, nor rapid movement, nor the specific conditions of daily prosthesis maintenance are possible for me... I’ve already been offered a job at the military recruiting office, but it’s not like I’m going to be “sorting papers” or standing at a checkpoint... I said: “I’ll think about it”. It seems to me that I would be more useful in my main job. I am a gymnastics trainer with 30 years of teaching experience and 10 Masters of Sports of Ukraine. I would like to try to work some more” **(Oleksiy, born in 1973, gymnastics teacher, blast injury, gunshot wound).**

But how can we measure this benefit? Some of those released said they regretted their decision because they did not have enough work ‘for the AFU’:

“Well, I’ll tell you that I miss it very much, I somehow understand that maybe I shouldn’t have left, that maybe I should have looked for a way not to just quit or write myself off, but to transfer to my friends or to Azov or somewhere else, while I was already there, to join the ranks

of the Armed Forces. And now, to be honest, I regret it, because I don’t understand what I’m doing here, I’ve been working in a company that has recently been involved in the defence industry, we do interesting things for the army, well, not just for the army, for all our structures that help to kill enemies. And I thought it would somehow, you know, level me up, that you’re useful here in the civilian world”. **(Andrii, born in 1993, discharged for health reasons).**

Among other motivations for staying in the service, guilt towards fellow soldiers should be highlighted. Given that brotherhood is an important part of a soldier’s identity, the desire for solidarity with fellow soldiers is quite predictable and understandable: “How can I be here at home if they are still there” or “if they were treated worse than me”:

“As for disability: we have the right to leave the service now... But my husband wants to return... In other words, everything I did was ‘for people to laugh at’. I don’t know what it will be like and how he wants to serve... Something like that... Many of his brothers are currently in worse physical health than he is, and they have all been declared partially fit, and none of them have received any payments or certificates of participation in hostilities... And he is ashamed to be at home. (...) He said right after his injury that he was ashamed to return, then he saw how disre-

spectfully and irresponsibly people like him were treated and said he had served his time” (**Larysa, born in 1989, medical worker, wife of Oleksandr (born in 1989, civil defence electrician, wounded by artillery shelling)**)).

It is worth mentioning here how the families of the soldiers felt about the decision to return them. They reflected a lot on the subject, stressing that their loved ones had obligations not only to the state but also to their families and children, that there were other men who had not yet been mobilised and who should replace the wounded because they had already served their time. Such discussions often led to family disputes:

“On the one hand, I understand him, but on the other hand, there are others who have not yet taken part in the war... Perhaps they should take the place of those who are already disabled, or those who have not been on leave for almost 1.5 years of war? Yes, it sounds cruel, rude and shameless... But those who are still in hiding are no better and no worse than ours... And our wounded also have a life, a family, a job, friends outside the war zone... And they are very tired too. That’s why I’m depressed and angry....

But he is the one who makes the decision” (**Larysa, born in 1989, medical worker, wife of Oleksandr (born in 1989, civil defence electrician, wounded in an artillery shell)**)).

“Dialogue with my wife: “I want to come back, even if I am disabled. But my wife is against this idea, and

I am beginning to understand her... How she takes care of me, treats me and feeds me, and then she will spend the family’s money on treatment and I will go back to the army... She said: “It’s not fair. I treat, they (the army) break, what’s in it for me?” He swears at me...” (**Anatolii, born in 1978, blast injury**)).

At the same time, some claimed that being in the Armed Forces has become a way of life for them, that “real warriors” live for the military and do not come for money and benefits. That is why they are ready to return after any injury - as long as the war continues:

“I really want to come back. And those who did not want to come back in the beginning, do not want to come back, because I know many examples of people who came back with prostheses. For me, it’s a way of life. And until the war is over, I don’t see how I can just leave. My boys all come back, even after 4-5 injuries. Those who went to war not for the call of their soul, but for money and combat training, are talking about social injustice” (**Oksana, born 1989, in the army since 2017, blast injury**)).



These factors are an important confirmation of the complexity of the transition to civilian life in times of war, as the decision is influenced by the basic elements of a soldier's identity - solidarity with fellow soldiers still fighting, the duty to protect, and an understanding of the value of one's own experience and skills.

Separate mention should be made of those soldiers who were discharged after being wounded. At the time of our research, the law on the right of the wounded to be discharged to the reserve in the event of being given a fitness rating of "unfit with review in 6-12 months" by the Military Medical Commission had not yet been passed, so the wounded described their experiences in the reserve in great detail and complained about the injustice of this practice. This status can be described as highly precarious, as these soldiers were no longer fighting but had no right to be discharged. The potentially temporarily unfit can transition to civilian life if they are declared unfit by the next military medical commission in 6-12 months, but until then they are in limbo.

Thus, according to the law, only those wounded who have received the appropriate level of fitness from the military medical commission - 'unfit with exclusion from military registration' and, more recently, 'unfit with review in 6-12 months' - are eligible for discharge (at the time of the study,

this category was not yet eligible for discharge and we therefore recorded a negative attitude towards this practice).

The most common reason for discharge given by our respondents was for health reasons, as they needed very long treatment and rehabilitation. Among other reasons for their desire to be discharged, they mentioned the attitude of the command and irritation with the presence of 'Soviet bureaucracy' in the AFU. In particular, they often accused the command of inadequacy, lack of appreciation and unfair working conditions. The change in the attitude of the leadership after being wounded, often described as 'waste material', was particularly noticeable. Future veterans regularly faced delays in getting out of the service, and the process was constantly complicated by bureaucratic formalities. The main motivations for remaining in service among our interviewees were the desire to serve the country, a sense of guilt towards their comrades-in-arms, and the desire to maintain a soldier's lifestyle during the war.

2.6. Payments as a criterion of fairness and justice

The issue of payments to soldiers is one of the important markers of the state's attitude towards them. Thus, payments are a tool for creating a sense of fairness and dignity, because, as the soldiers themselves say, they «get what they deserve.» In addition, the payments are of significant economic importance to families, as a soldier's salary is often the main source of income for the family, and an injury means significant treatment costs from the family budget.

When problems arose with payments, when payments were stopped without explanation or when a person found itself out of work with a humiliatingly small salary, for veterans it was a clear indication of the state's indifference to them:

«And they haven't paid us since April. That's it, our boys are not needed anywhere. They are waste material!» **(Olha, mother of Kyrilo, born in 2003, student, mine-blast injury)**

In particular, the wounded could face problems with payments due to the negligence or indifference of doctors and VLC (Military Medical Board) in these matters. Our sources complained that hospitals did not always know about all the legal details of rehabilitation support. For example, in order for a veteran to continue to receive combat payments during treatment, and not just their salary, treatment must be continuous, and a break of even one day

can already deprive them of the right to this money:

“Not all doctors, especially in civilian hospitals, know that after rehabilitation leave, you need to go to the military unit to write a report. Thus, letting the military go home (yay), but then there are problems with the laws on non-payment of combat pay and so on” (...). The military unit is happy, because they withdraw payments because there was a break in treatment (although this is illegal)” **(Anton, born in 1984, mine-blast injury, traumatic brain injury).**

“There were no particular problems during the military medical boards, except that during the last one (which decided on my fitness for service), it was not decided to extend my stay in the hospital after 120 days of treatment, and, accordingly, I will most likely not receive funds for the period from 5.05 to 13.05.22” **(Sviatoslav, professional soldier until 2019, seriously wounded).**

A separate group of obstacles to receiving payments is related to the actions, or rather inaction, of military units. The most common problem is the inability to receive a certificate of injury from the military unit in a timely manner. This is a document that specifies the conditions of injury (e.g., while performing military service), the place and time of injury (settlement, region),

and states that the injury was not sustained under the influence of alcohol or drugs. The information in the Certificate directly affects the conclusions of the VLC and the Disability Determination Service (MSEC) and the amount of the One-time Financial Allowance. It is no longer mandatory to conduct an internal investigation to issue a certificate, but this practice continues to exist in military units. The VLC, having received such a certificate, notes in its conclusion that the injury is “related to the defense of the Homeland” or “related to the performance of military service duties,” and this is the basis for receiving the highest amount of financial assistance. Without this wording, the assistance will be significantly less.

However, in reality, despite the existence of a legal obligation to issue a certificate to all those wounded in combat actions, military units often fail to fulfill this obligation. For months, the wounded and their relatives can “seek” a part of this basic document without success, using formal and informal contacts:

“I can’t take any steps towards the military unit on moral grounds. Like writing complaints or something, on the contrary, my son and I support them as much as possible. But at the same time, it is difficult to get documents. For example, for more than a year now, I have not yet received an investigation report. I call the combat unit: “Write a request”. I wrote it, and they reported that

they had received it. Then there were calls to the new commander: “I’m sorry, I don’t know how, but there was no investigation regarding Volodymyr.” I said: “Okay, there are two living witnesses. Do it now.” It was as if they had already figured out what kind of form I needed and why. In the combat unit, they started the same old song again: “Go to the military enlistment office and let the enlistment office request these documents.” And then I was rude on my part. It seemed like they reported this situation to the command, and I keep on waiting. And so it goes for every single document. It depends on what mood they are in in the combat unit. Then I call my comrades-in-arms and tell them the whole story. My fellows, my comrades-in-arms, are dealing with these issues on their day off to help me somehow. Well, is this normal? That’s why I always try to balance, but they piss me off - a portal in Soviet times. What makes it even more difficult is that some of them are legally in the occupied territory, and they are constantly changing their addresses. A lot of time has passed, and they have no idea what to do. Volodymyr has already been discharged from the military unit. And so we go in circles. I don’t know what I would do if I had not had my comrades-in-arms. Now they have been taken somewhere in Volyn, so the process is slowly moving. But the whole

process is very slow... I'm battling with the military unit for those certificates, I have no strength left" **(Maryna, born in 1984, currently unemployed, mother of Volodymyr, (born in 2005, student, traumatic brain injury)).**

"After being wounded in a hospital, you have no time for paperwork, at this time the command has to conduct an internal investigation, make a certificate about the circumstances of the injury (...). In most cases, these documents are not ready, in my case, thank God, everything was on time, but talking to the guys, the documents are not ready either in 2 months or in 3. (...) The next problem I encountered was the referral to the VLC (Military Medical Board). The brigade made a referral, but did not give me a certificate about the circumstances of the injury and did not warn me about its importance when obtaining a medical certificate. Thanks to the VLC, which explained the procedure, I received a certificate in 4 days and then passed the medical examination. Without a certificate, they simply fill in the medical certificate that the injury is related to military service, and hence, when applying for a pension and receiving a One-Time Financial Allowance for injury, completely different amounts are charged" **(Hryhorii, seriously wounded).**

"I also like the doctors in the military unit! It's quite a story: how they issue a certificate of injury! The investigation report was issued two weeks after the injury. I got the first

certificate two months later, but I couldn't show it to anyone because it just had grammatical errors. And she was in no hurry to redo it, and she proved to me that no one in the hospital needed that certificate except me and the doctor, and it came to a scandal. Because a person a priori does not understand the meaning and purpose of this certificate, without which you are not allowed to get prosthetics. Without which, the phrase: the injury is related to the defense of the Homeland is not included in the certificate of the VLC. And without that word "Homeland" in the VLC certificate, they don't pay salaries. She redid it for me three times. The chief medical officer also told me that he did not see anything wrong with "a fracture of the metacarpal bone" and "the fifth cyst" and several other such mistakes... Starting with the wrong military unit... Until I got to the very top! I now have 4 or 5 certificates about the circumstances of the injury! But so much time was wasted and so many nerves were spent on this!!! That's why the soldiers are sitting without money, because there's no freaked-out mom chasing after them, who doesn't care about their titles and ranks, because I myself have worked for the state for more than 13 years. 10 years of which were spent in the military - I know them from the inside... I think this is an important topic for your statistics - getting a certificate about the circumstances of the injury! Because you have to fight tooth for six months to get it... And there are those who still don't have them, and

have been injured for more than six months...” **(Valentyna, mother of Dmytro, born in 2002, student, gunshot wound)**

We have documented many cases where a military unit simply did not pay the money, sometimes for a reason, sometimes without a reason. For example, the money could not be paid until the wounded person was discharged from the hospital:

“We waited for a very long time for the Military Medical Board to be scheduled. I was waiting for the VLC, they couldn’t discharge me from the hospital because they can’t discharge me without it. I was told that they would not pay money in the military unit without a discharge record. They said they would pay money only when I was discharged. And I was there for six months. I rent an apartment, I have a wife and children, I need to live for something, and for six months I have not been paid anything” **(Roman, born in 1988, traumatic brain injury).**

However, additional payments were often either not received at all or stopped unexpectedly and without explanation:

“I will add for payments (...). He had a certificate about the circumstances of the injury, and sent all the discharge records and locations to my commander on time. But during all this time, he has never received any additional payments: payments for the injury, for hospitalization - no compensation.

He used to get a military salary. And now he has UAH 524. And I’m on maternity leave, so financially it was difficult and stressful as well. The cost of medicines was considerable, plus food, consumables, and then there are these rugs, balls, and there are children who want to eat, need to be dressed, and they are also getting sick, and kindergartens are also paid, although they are state-run... and, of course, there are always utility bills. We were denied a subsidy, we have no benefits, and it is unclear whether we will receive the status of a combat veteran” **(Larysa, born in 1989, a medical worker, wife of Oleksandr (born in 1989, electrician for maintenance and repair of alarm, centralization and interlocking devices, wounded as a result of artillery shelling)).**

“You’re constantly balancing not to offend anyone, not to harm anyone and finally fight tooth to get a certificate. Why not give him the full set of documents when he was dismissed? Maybe they thought he would not survive? Maybe they didn’t know how to do the whole thing? But it’s been over a year now, and the war is still going on. Seeing the chaos with the papers I will get them, if I have the strength, I will get to the payments, because it is obvious that it is not so good and smooth. It’s not about the money, it’s about having practice on another wounded person like that...” **(Maryna, born in 1984, currently unemployed, mother of Volodymyr, (born in 2005, student, traumatic brain injury))**

It is also worth noting that there is an assumption among soldiers that the real reason for the problems with payments may be corruption at the highest levels of government and their “saving” of funds:

“One interesting thing I noticed when I was in the military unit for the last time. I had an interesting conversation with the chief medical officer (he did not want to sign a report for assistance after being wounded), and after a long argument he suggested that I contact a lawyer. We talked, and he said that he had a case when he approved a payment of 100,000, and the control and audit department came and recognized his actions as illegal (I think this is true in all instances). I don’t know if he returned the money to the state, but this leads to the conclusion that in any suspicious or even obvious injury, he will not take the side of the wounded (I’m trying to explain how the system works). Then, purely theoretically, we can assume that everyone knows about it, and he will definitely tell his subordinates. Accordingly, everyone seems to sympathize, but everyone thinks for themselves (so as not to be guilty). The system protects and punishes the perpetrators for misusing the funds (everything works well). When you observe from the outside, everyone is not satisfied, but they continue to endure and work. I show and prove my opinion to some employees in the combat unit, financial service, and medical unit - they agree with me, but refer to each other, and no one wants

to take responsibility for refusing me (and the reports keep on lying somewhere, because it is responsibility for the funds to the state). In my opinion, there are two components that will never allow this system to change: fear (for ordinary workers) and corruption (for middle and higher employees)”
(Anton, born in 1984, mine-blast injury, traumatic brain injury).

For many soldiers, the issue of payments is a matter of principle, because for them it is about their own dignity, which they are ready to defend by fighting. A paradoxical situation arises here, because after physical participation in combat operations, the wounded have to constantly “fight” with the bureaucracy from the moment they get to the hospital, and “gnawing” payments from the state is another manifestation of the lack of care for the needs of soldiers.

An important problem here is that soldiers are not properly informed about their rights, so they often fall into bureaucratic traps that could be avoided if they were more aware of the legal aspects of service. However, for seriously wounded, even getting information is not an easy task in their physical condition, so they emphasize that they need professional help in legal support for an injury that could be taken care of by another person:

“The next thing that is stressful in the military unit is that no one can inform you about your rights, no one can guide you in a legal way, what steps you have to take. I am grateful to your portal (Legal Navigator for wounded soldiers from Principle

NGO), which I relied on when collecting documents. In fact, based on this, each brigade should have lawyers to help explain the rights of the wounded, collect certificates and monitor the process of their preparation, as there are seriously wounded who cannot take care of themselves, and the military unit is not interested in them” **(Hryhorii, seriously wounded)**.

Often, the wounded start fighting for their benefits on their own and with the help of their families. It is important to pay attention to the terminology here again, as veterans and their relatives call this process “struggle,” “war,” and “gnawing out.”

“From the beginning of treatment, I received a bonus of 30 thousand hryvnias and a salary of 17 thousand at the time. And now I am fighting for reimbursement for the period of treatment, where they were supposed to pay 100 thousand, but they paid 30 thousand” **(Yaroslav, born in 1996, food processing line operator, gunshot wound)**.

“And now we are still waiting for the salary to be transferred, because in the first four months they paid us as they should, so to speak. And then (...) they started charging him only 30 thousand or something (...) I contacted the financial department, they transferred a little bit more (...). I send them the documents, and he tells me that their financial director said: “That’s true, but we don’t have a clear understanding of how to calculate these salaries, I’ll find out what documents we need.”

I said: “Well, find out.” In fact, now they told us: “Send us your records,” even though we have always sent everything on time to everyone 300 times, probably, and we would send it again. Now they are silent again, no one says anything. Today I asked my husband to find out how things were going. Because, basically, it turns out that they should give us another 100 thousand. And if, you know, I just started working, and I don’t earn much, and all the rehabilitation, it’s not clear how long we won’t be able to work at all. He would not be able to work. And we have a small child. So I don’t plan to give them this money (...). Yes, that’s what we were told about the payments to be transferred. We should have been paid in January. They wrote that they would transfer it to us from February (...) We will submit our request for a proper and correct calculation (...), I can explain it by the fact that they are trying to save the budget as much as possible. But I will still write and do everything to ensure that we are paid everything correctly (...). I already wrote that I am like that, but many people do not know the law and cannot defend themselves” **(Nadiia, born in 1988, wife of Anatolii (born in 1988, head of a milling shop, seriously wounded))**.

A common practice among the veterans and their families is to hire a lawyer to help them receive their benefits, as it can be difficult to understand all the intricacies of this bureaucratic process on their own, and the wounded may lack the information to effectively assert their rights:

“As for the compensation, I hired a lawyer who was dealing with it.” **(Borys, born in 1986, furniture assembler, contusion and mine-blast injury).**

“In the military unit, I also applied for a One-Time Financial Assistance, but I also wanted to write a report for compensation for unused allowance, but they were incompetent and did not help me in any way. We need to consult a lawyer on how to properly prepare this report” **(Vira, born in 1983, manager, wife of Oleksii, born in 1980, veteran, severe limb injury and contusion).**

However, it is important to mention the ethical aspect of relations with the military unit. Some wounded soldiers and their families are afraid to harm the soldier by fighting for their rights, as there is a risk of worsening attitudes on the part of the leadership and deliberate use of bureaucratic obstacles in situations where the soldier may need informal assistance from the military unit:

“Today they called from Kyiv, introduced themselves as a hotline employee, as if from the Ministry... as if to clarify information about the delay in payments. They asked me everything again... “Today I was distraught, I could not find a place for myself. And I also thought, or maybe I heard, that the date when he took up his position was incorrectly indicated (he took up his position on 19, but 17 was recorded)... I am worried that there will be no problems with this... I’m worried that my appeals won’t harm my husband... I

mean, they will be nervous in the military unit. I’m not worried about their mood, I’m worried that they won’t take it out on him.... So if you look at it, he should have lived in the military unit, but he is at home (but this is the order of the commander). I don’t understand if it’s legal anymore, because we didn’t write or sign anything about staying at home, and I’m nervous about it, lest they take him away out of anger and settle him somewhere in the forest. At first, there was no question of payments. The first priority was stabilization, treatment, and rehabilitation. I had some savings. Friends raised some money for rehabilitation. Painkillers were sent by friends from abroad. And when we had passed all the stages, we sent a report. We received no response. After the VLC (Military Medical Board), when the decision was in hand, we wrote a report again. When my husband received UAH 500 (as he was transferred out of the state), he started asking the fellows, and most of them had the same situation. Then, at my husband’s request, I also contacted the hotline. When we brought the decision of the VLC to the medical company, we had to check in with the composite company, and the commander told him in words. I was not present. But there is a group in Signal where all these men are after the VLC, and the commander writes information about when to report, etc. There, the fellows bombard him with questions, but there are no answers. This may be illegal, right? And on the other hand, he is unfit for military service

for 6 months, but, in fact, an active military...Freak-out situation... The state itself has no regulated actions, so there are no answers...It turns out that the state itself does not understand what to do with them. There is no algorithm of actions, but you have to always be at the ready, because if you do something they don't like, they will find something to punish you for... I'm going a little crazy myself... I never thought it would be so hard to live in a constant mode of waiting, and there is such "uncertainty" (**Larysa, born in 1989, medical worker, wife of Oleksandr (born in 1989, electrician for maintenance and repair of alarm, centralization and interlocking devices, wounded as a result of artillery shelling).**)

Thus, many of our interviewees complained about problems with state payments. For the soldiers, they were perceived not only as a financial reward, but also as a representation of the gratitude of the state and the military unit, which the veterans deserved through their work.



Therefore, the soldiers saw untimely payments, their reduction or absence as an insult to their dignity, and were ready to fight for justice

Usually, problems with payments occurred during the treatment phase, in particular due to the late receipt of a certificate of injury from the military unit, and thus lower additional and one-time financial assistance. Also, in some cases, payments were received in smaller amounts or stopped altogether without explanation. In such cases, soldiers and their families often turned to lawyers for professional support in communicating with the military unit and government agencies.

2.7. MSEC (Disability Determination Board): documents and bureaucratic waiting

One of the stages of interaction between seriously wounded people and state services is the MSEC (Disability Determination Board) when their injury has led to disability. The Board conducts a medical and social examination to determine the following: disability group (group I, II, III); percentage of disability; need for prosthetics, etc. The MSEC certificate also becomes the basis for the calculation of a one-time financial assistance and other social benefits for a disabled veteran, as well as obtaining the appropriate veteran status under the current legislation.

In order to undergo the MSEC, a veteran must first receive a referral, then undergo a medical examination, undergo a LCC (Medical Consultative Board), receive a completed form from the LCC, submit it to the MSEC (or the doctor does it on its own), and finally, within 5 days, the board must issue a certificate with its decision.

Our interviewees often compare the experience of the VLC (Military Medical Board) and the MSEC, emphasizing that these are very similar procedures. Like the VLC, the MSEC does not have the best reputation among veterans. In particular, this body is reputed to be the most corrupt, although our interviewees had no personal experience of someone demanding a bribe from the wounded.

It should be noted that soldiers and their relatives carefully weigh their chances of obtaining an official disability certificate before applying to the MSEC, because, having previous ex-

perience with the VLC and other state services, want to be sure that going through such a lengthy bureaucratic procedure will really be worth all the effort: “For myself, I decided that I would submit (my husband to the MSEC), and then it’s God’s will. The traumatologist said that he was classified as disabled and that it was advisable to undergo the MSEC” (**Larysa, born in 1989, medical worker, wife of Oleksandr (born in 1989, electrician for maintenance and repair of alarm, centralization and interlocking devices, wounded as a result of artillery shelling)**). Veterans and their relatives can also learn in advance about additional grounds for assigning a higher disability group: “The doctors advised me to undergo treatment in a hospital more often in a year so that they could give me a 2nd group, as the disease falls under this category” (**Dennys, born in 1974, mine-blast injury, contusion**).

While the main word veterans use to describe the VLC is “queues”, the main word for the MSEC is “DOCUMENTS” and its synonyms “papers”, “paperwork”, “bureaucracy”, “folders”:

“We are still doing the same thing, collecting papers every day. We are a little tired. (...) But it’s okay, we are holding on. I think a little more and we will submit all the documents. (...) Today we finished visiting all the necessary doctors and submitted all the documents to the traumatologist. Next, he prepares a package of documents and submits it to the

LCC for consideration first. We're waiting. We have an opportunity to catch our breath and rest. There will be no consideration of the board before Monday. (...) We are waiting for the MSEC (Disability Determination Board), today we visited a traumatologist and asked how and when. He has submitted documents to the LCC (Medical Consultative Board), we are waiting. Everything is fine. Tomorrow we have an appointment with the LCC, and then the documents will be submitted to the MSEC" (**Natalia, born in 1975, social service specialist, wife of Mykola (born in 1975, construction company worker, mine-blast injury).**)

It is noteworthy that even the waiting for the MSEC is described by the wounded through the word "paperwork": "Things are as usual, I'm waiting, twisting bolts on my leg, waiting for a paper, writing, copying, waiting again)) I submitted a report to the MSEC, I'm waiting) Everything seems to be fine" (Anton, born in 1986, a rescuer at an oil refinery, has been serving since 2015 with a break, seriously wounded). When the wounded described their experience of going through the MSEC, even when talking about the queues, they began with information about the documents they had collected:

"The MSEC is just like the VLC (Military Medical Board) - queues, referrals from office to office. Even during the medical evacuation, I

was categorically warned that all the papers given to me in hospitals should be kept as originals as the most valuable. My roommates told me about the need to get an investigation into the circumstances of the injury and, accordingly, Appendix 5" (**Ivan, born in 1972, a worker in the field of installation and repair of metal-plastic window systems, gunshot shrapnel wound).**)

However, irritation with the large number of documents does not mean that there is no irritation caused by queues, but after the VLC, the size of the queue and the length of time it takes to see a specialist are no longer perceived as acute: "I received a referral to undergo an MSEC to establish my disability. Today I have seen 3 doctors out of the planned ones, next week I plan to close the issue... Some doctors are on vacation, and some have a scheduled day. So, after the VLC, I think it's normal" (Anatolii, born in 1978, mine-blast injury). But the number of documents and lack of understanding of their list is a new irritant that the wounded have not encountered in other institutions.

Veterans were particularly annoyed by the duplication of many previous documents by the MSEC. For example, despite the fact that the MSEC recognizes a certificate of illness, the information on the conclusions of specialized doctors in this certificate is not recognized by the MSEC and requires a second examination by specialists:

“There are a lot of certificates that are unnecessary in the context of hostilities and duplicate each other. For example, the certificate of illness (which is recognized by the MSEC) contains the opinions of all doctors: surgeon, traumatologist, otolaryngologist, neuropathologist, eye specialist, and neurologist. There are also results of instrumental and laboratory tests. But, while recognizing the document as a whole, the conclusions of these specialists are not taken into account, and future disabled people are driven back to specialized doctors” **(Sviatoslav, professional soldier until 2019, seriously wounded).**

For many veterans, the problems with the MSEC (Disability Determination Board) began, just like during the VLC (Military Medical Board), with getting a referral. By law, it can be obtained only through a medical institution, but a military unit can also provide a referral with a request to conduct an MSEC. There are three ways to receive such a referral: from a military unit (if a person is in service), from the Territorial Center for Recruitment and Social Support (if a person is discharged from service or on leave), from a family doctor after self-referral.

Problems with getting a referral can arise, for example, because of the reluctance of the military unit:

“The first thing I encountered was the problem of getting a referral from the military unit to undergo an MSEC. They simply refused to give it to me, justifying that it was a civilian structure and the military unit could not give them any re-

ferrals...I had to put everything in accordance with the regulations, had a fight with the chief medical officer, but after that it turned out that there were referral forms and everything was provided. Later, others did not have such problems. In general, I had to break through that wall with my own example to make it easier for others” **(Vadym, born in 1979, Council of the Trade Union of Railway and Transport Builders of Ukraine, seriously wounded).**

In other cases, the problem was the form of referral, which should be unified, but in fact could vary from one military structure to another:

“I took the referral to the MSEC, they made it in some other form, not the way they showed it in the GVKH (Main Military Clinical Hospital), but maybe it works that way too, at least the chief medical officer assures me that it is the right way. I don’t know where else there are boards in the GVKH, maybe they will refer me somewhere. We had a fight, but the referral was approved: “Like your chief medical officer is the smartest, why was it so hard for him to make a proper referral?” **(Oleh, born in 1985, mine-blast injury).**

Another problem could arise when relatives of severely wounded soldiers tried to exercise the right to have the MSEC make a decision on disability in absentia:

“The MSEC was conducted without him (without my son) through a scandal. I said: “It’s icy, I need spe-

cial transportation and an elevator. Do you have it?” “No,” they said, “we don’t. “Then,” I said, “take the conclusions of the VLC (Military Medical Board)”. I took an extended form for all the doctors, their conclusions and had a CT scan done at the VLC (where they indicated the % of brain damage, the internal canal, the size of the fragment and the size of the titanium plate). They wanted to give it for a year. I said: “Will the titanium plate with half a face disappear in a year?” They said: “Okay, for two years”. I said: “Good, at least that way” **(Maryna, born in 1984, currently unemployed, mother of Volodymyr, (born in 2005, student, traumatic brain injury))**.

The medical examination process for the MSEC also has its own specifics related to the length of time it takes to fill out numerous documents, so wounded who are examined in civilian hospitals are warned that they need to book additional time for doctors:

“Regarding the MSEC: I passed all the doctors at the clinic at the place of registration (...). After my first visit, I was warned that filling out various forms takes longer, so I had to take a double session with the attendant and the therapist. Everyone else fits within the allotted 15 minutes, because I have no more complaints” **(Ivan, born in 1972, a worker in the field of installation and repair of metal-plastic window systems, gunshot shrapnel wound)**.

Just like during the VLC (Military Medical Board), the medical examina-

tion of doctors for the MSEC requires knowledge of informal rules of conduct. In some boards, for example, confidence and categorical approach speed up the work:

“This procedure took me 1 working day. Probably because I had to go into the office and give the documents. Then I waited outside the door, and in a short time they brought me the finished work. After that, I brought all the collected, certified copies to the military unit so that they could complete the form. They checked everything in front of me and told me to wait for a call. They submit the documents to the MSEC themselves” **(Larysa, born in 1989, medical worker, wife of Oleksandr (born in 1989, electrician for maintenance and repair of alarm, centralization and interlocking devices, wounded as a result of artillery shelling))**.

However, the main specificity of the MSEC process is that the bureaucracy is so complicated that doctors themselves often do not know what documents are needed at what stage, and therefore force the wounded to keep returning to the hospital:

“During the preliminary examination at the MSEC, I realized one thing: our doctors are not yet very aware of the procedure. There are probably not many of us who were dismissed from the Armed Forces alive. I constantly need to bring some papers. I always have the original and a copy with me, but the doctor does not know at what stage what is needed and

constantly asks me to bring some documents. It's good that he accepts me without an appointment and without waiting in line" (**Ivan, born in 1972, a worker in the field of installation and repair of metal-plastic window systems, gunshot shrapnel wound**).

It should also be noted that both during the VLC (Military Medical Board) and the MSEC, most specialists fill out documents by hand, which takes a lot of time and also requires a lot of time to analyze the handwriting of other doctors who will work with these documents:

"I waited for 1.5 hours for the doctor to give his opinion on paper, which is impossible to read at all (...). I spent 1 hour 43 minutes at the traumatologist today. If most of the documents were in electronic form, they would not have to analyze each other's writing and spend time writing an essay on my illness..." (**Anatolii, born in 1978, mine-blast injury**).

Many of the wounded describe the overall experience of the MSEC (Disability Determination Board) as humiliating. Irritation arises even at the moment of passing through the specialists in hospitals. For example, the wounded are outraged that hospitals do not have a rule to let soldiers through without waiting in line, but there is an informal rule that allows doctors to let their "cronies" "go to the head of the line":

"Later, as a civilian, I underwent an MSEC: some doctors, some people, well, everyone treats you indifferently. Family doctor. I sat there for

an hour and an hour and a half or two hours in lines, and then I asked the receptionist: "Shouldn't the military, veterans, combat veterans be able to get an appointment without queues?" "No, in general circumstances," they say. It's funny, it's kind of depressing, and then she lets her friends and strangers go to the head of the line. And you just stand there like a fool waiting for something. I understand when it's a short visit, half an hour maybe(...) Jeez, well, in other institutions, they somehow adhere to this, that military personnel are admitted out of line" (**Myroslav, born in 1987, police officer, contusion**).

In addition, just like the premises where the VLC (Military Medical Board) specialists are located, the premises of the MSEC are often not equipped for people with disabilities at all, which seems quite paradoxical given the specialization of this institution: "Back in the winter, when my son returned from Germany, we went to the city's MSEC - the second floor, no elevator. Similarly, the regional MSEC has two even steeper floors. And there are only elderly people and people with disabilities. This is how they think about disabled people in Uzhhorod (...) The problems are the same as always - queues, time, floors" (**Taras, father of Ivan, born in 2004, gunshot wound**).

For some wounded, the experience of communicating with the commission becomes a separate humiliation. Not everyone describes the MSEC in such a negative way, but it is important to emphasize that this is the experience of some soldiers, so it is important to record it:

“I finally received a piece of paper with the group and the term ‘life-time’... The whole process took 3 hours, and everyone who needed re-certification or renewal and assignment was called at the same time at 10 am and began to call them on their own at their own request... I had a very bad feeling, as if I was dishing the dirt, not my own, but someone else’s... They again forced me to show my scars and injuries, to explain, even though it was all written down, asked how many fragments there were, and the stupidest question: what worries you besides the injury? I just wanted to scream... you bitches are humiliating us as much as you can... I’m still a little bit confused... It’s a very unpleasant procedure from a moral point of view for me” **(Anatolii, born in 1978, mine-blast injury).**

After submitting all the documents, there is a period of “waiting” for the certificate with the decision of the MSEC. Despite the existence of a clear deadline (5 days) for receiving it, they often simply forget to notify soldiers that the documents are ready. In addition, the MSEC often communicates extremely poorly about the further algorithm of actions to obtain benefits:

“There has been no call from the MSEC (apparently, I have to go) (...) I went to them today and asked if the military unit had submitted the documents to the commission... And yes, miracle... they have been there for a long time.... - “come tomorrow at 11 o’clock” (...) We have a third group of disability. They gave us 4 pieces of paper without

explaining anything..... (...) Today I ran around our district pension and social security offices, and sent my husband to the financial division to bring a certificate for a One-Time Financial Assistance (we received the certificate at the MSEC), but they did not accept it. He’s angry, you can’t ask him anything... In short, it was a waste of time” **(Larysa, born in 1989, medical worker, wife of Oleksandr (born in 1989, electrician for maintenance and repair of alarm, centralization and interlocking devices, wounded as a result of artillery shelling)).**

In some cases, the procedure for obtaining a certificate may be delayed, as the MSEC has the right to return documents if formal requirements are not met. However, the parameters of these requirements are often unclear, and documents that are suitable for some government agencies may not be recognized by others:

“The MSEC returned the documents because the certificate of illness was a certified copy. It’s okay to dismiss and deregister with a certified copy, but to convene the MSEC - you need the original. For three days, my comrades from the reserve company searched the combat unit and found them. They will send it today, and on Tuesday I will make a second attempt to submit the documents. I installed the voice recorder app on my phone. The documents have been submitted. I am waiting for the board to be appointed (...). They were more intimidating with the MSEC than what actually happened. The third

group was assigned for a year” **(Ivan, born in 1972, a worker in the field of installation and repair of metal-plastic window systems, gunshot shrapnel wound).**

Another common problem is upgrading the disability group for the wounded. According to the law, they are assigned a disability group that is one level higher than the criteria set by law, but not higher than group I. However, the application of this regulation is often not respected by the MSEC representatives, and the wounded and their relatives do not have enough information to protect the rights of veterans:

“In general, there was a phrase (at the MSEC) that it is forbidden to use this resolution (to raise the group to a higher level) because it was adopted by Poroshenko...I don’t know how true this is, because it’s just lip service. In short, as for being raised to a higher level without a review, it does not work, is not used, is not talked about, is not even discussed. The reason is unknown!!!! Lawyers know about it and do not challenge it because there is no law or resolution to which they can cling” **(Larysa, born in 1989, medical worker, wife of Oleksandr (born in 1989, electrician for maintenance and repair of alarm, centralization and interlocking devices, wounded as a result of artillery shelling)).**

Relatives may not even know whether this regulation is used in the certificate from the MSEC or not: “The only thing that interests me is that I know that, according to the law, now the military are given a group one lev-

el higher than the required one. So my son was given a group 2. Is this already taking into account this law or not? Do I need to appeal to get group 1? Because I talked to a lawyer right after the injury, and he said that it should be group 1” **(Olha, mother of Kyrylo, born in 2003, student, mine-blast injury).**

Therefore, the wounded often compared the experience of the MSEC and the experience of the VLC (Military Medical Board). After the VLC, the MSEC did not “scare” them as much, as they were ready for the queues and bureaucracy. However, the experience of the MSEC differed for veterans with a disproportionately large number of required documents and unclear lists of these documents, as it was often unclear where to submit the original and where to submit a copy, as well as what other document might suddenly be needed and in how many copies.

Often, problems with documents began even at the moment of receiving a referral from the military unit, medical examinations even in civilian hospitals were accompanied by long queues, and the board itself was located in rooms that were not equipped for people with disabilities and in some cases behaved extremely unethically towards soldiers.

Despite the clear deadline for issuing the board’s decision, there could be communication problems when it was not informed in time that the certificate was ready, and the information on the further algorithm of actions to receive assistance was not provided in the required amount. Many veterans and their family members also had problems because they wanted to exercise the right to undergo MSEC in absentia or the right to increase the disability group by one degree for soldiers. The boards resisted such attempts.

2.8. Back to the Territorial Recruitment Center (TRC)

After being discharged for health reasons, soldiers are obliged to apply to the Territorial Center for Recruitment and Social Support for the last mandatory bureaucratic procedure - to register or deregister:

"I received an order for dismissal and an order to register with the military enlistment office. In ten days I have to receive an extract from the order to deregister me from the military. Today I was finally registered, but then I was deregistered and excluded from the military register according to the order..." **(Anatolii, born in 1978, mobilized, mine-blast injury)**

Further interaction with the TRC may take place if the wounded person applies to this institution on its own to obtain the status of combat veteran. For example, a veteran may make such a decision if they believe that it will take longer and less reliable to process this document with a military unit.

"I filed a report to the military unit so that they would issue the documents required to obtain the status of combat veteran. Because they are in no hurry to do it themselves" **(Oleh, born in 1985, mine-blast injury).**

"Many people have problems with these combat veteran statuses. Well, I plan to apply through the military unit. Through the military

enlistment office. Because it seems to take longer to do it through the military unit and they might refuse. But if you do it through the military enlistment office and have all the documents, it's more likely and faster. Well, the military does not know what they are submitting, and every document has to be checked and reviewed. But I've heard that too" **(Maryna, born in 1984, currently unemployed, mother of Volodymyr, (born in 2005, student, traumatic brain injury)).**

It should be noted that wounded with severe injuries often claim two statuses at once: "combat veteran" and "person with a disability caused by war". However, according to the law, if a person is entitled to benefits on several grounds, one ground for the benefit must be chosen. Therefore, veterans enjoy benefits either as a combat veteran or as a person with a disability caused by war. To obtain the second status, a person must undergo an MSEC (Disability Determination Board), and after that, that person is entitled to a disability pension and other benefits from the Pension Fund. Accordingly, if for some reason one of the statuses could not be obtained, veterans are entitled to benefits under the other:

"I am motivated. Tomorrow I start fighting for the status of a combat veteran, as I was denied the status of a person with a disability caused by war. And today I went to the TRC

to write an application for a combat veteran” (**Denys, born in 1974, mine-blast injury, contusion**).

It should be noted that not all veterans are comfortable with the status of a “privileged person,” some are ashamed of it or believe that there are other people who need the benefit more:

“But he’s so modest, he even pays for public transportation, so I told him to get his certificate. He says no, I feel sorry for the driver, maybe he can take some old lady to a priority seat. He hasn’t gotten used to it yet. Maybe it takes more time, I don’t know.” (**Maryna, born in 1984, currently unemployed, mother of Volodymyr, (born in 2005, student, traumatic brain injury)**).

Obtaining combat veteran status can be time-consuming and require numerous documents, which often have to be “gnawed out” and “delivered” in addition. Some veterans decide to wait with this procedure until it is simplified. It is noteworthy that veterans compare any difficult bureaucratic experience with the VLC (Military Medical Board):

“I want to get a combat veteran’s status and I’m not even going to do it, because I have to go through some kind of a VLC, so I’m waiting for the opportunity to do everything in electronic format” (**Petro, dismissed for health reasons**).

From the stories of our interviewees, we can see that long-term bureaucratic procedures no longer surprise them, and any delays or problems with

documents are perceived as an unpleasant but integral part of the process:

“I don’t have a combat veteran’s status yet, I’m in the process of getting it. In general, everything is fine. I faced only one such obstacle. I submitted all the documents through the city military enlistment office, not the district one, but the central city one. And, by the way, the documents reached the boards quite quickly. Somewhere around 2-3 weeks. But they didn’t accept the documents and rejected them for the same reason as before: you submit all your BRs (combat orders) (extracts) there. And they check that you fought there, give their opinion, and then the military enlistment office issues you a certificate. That is, I submitted all the combat orders, and now it seems that I have to submit only one. And I submitted all of them at that moment, and they rejected all the documents. Now I have to redo them, they are being redone, so that there is one combat order, so that everything is clear for them. This is probably a single reason why they could have rejected them, as far as I understand (...). The documents have been redone, but I haven’t submitted them yet. I need the signature of an important officer, who is always absent. I think everything will be fine there, the fellows from the brigade are helping with this issue” (**Andrii, born in 1993, dismissed for health reasons**).

However, even here, situations may arise that require active intervention

and assertion of their rights, because for soldiers and their families, it is not only about benefits, but also about dignity. As in other similar cases, our interviewees used the terms “war,” “battle,” etc:

“Oh, I had a battle in the district military enlistment office for two days. I have achieved my goal. They will file a combat veteran status, rewrite their professional unsubstantiated remark (...) I will tell you what is happening 1. We submitted all the required documents to the city military enlistment office (everything is fine there). The city military enlistment office sends them to the district one... The district military enlistment office began to investigate - they returned the documents to the city military enlistment office. In short, they started manipulating the case files. I said: “Can you show me where all the case files are mentioned?” I said: “According to your Soviet logic, if you were wounded, you have to carry 100 certificates, if you were not, you have to carry one certificate. Where is the logic? What do you call this?” He told me: “These are the requirements.” I said: “Show me the requirements, on what grounds?” We started to look into it. “Have we fulfilled the requirements?” “Yes, we have. I decided to play it safe.” Anyway, this morning the city military enlistment office called to apologize for the incident. It’s just like today, when they sent the documents to the commission to the territorial defense command East (TRO East). To send documents to the TRO East, you had to submit them to the city military enlistment office, which

had to submit them to the district military enlistment office, and they had to submit them to the TRO East after a month of being in their files. The question is: why is everything so complicated? The Soviet Union. Now the main thing is that the documents are not lost. This is a real horror and the Soviet Union. Why can’t this be done online, So that 100% of the data is not lost? To exclude the human factor and manipulation?” **(Maryna, born in 1984, currently unemployed, mother of Volodymyr, (born in 2005, student, traumatic brain injury))**.

After submitting the documents for a combat veteran, the waiting period is expected to begin. Currently, the deadlines for issuing a combat veteran status are not met, so it can take more than a month from submission to receipt of the combat veteran status:

“Today we finally submitted the documents to the military enlistment office, in 1.5 months they should issue a combatant status” **(Veronika, daughter of Mykola, born in 1973, metal melter, gunshot wound)**.

“I have been waiting for a combat veteran status for 8 months” **(Borys, born in 1986, furniture assembler, contusion and mine-blast injury)**.

Some of the veterans decided to start a fight to speed up the process of obtaining documents because they needed to use their benefits as soon as possible:

”I wish you knew how many insults and humiliations I heard from the

military enlistment office when trying to get the status of a combat veteran. We have been defending the same military enlistment office since February 24, 2022!!! I visited the head of the social security department of the Kyiv District Territorial Center for Recruitment and Social Support (again insults), called the Ministry of Defense, nothing has changed. I need the status of a combat veteran to transfer my daughter to a free university education, because I am not working now, I have a part-time job, but it is not enough. If they continue to delay its granting, my daughter will graduate from university (...). I provided all the documents that were required of me. The military enlistment office had to issue an extract from the combat log. However, the HR officer initially said that we were not “entitled to a combat veteran” because we did not see the enemy in the sights. And that there were no instructions at all. Then, after I received the certificate of direct participation, the military enlistment office employee told me to collect extracts from the orders myself. That I have to get them, but I don’t know where. That I should read the legislation... And she doesn’t want to do it at all! After my repeated consultations with lawyers, writing reports, etc., they accepted my documents. But it’s the same as with the VLC (Military Medical Board). They say to come back in two weeks and there is no information, except for outright lies (I checked this personally at the city military enlistment office). That I need to ‘learn to wait’” (**Na-**

talia, born in 1972, biologist, commissioned for health reasons).

Thus, after being dismissed for health reasons, the wounded are de-registered from the Territorial Center for Recruitment and Social Support. This is the last mandatory bureaucratic procedure in the dismissal process. In addition, veterans can apply to the Territorial Center for Recruitment and Social Support to obtain the status of a combat veteran.

Like other public services used by the wounded from the moment of treatment, obtaining the status of a Combat veteran required them to be ready for bureaucratic waiting and was often accompanied by numerous «problems» with documents, which required additional requests to the military unit, which also took time and effort.

Given that the statutory deadlines for granting combat veteran status are not met, the wounded faced months-long waits without being able to obtain any relevant information about the time of such a wait.

2.9. Benefits: dignity, queues, documents

After completing all dismissal procedures, veterans move on to interact with state services to apply for benefits or pensions.

Benefits differ depending on the status of a veteran - a combat veteran or a person with a disability caused by war. Each of these categories is provided with benefits, but the list of benefits may vary. In addition, as we noted in the previous sections, according to the law, only one preferential status can be used, so wounded persons, if they have both, choose the status that has the most relevant benefits for them and their families.

Among other things, these are benefits for housing and communal services, discounts on housing fees, provision of housing for people in need of better living conditions, discounts on fuel for people living in houses without central heating, free medicines and dental prosthetics, free transportation, repair of houses and apartments, tax benefits, educational benefits for veterans' children, etc. However, despite such a large list, there is a critical lack of information on the types of these benefits and the procedure for obtaining them for veterans and their families:

“I don't understand what benefits are available yet, I need to read and find out. Maybe I will contact our Administrative Service Center (ASC), maybe they will explain something” **(Natalia, born in 1975, social service specialist, wife of Mykola (born in 1975, construction**

company employee, mine-blast injury)).

“As it turned out, a soldier in service is entitled to a civilian disability pension. I don't really understand how much money it is, but it's a fact. We could not even think of it. They suggested it at the ASC” **(Iryna, born in 1977, massage therapist, wife of Leonid, born in 1980, (furniture maker, seriously wounded))**.

As with many other state services, veterans' benefits are often also handled by their relatives, who collect information online and visit state institutions in person to find out what benefits exist, where they can be obtained, and what is required. It should also be emphasized that for some soldiers, the procedure for obtaining benefits is humiliating, as they have to go to institutions, wait in lines and insist on the right to receive benefits:

“But all those institutions that he has to go around are something. I'm taking a day off, I'm going to try to do it all myself. It's all very humiliating for him. He said: «It's like I'm walking around begging for something, panhandling.” **(Vira, born in 1983, manager, wife of Oleksii, born in 1980, career military, severe limb injury and contusion)**.

While the status of combat veteran can be obtained through the TRC,

to obtain the status of a person with a disability caused by war, one should apply to the Department of Labor and Social Protection (hereinafter referred to as social protection or security council). In order to obtain this status, the wounded person must first undergo an MSEC (Disability Determination Board) and have a corresponding conclusion on the degree of disability and percentage of disability. However, even at this stage, bureaucratic problems often arise: either with documents or with formalities such as registration. At the same time, family members of the wounded complained that they never knew what kind of document might be required in which office and what exactly it should look like:

“At the same time, the TRC told me to apply to the social security office for the status of disabled as a result of war. They refused me: the VLC and the MSEC certificate were not the ones I needed” **(Denys, born in 1974, mine-blast injury, contusion).**

“We haven’t visited the social security office. We want to go there today, where we need to replace the combat veteran’s certificate with a war veteran’s certificate and get a prosthetic leg, maybe something else (...). My husband faced a problem at the social security office: they could not issue him a disabled war veteran’s certificate at his place of residence, only at his residence permit. He is registered at home in the Chernivtsi region, near the Romanian border. A person can’t even walk, let alone travel 600 kilometers to get this certificate. He is a soldier, he has served in the Zhytomyr

Brigade all his life, and we can say that he has lived here, and it turns out that this registration also matters. Regarding the prosthesis: no, he still needs to take a certificate that he actually lives here, then they will discharge him as if there are no problems with this. But the document itself is issued only at the place of registration (...) We are thinking of [going], but not right now, because we are not physically able to. Or just register here, we haven’t decided yet. And it’s cheaper)))))) (...). We were offered to collect a package of documents and send them by mail (...) As soon as we have everything in hand, we will send it right away. It’s difficult, because my husband is not able to do it himself, I am at work, and I have to go personally and take the documents (...). Perhaps they will issue one certificate in the military unit, and you just have to go to pick it up, but there is a problem with the other one - you need to go to social security office again (...). It’s a complicated process, but it is possible to do it, even if it takes longer. Here, at the place of residence, he would have already received this certificate” **(Vira, born in 1983, manager, wife of Oleksii, born in 1980, veteran, severe limb injury and contusion).**

“After that, we went to the security council, where they issue the certificate. They did not take any documents from us, because there was no Appendix 6. This appendix indicates that the man took part in combat missions. That is, Appendix 5 - the circumstances of the inju-

ry sustained while defending the Homeland, and the combat veteran's certificate - is not enough... We still needed a certain appendix 6. Today my husband went to get this appendix. Tomorrow we will return.... I'll tell you more: the security council will take these documents from us, and then we have to bring them to the region... (.) In general, everything went well, we received a war veteran's certificate and a pension of 5 thousand something" (**Larysa, born in 1989, medical worker, wife of Oleksandr (born in 1989, electrician for maintenance and repair of alarm, centralization and interlocking devices, wounded as a result of artillery shelling)**)).

Many veterans and their relatives were surprised that in cases when a veteran decided to receive benefits as a person with a war disability, the combat veteran's certificate was revoked:

"We submitted the documents for a war veteran's certificate, and the combat veteran's certificate will be surrendered. The deadline is up to 30 days" (**Taras, father of Ivan, born in 2004, gunshot wound**).

"The documents collected by the security council include the original certificate of a combat veteran. We have to give it back. Allegedly, to the archives for storage, because I will have a certificate of a person with a disability caused by the war. Yes, this is logical. But the combat veteran status is granted indefinitely, and the disability is for 1 year, and if it is not confirmed in

a year, the combat veteran status will have to be renewed. Why such complications?????" (**Larysa, born in 1989, medical worker, wife of Oleksandr (born in 1989, electrician for maintenance and repair of alarm, centralization and interlocking devices, wounded as a result of artillery shelling)**)).

After receiving a certificate of a person with a disability caused by war, the wounded are able to apply to the Pension Fund for a disability pension. At this stage, many faced problems due to lack of knowledge of the pension procedure, such as the need to obtain a submission from the TRC or to have originals of certain documents. Several times, our interviewees referred to the pension application process as a "quest," emphasizing the complexity of the procedure:

"I have a new quest. I'm fed up with the Soviet Union. I was told at the MSEC to contact the military pension fund in two weeks. I found the phone numbers and called - it turned out that I had to get a submission from the TRC. I arrived at the TCC, but the girl who dealt with it had already left (14-00). She's available Tuesday, Thursday, but next Tuesday she won't be there.... Ha ha ha. It looks like I won't get my pension before September" (**Ivan, born in 1972, a worker in the field of installation and repair of metal-plastic window systems, gunshot shrapnel wound**)).

"My husband goes to the pension fund office almost every other day, brings certificates (...) He is angry

(...). He goes there himself, but the problem is that every time he needs something else.” **(Vira, born in 1983, manager, wife of Oleksii, born in 1980, veteran, severe limb injury and contusion).**

“I applied to the pension fund, where my documents were reviewed in the Donetsk region, and they also rejected it - they excluded my work experience before 2001 (not the correct filling), even though the enterprises were state-owned. Then, in April, I applied to the social security office for financial allowance, but still nothing. So I concluded that the state did not need you. But they process the registration for war in a day. There is also silence about a combat veteran” **(Denys, born in 1974, mine-blast injury, contusion).**

“Attention, very important!!! Do not give the original health certificate and Appendix 5 (on the circumstances of the injury) to anyone!!! Make color copies (most of the time it works) or notarized copies. Because the MSEC (Disability Determination Board) needed the original, and now the pension fund needs the original. So it is not clear who should give the original to (...). I gave it to them... now I’m working with a notary to return it” **(Ivan, born in 1972, a worker in the field of installation and repair of metal-plastic window systems, gunshot shrapnel wound).**

In addition, due to a lack of awareness, our interviewees had problems with the timing of pension accrual:

“Yes, everything is fine, I got my pension. They said to wait for it in three months. Still, it’s not very logical on the part of the state for which I fought and became disabled. And what to live on for three months? (...) I don’t have the health to do any work. Here is the question: Where is the state? How many deputies do we have now? If only all 400+ ruzrats were sent to the front line, maybe something would improve” **(Roman, born in 1988, traumatic brain injury).**

Thus, the registration of benefits and pensions becomes the final stage of interaction between the wounded and their relatives with the state services. At this stage, as well as at other stages, numerous problems arise due to lack of information. Often, the application process takes a long time, requires a long collection of documents and multiple physical appearances of the veteran or their family members at state institutions.

**For veterans,
this procedure
is not only
incomprehensible,
but also
humiliating.**

Chapter III

Return: “It’s a different world, where you are not like everyone else”



photo: Danylo Pavlov/Reporters

The return to civilian life for wounded veterans is very gradual. First, they go through a transition zone - a period of treatment - end up in medical treatment facilities instead of going home from the front. Afterwards, veterans go through a period of rehabilitation, which also includes hospitalization. Thus, during this period, soldiers interact with civilian life in a fragmented manner, remaining largely isolated from civilians (except for medical personnel). The wounded return to their homes after their discharge, when they fully come into contact with civilian life and adapt to it.

It should be noted that in this section we record the very beginning of the return to civilian life, as the research materials were collected in real time during the process of dismissal and immediately after dismissal, so we can recreate the emotions and everyday life of veterans only at the first stages of adaptation.

3.1 Civilian life: First contacts

The experience of fragmented contacts with civilian life in the later stages of treatment and rehabilitation is important for the further adaptation of veterans.

Veterans with injuries after traveling to cities emphasize the lack of appropriate infrastructure.

The problems related to the movement of the wounded were particularly detailed by their relatives, who were usually responsible for logistics and who made a lot of efforts to provide their relatives with at least minimal comfort and a sense of «normality» during such trips:

“There is no rehabilitation on Saturday and Sunday, and my husband does not want to stay in the hospital (the ward is small, and there are three of them - it’s uncomfortable). To raise his morale, I try to get him out as much as possible, to go somewhere or take a walk as much as possible, or just come and sit on a bench, but not in the ward. Lviv is a wonderful place, you can see a lot of things, interesting places, but we faced such a big problem - getting to the center in a wheelchair. Taxi prices are extremely high. It took us 2 hours to find an institution in the center of Lviv near Ry-

nok Square that, firstly, had no steps to get in a wheelchair, secondly, had doors that opened normally or could be expanded, and a toilet (the wheelchair does not fit, the doors are narrow, the room is small). My husband can’t go anywhere for a long time, because he can’t even go to the toilet (...). It is difficult to find information about portals where there are some places where it would be convenient for people in wheelchairs to get around (...). Sometimes waiters are ready to help, but it is so humiliating for a man who has been solving these problems himself and was independent all his life that strangers will touch him, carry him, who knows how, that is, these are psychological problems (...). My husband says that psychologically, being carried is like being held by a stranger’s hand, back, or hug. When someone touches the wheelchair, picks it up and carries it, this wheelchair is a

personal space, these are the person's personal boundaries, this is their state at the moment. My husband reacts negatively when they grab him, when they persistently want to help" (**Kateryna, born in 1986, manager, wife of Valentyn (born in 1981, veterinarian, mine-blast injury)**).

Our interviewees reflected a lot on the reaction of civilians to their appearance after being wounded, especially to prosthetics. They were often upset by the lack of empathy and sensitivity:

"I walk around the city a lot, and I often notice people hiding their eyes or turning away. Or some stare at a prosthesis, which is also not very nice. In general, people mostly behave like small children, without shame and with impudence. It's annoying because you feel like a criminal. I've been in Lviv for six months now, and in all this time I've been walking around, literally 6-8 people have come up to me and said something. And I have seen tens of thousands. Because of this, many people after being wounded avoid contact with society, start drinking, and become depressed. It's actually a huge problem that ordinary civilians can, but don't want to solve. Oh, it's really hard to say what I want. At least some kind of understanding. To see you as a human being, a soldier, not a cripple. On the one hand, it's unpleasant when everyone you meet stares at the prosthesis. But also when I use public transportation, sometimes people seem to deliberately ignore my injury and do not offer me a seat. It hurts me

to stand for more than 10 minutes. So, first of all, I want understanding, and then, accordingly, people will know what to do and how to do it." (**Serhii, born in 2003, student, mine-blast injury**).

"A silicone liner with foam/pin is put on the leg under the socket, which is supposed to get into the lock and hold the whole prosthesis on. The foot in the silicone is sweating. We are walking through the park, and the liner is already splashing water inside. Bohdan approaches the nearest bench, where an old lady is sitting down and has placed her bags of strawberries all over the bench, and is having a smoke because she is tired... She sees us approaching, but she is not going to move the bags. Then I said to her pointedly: "Excuse us, we need to change our leg!!!" She was surprised and moved over... My son unbuckles his leg, takes off the liner, I pour the liquid into the flowerbed, we each take a towel out of our bags - he wipes the stump, I wipe the liner, he puts it all back on as needed. Old ladies were sitting opposite, staring at us. A man was walking behind us, drinking a drink, and stopped as if he was doing something. What a picture!!! Where else do you see people changing their feet in the middle of the road - a free show!!! I nodded my head to them all that everything was fine! But not to report to them, but to show them: I see you, you don't have to look so closely at this action! We got up and left" (**Valentyna, mother of Dmytro, born in 2002, student, gunshot wound**).

In addition to the frankly insensitive behavior of civilians, soldiers often complained that civilian behavior was not appropriate to the war situation. Civilian men, for whom life has not changed because of the war, were particularly irritating, as they continued to do everything they had been doing before:

“My husband has been very triggered lately by the pumped-up, athletic guys who are everywhere in Lviv, drinking almond lattes and ‘living as if there is no war’ (this is a quote from my husband). Yes, the number of young men in Lviv is much higher than in Kyiv. Here, all the cafes in the center are simply overcrowded (...). I understand everything, and we go to cafes on weekends, but the behavior should not be like that at all. It seems that people don’t care at all about what

is happening hundreds of kilometers away (**Kateryna, born in 1986, manager, wife of Valentyn (born in 1981, veterinarian, mine-blast injury)**).

Veterans were also outraged by the lack of respect, in their opinion, from civilians for both the war situation and their own authority:

“I recently had unpleasant conflicts with people about children wearing military uniforms and speaking Russian. These two things are very triggering, I can’t help but make a comment. But people often react negatively, as if “Who are you?” (...). Social injustice is unequivocally the attitude of civilians. Nothing triggers like ungrateful and problematic people (Serhii, born in 2003, student, mine-blast injury).

3.2. Family as an instrument of adaptation

After a veteran returns home, their families often face a difficult period of psychological adaptation. Given that most of the wounded do not receive professional psychological assistance in time, they often find themselves in a shaky emotional state after treatment. This becomes a big challenge for their loved ones, who do not always under-

stand how to help their loved one and how to find a common language with them:

“Relations with family have deteriorated for everyone I know... Not everyone manages to adapt to the new complex nature of a serviceman, and I know many couples who

got divorced after a 10-day leave of the serviceman..." **(Vitalii, born in 1989, bank employee, gunshot shrapnel wound)**

"The hardest part of the relationship is his psychological state. He tries not to mention it, and I don't ask about military situations. But there are moments when his brothers-in-arms call with hard news, and you don't know how to help him" **(Natalia, born in 1975, social service specialist, wife of Mykola (born in 1975, construction company worker, mine-blast injury))**.

"It is difficult for families to get used to the behavior of a soldier. They want to understand it, but they can't and won't. Because these are reflexes, they have been developed, so you have to get used to it, and not try to fix it right away. It takes time" **(Serhii, born in 2003, student, mine-blast injury)**.

"My husband is nervous, everyone and everything pisses him off... He doesn't want to stay with the children, especially the younger one (she is very active and interested in everything). I can't go to work... because he won't be with the children. I run to the garden... There is nothing to do there anymore, but I go every day" **(Larysa, born in 1989, medical worker, wife of Oleksandr (born in 1989, electrician for maintenance and repair of alarm, centralization and interlocking devices, wounded as a result of artillery shelling))**.

"Now I'm trying to pull myself together, not to break down (it's

hard), but the consequences after a breakdown are unpleasant, to put it mildly. So it is better to endure it. It's a life of everyday life - it has its pros and cons" **(Anton, born in 1984, mine-blast injury, traumatic brain injury)**.

Another big problem is the adaptation of soldiers and their families not only after the experience of combat, but also to the disability they have received. This period can be very difficult, because the wounded, in a not always stable emotional state, experience significant physical discomfort and often do not have the opportunity to satisfy their basic needs without the help of their loved ones:

"It is very traumatic to be hyper-dependent. It seems to me that after the injury itself, this is the biggest trauma" **(Natalia, born in 1975, social service specialist, wife of Mykola (born in 1975, construction company worker, mine-blast injury))**

This forced dependence worsens the already fragile emotional state of veterans and provokes numerous family conflicts:

"We spent a long time in hospitals in different cities. Almost 10 months... So now we are in the process of getting used to each other... getting used to each other in everyday life. Sometimes we roar at each other. For example, as usual, I put the shower gel on the shelf (where it has always been), and when my husband takes a shower, he cannot reach it. And sometimes conflicts arise in such little things... Because

both he and I have not quite gotten used to everyday life after the injury. When he can't do something small because of the amputation, he can sometimes react too rudely... It is offensive. Then, of course, he apologizes (...). The best part is that he is back and alive... No matter how hard it is, he is at home” **(Kateryna, born in 1986, manager, wife of Valentyn (born in 1981, veterinarian, mine-blast injury))**

It is important to understand that from the moment a wounded person with a disability returns home, families begin to learn how to build their new life together, which in most cases changes forever. Some of our interlocutors described this life in rather restrained terms:

“My husband came back from the war disabled, so the hardest thing for me is to run the whole household by myself, and now, because he can't walk, I have added more responsibilities related to helping him do some simple things an ordinary person can do on his own. But I'm already used to it))) The best part is that he is at home and alive!!!” **(Lyudmyla, born in 1983, DTEK employee, wife of Valerii, born in 1976 (volunteer, MVT)).**

Others were ready to share even small everyday details to try to describe what it is like to be a family member of a wounded soldier:

“I am very tired of all this burden that has fallen on my shoulders... (...) For example, to bathe him, I have to remove all my jars and

buckets of water from the bathtub, put a towel on the bottom of the bathtub, put a small chair, help him get into the bathtub, and after he bathes, I have to help him get out of the bath, wash the chair, take it to the balcony to dry, then wash the towel, hang it out to dry, and put all my shampoo gels back... And this is just one example, but it's the same with everything, you have to pour water into bottles, or bring something in and out, because it takes a lot of time and energy to get him into the wheelchair, and sometimes it seems to me that this running around will never end... I really want everything to be like it was before the war, I want to feel cared for, I want to feel like a woman, not a workhorse, I just want to lie down and do nothing, not hear anyone...” **(Lyudmyla, born in 1983, DTEK employee, wife of Valerii, born in 1976 (MVT)).**

However, despite the emotional and physical difficulties after a wounded person returns home, it is the family that is most often the main source of support. This was emphasized by almost all of our interlocutors, who said that time with family is always “nice”. Veterans also emphasized how much they value the respect, understanding, and delicate attitude of their families:

“The hardest thing is to become the same as I was before the war in my relationships. The most pleasant thing is that you are accepted with respect” **(Kyrylo, born in 1972, construction company employee, human rights activist, two contusions).**

“The issue of post-army adaptation, when you may be “at the bottom” for some time in civilian life. And it is only the family and some inner strength takes the war out of your mind and makes you switch a little bit” **(Petro, released for health reasons).**

“My husband began to appreciate the time spent with his family more, before he was always working. As the children say: Dad has become more social. He now goes everywhere with us, to the store and to have fun” **(Nataliia, born in 1975, social service specialist, wife of Mykola (born in 1975, construction company worker, MVT)).**

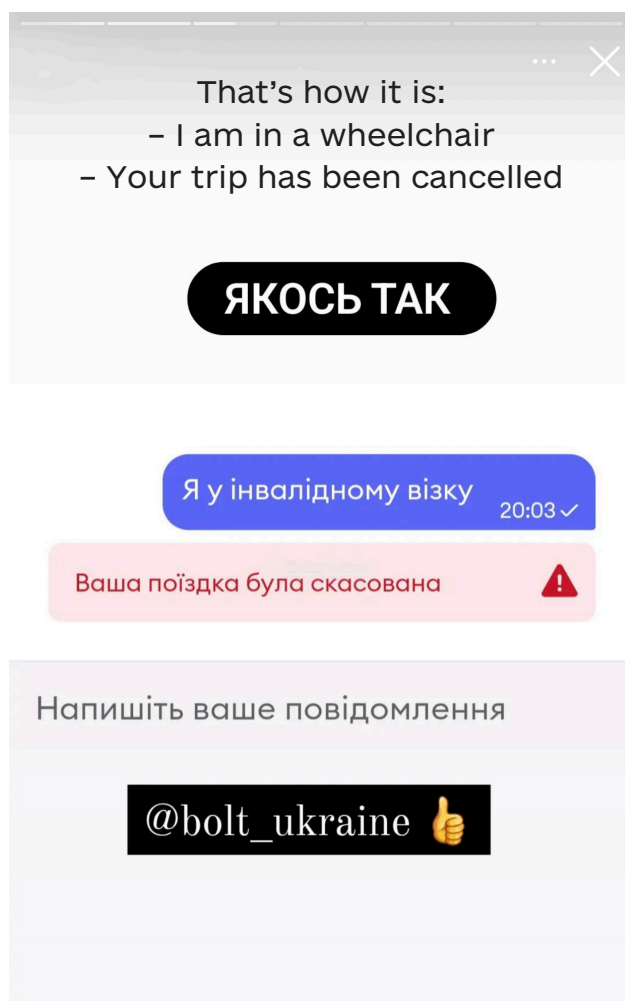
“The most pleasant thing is when everyone jokes and laughs, does not ask “how is it there?”, does not ask about the war... The less they talk about it, the more you are drawn to them, because they are not like you” **(Anatolii, born in 1978, MVT)**

Often, family members of veterans worked together to organize a daily life and leisure time for the wounded that would involve him or her in joint work and pastime. This helped the wounded to distract from difficult thoughts. It is important to note that such leisure and employment was planned with the veteran’s emotional comfort in mind, so as not to remind him or her of the experience on the front line:

“We distract them with household chores, we have a private house, so there is plenty to do. We have cats, dogs, parrots. We like to go out of town and just drive around, chat,

drink coffee. My husband used to love the forest, but now he doesn’t. They spent 45 days in Sherwood near Seversk, and after that their preferences changed. Maybe it’s just now. We like to read. We can watch movies, as long as there is no shooting. We can play guessing games together, there are plenty of such games on the Internet now. It’s like that. It all depends on the mood. The main thing is to be with him” **(Nataliia, born in 1975, social service specialist, wife of Mykola (born in 1975, construction company worker, MVT)).**

“My husband comes back only when he is busy with children, or construction, or household, other



time his thoughts are at war” (**Vira, born in 1983, Manager, wife of Oleksiy, born in 1980, veteran, severe limb injury and contusion**).

However, sometimes the problem is overprotection by loved ones, and veterans also need time alone, which is not always taken into account by their relatives, who are afraid to leave them alone:

“Now I am tired of the excessive care from my family. I would like to ride my bike to the mountains, to be in silence” (**Ivan, born in 1972, a worker in the field of installation and repair of metal-plastic window systems, gunshot shrapnel wound**).

Our interlocutors reflected on the fact that veterans’ relatives also need support, as their role in returning to civilian life is crucial.

“Returning to civilian life is a normal family. If it exists, it has meaning, and it will be possible to adjust to a new way, a daily routine will help. It is important to work on strengthening veterans’ families, teaching them to communicate with each other based on their experience, and organizing joint activities (team building) for families. When you come back from the combat zone, your thoughts are still there. You need to be distracted and switch your attention” (**Petro, discharged for health reasons**).

3.3. Returning home and civilian life

Upon returning home, veterans begin by communicating with their families, then gradually move on to interacting with other civilians - relatives, friends, former colleagues, neighbours, and passers-by. From this point on, we can talk about an active period of returning to civilian life.

The first thing that the wounded emphasize upon returning home is the enormous contrast between the war on the front line and the war in the rear. This tangible difference was emotionally painful for them, as many felt that civilians had “forgotten about the war” and that in the rear cities and villages “it does not feel like there is a war in the country”:

“It’s better now than it was in the first days of release. There are big discrepancies between military life and civilian life. But it is easier now. It’s strange to watch life in non-frontline cities - at first it was very annoying, but now I’m getting used to it. It feels like we have two Ukraines - one is at war, and the other lives separately. An impression that I cannot overcome in myself (...). I go to drink coffee in a coffee shop that supports the Armed Forces of Ukraine, with chevrons and signs that say “Enjoy your vacation in Crimea!” Subconsciously, I look for cities where I feel supported. There was a problem in one cafe where I was drinking coffee and playing Russian chanson. I had to intervene, they turned it off, but I

felt aggression in my direction. But it was just a small thing. (...) What is outrageous about civilians is the relative distancing from the hostilities, people live their lives. I live in Lozova now, there is not a single flag of Ukraine... I’m outraged because I think there should be, so in my experience, there are no people who believe that they should put a flag of Ukraine near their house, building, or private enterprise. Why? I don’t understand.. This is outrageous” **(Kyrylo, born in 1972, construction company employee, human rights activist, two contusions).**

In addition, the ethical dimension of behaviour in the home front during the war becomes a big problem for the released veterans, as many entertainments are perceived by veterans as inappropriate in wartime, even though there is no official ban on them:

“It doesn’t even trigger me, but rather surprises me how people can have a great time in nightclubs. I understand going to a coffee shop or a cafe, but not to organize devilment. I understand perfectly well that life does not stop, but you need to have at least a little respect for those who make it go on” **(Oksana, born in 1989, in the army since 2017, MVT).**

In fact, veterans after their release have their own expectations of civilian behaviour and ideas about what it

should be. Such expectations do not always coincide with reality, and very few veterans are ready to accept this reality in these matters:

“Of course, I imagined that my city, which I adore, was waiting for me, that I would receive respect and gratitude, but the city lives its civilian life, and it does not feel like there is a war in the country” **(Vitalii, born in 1989, bank employee, gunshot shrapnel wound)**.

“Military people are either by vocation or by duty... One thing must be understood... You should not expect anyone to treat you like a superhero (...). That you should not assume that every civilian in this country owes you something. When this realization comes, then you can easily return to civilian life. If you dwell on the war, you will sooner or later have acute moments with people who have not been to war. A person is just a citizen of this country. If he did not go to the war, it does not mean that he is a bad person or a traitor, he may have some terrible problems in his family, in his life, etc. First of all, you need to take a simpler attitude towards yourself and what you do. War is a thing, you may or may not be killed. There is no need to dramatize it. People die in accidents, drown, get electrocuted... They are not heroes. A missile doesn't care how many years you've been in the

Special Forces, it just comes and kills you. Everything is simple, there is no need to complicate things. You don't need to dramatize your personality” **(Anton, born in 1986, rescuer at an oil refinery, has been serving since 2015 with a break, seriously wounded)**.

The lack of expected behaviour on the part of civilian veterans is named by veterans as an important obstacle to their adaptation to civilian life, emphasizing that society is not ready to accept them:

“I imagined it as fantastic and care-free as possible. In fact, it turned out that it was not me who was not ready for society, but society was not ready for me. It was absolutely not ready. Among thousands of people, there are only a few who somehow contribute to the return (...) In the meantime, it is a constant trial and struggle” **(Serhii, born in 2003, student, MVT)**.

The frustration caused by the mismatch between expectations and the reality faced by veterans is one of the reasons why they begin to miss their service. Not being able to find themselves among such civilians, they have an inner urge to return to a place where there is no dissonance in the perception of war:

“It's a difficult period of adaptation in civilian life after all the realities of

the modern world, the more people you see, the less you want to socialize and get back into the ranks as soon as possible” (**Volodymyr, born in 1988, in the army since 2014, June 2022 - blast injury, April 2023 - gunshot wound**).

However, regardless of the behavior of civilians, veterans faced many other difficulties when returning to civilian life. Initially, it was challenging for them to restore their basic sense of security, reduce vigilance, and get rid of everyday survival skills necessary on the front lines:

“I realized that I was starting to adapt to civilian life only after two months when the constant anxiety subsided, and I took the knife off my belt, which I always had, and stopped scrutinizing every intersection and corner (where the enemy could appear...)” (**Vitaliy, born in 1989, bank employee, gunshot and shrapnel wound**).

“Overall, I think those who have experienced it, still (I’ll speak for myself), we are in some special mode. Compared to civilians, I hear different sounds, well, feel them. If something happens somewhere, some thunder - I immediately analyze what threat it is: gunfire or explosions. A civilian person next to me doesn’t look at all this in the same way. So, we are still in some kind of special psychological regime. So, I don’t know if we overcame this traumatic experience or not. For example, there is always a desire to control the perimeter” (**Kyrylo, born in 1972, construction compa-**

ny employee, combatant, two concussions).

Significant difficulties arise for the discharged individuals in communication not only with family but also with friends and acquaintances. Every not-so-successful experience of such communication solidifies their belief that “civilians won’t understand”:

“Friends who were there before, he almost doesn’t talk to them anymore. Met once and doesn’t want to anymore. He says they have different views...” (**Natalia, born in 1975, social service specialist, wife of Mykola, born in 1975, construction company employee, combatant**).

“It’s hard because everyone thinks you’re killing your own dragon every day, at least, and they expect superheroic stories (**Oleg, born in 1985, combatant**).

“My stumbling block was that among all my friends and comrades, no one fought. So, when everyone gathered, during the first and second meetings, they looked at you with open mouths, like a hero. But as time goes by, you become an ordinary person in their eyes, and personally, I had a moment when I didn’t know how to behave with people. All their topics seemed silly and shallow to me. Their problems were incomprehensible to me, and when they turned to me for my opinion, I told them it was not important. And they seemed to demand not support from me, but criticism, and these people decided to stop communi-

cating with me. After 3-4 months, this thing, like a snowball, accumulates, rolls, and turns into me just sitting at home, thinking everyone is against me, that I went to defend this country in vain, went to war in vain, people don't appreciate and don't understand it. In turn, people, by their natural moments, a civilian - he's not bad, he just didn't experience what I experienced... I turned to specialists, and over the course of several months, I began to notice positive changes and started returning to society. So, it's definitely necessary. **(Anton, born in 1986, rescuer at an oil refinery, has been serving since 2015 with a break, seriously wounded).**

The only communication that is always comfortable for veterans is communication with their comrades.

They often maintain relationships through messengers. Indeed, comrades become the main source of information for the wounded regarding actions on the front, as they generally do not trust the media. Comrades are very special people for the entire family of veterans, even though they may be personally unfamiliar. Live meetings with such individuals are a great celebration for both the veteran and their family:

"I cry with joy, can't hold back... 13 guys piled into the apartment. My heroes!!! I didn't expect such a surprise at all. Guys from the brigade, guys from Lutsk from the hospital... At the moment, they will be undergoing a medical examination. They said that I used to feed them, now I have to shelter them during the examination... This is happiness, seeing them maimed and alive... Some I knew only in absentia, communicated, and only now got to know them personally. My joy cannot be expressed in words (...). This is a situation where strangers are dearer than relatives (...) We laugh and cry... We can't stop talking. I never thought time would fly so fast with their stories. We recall situations, and the guys recall in detail what happened. It gets scary to think about what could have happened, and happy thinking about everything turning out well. We remember the fallen... Emotions are different: it's happiness, joy, sadness, pain, pride, hatred, anger, and anxiety..." **(Larysa, born in 1989, medical worker, wife of Oleksandr, born in 1989, power substation electrician, injured due to artillery shelling).**

Most agreed that a complete return to civilian life is impossible for them. However, some believed it's impossible as long as the war continues, while others thought it's impossible forever. The wounded emphasized that although they have returned, their lives are still defined by the war because, on the one hand, "their thoughts are still there," and on the other hand, even in rear cities, there is no sense of security:

“A full return to civilian life... Well, I don’t know if it’s possible while the war is ongoing” (**Ivan, born in 1972, worker in the installation and repair of PVC window systems, gunshot and shrapnel wound**).

“When the war ends. When there is peace. Until then, your thoughts are still there (...). The only comfort is that the family is nearby... But as long as the war continues, they remain unprotected. There is no feeling of freedom, safety, or protection (...). It’s been half a year already, in the rear, near the family, as if living a normal life, but with certain limitations, I haven’t fully returned to civilian life” (**Mykola, born in 1975, construction company employee, combatant**).

“Well, I always imagined returning to civilian life after victory. But the war is still ongoing, so life cannot be called civilian. There’s no work, and help to the army is needed. The sirens are constantly heard” (**Vitaliy, born in 1989, bank employee, gunshot and shrapnel wound**).

Veterans who believe that a complete return to civilian life will never be possible emphasized that the reason for this is the experience that cannot be explained and understood by those who haven’t been through it. This experience will leave a mark for a lifetime and affect a person’s behavior. One can only soften the behavior of a veteran, which will help to some extent, but never fully return to civilian life:

“I think he will never return to civilian life 100%, but the percentages are probably individual, some after six months, some after five years, I don’t know. I can’t say right now that I have returned 100% to civilian life, but it’s happening (...). I think civilians will never fully understand military personnel. I think there will be some trigger topics, incomprehensible to civilians, and vice versa” (**Kyrylo, born in 1972, construction company employee, combatant, two concussions**).

“I already had the experience of returning... I had certain markers of civilian life. Tasty food... (not canned and not shawarma) Hot water (bath)... (not heated, but from the tap) Clean underwear... (briefs, T-shirts, socks) Quality perfumes... (not the stench of corpses and gunpowder mixed with blood). Approximately these markers in many things transferred me from one state to another... 9 months, after the first company from 2014-2016, it took me to recover and return to a more or less stable state. It’s individual, there are certain beacons here too. But I’m not sure it’s possible to return a military person to civilian life. It’s a different world, where you’re not like everyone else. No matter how much you pretend to be a civilian, there will always be a familiar and clear ‘trigger’ that throws the ‘beacon’ or hints at normal ‘action,’ that’s it, there’s no head, and you’re flying again to save the world from the

russian enemy.... Don't fool yourself and others, being a military person is a diagnosis forever, that's how to soften this condition and make it non-aggressive, directing it towards civilian life – that's where the higher pilotage is..." **(Anatoliy, born in 1978, combatant).**

Military personnel, especially those who believe that they will permanently retain their warrior identity, are particularly categorical in such matters. This opinion is shared by their close ones:

"Those military personnel who have experienced the hell of war probably will not return 100%. Perhaps those who were mobilized, served for a certain period, but by their nature are civilians. Those like my husband, who served a lifetime, went through wars (my husband participated in numerous peacekeeping missions), will not return to civilian life; they simply will not reconcile with the system in a country that will not change quickly" **(Vira, born in 1983, manager, wife of Oleksiy, born in 1980, veteran, severe leg injury and concussion).**

3.4. Returning to work: plans, needs, obligations

Most of our interlocutors did not serve in the armed forces and had various civilian occupations. To understand the full experience of veterans, it was important for us to find out what relationships the wounded formed with their employers after starting their service and whether they planned to return to their previous jobs after being discharged.

We encountered numerous cases of significant involvement by employers in assisting their employees from the first days of their military service and throughout their treatment and rehabilitation. This assistance included continuing to pay salaries during the service period (even when it stopped being mandatory by law), assistance in purchasing items necessary for military service, and support both for the soldiers and their families:

“I worked in an IT company. They continued to pay me when I was at war, even though I didn’t want to ask for any other help for the unit because there was already a lot. Others actively bought everything – the company had a reserve fund for such needs. They don’t pay me anymore” **(Ihor, born in 1982, served in 2014-2015, a gunshot wound).**

“Yes, before the war, I worked at Ukrzaliznytsia (...) We organized ourselves for the front on our own, but periodically called the personnel to inquire (...) Before the first of September last year, they handed over

a portfolio with school stationery for the older child. They congratulated both children on the new year. Once, colleagues collected money and bought him shoes. When he got injured, they provided one-time financial assistance from work, for which I was very grateful. Respect, I am grateful to them, they are good in this regard” **(Larysa, born in 1989, medical worker, wife of Oleksandr, born in 1989, power grid electrician, injured due to artillery shelling).**

“My former boss paid me a salary when he found out that I drafted. My situation is a bit different. My former employer is my friend. I worked for him for a long time before the war, and I resigned before the war started. I became a private entrepreneur. But my former employer started paying me a small salary unofficially and helping when he found out that I went to serve. In turn, I sometimes remotely helped him with his online store and advised him on some issues. Currently, I am still on long-term treatment. I refused to take money from him, as I saw that he was already having a hard time in these times. And yes, my former employer calls me back to work, and we are constantly in touch” **(Serhiy, born in 1987, private entrepreneur, multiple shrapnel wounds).**

“The owner of the clinic where my husband worked as a veterinarian

enlisted himself to the territorial defense in Odesa in the first days of war. My husband informed him that he would enlist. The owner fully supported him. The collective supports him as well. They collected money for treatment. Colleagues sent gifts and treats several times. They video-call him every holiday. Some colleagues came to the hospital.” **(Katerina, 1986, manager, wife of Valentin (1981, veterinarian, ATO))**

“In my unit, the store director sent a truck with products at the end of February last year. In the collective, we created a chat called ‘Defenders’ (there are many of us) and constantly supported us, asking what is needed... Colleagues asked what someone needed and collected among themselves and shipped it to the guys. As for material assistance, there was only a salary. They said they would give time to adapt to new conditions.” **(Maxim, 1981, veterinarian, in the army since 2015, discharged due to health conditions)**

In addition to receiving salary payments and support for necessary purchases during their service, employers also kept their jobs for them:

“The clinic owner constantly calls, asking how things are. Before the war, they started building a new clinic, and there they promised to completely adapt the office to my husband’s needs. They are waiting for his return. Some people said, ‘Why did you go?’ But there was no negativity. He hasn’t been

to the clinic yet. He only saw a few colleagues (in person) who came to the hospital” **(Katerina, born in 1986, manager, wife of Valentin, born in 1981, veterinarian, MVT).**

“The job is still there for him, and they have preserved his salary up to this day” **(Larisa, born in 1989, medical worker, spouse of Alexander, born in 1989, electrician at SCB, injured in the shelling)..**

“I don’t know if I’ll come back - I handed over the work laptop and don’t know if I can work in IT later as before. But they are waiting for me in the company and constantly offering help or just inquiring about my health. Out of 300 people in our team, more than 5 have already served” **(Igor, born in 1982, served in 2014-2015, gunshot wound).**

“Of course, they are great, ‘Metro Cash and Carry.’ Personally, they kept paying my salary, even after the law was passed. Now I have to return to work, and I’m using my leave” **(Maxim, born in 1981, veterinarian, in the army since 2015, discharged for health reasons).**

In addition to assistance from employers, most of our interviewees also mentioned help from their colleagues, even from previous workplaces. Wives also received assistance from colleagues for their husbands:

“After the injury, the team collected money and transferred it to my card. Not everyone understood my actions - I volunteered to go to the front...” **(Alexey, born in 1973, gym-**

nastics instructor, MVT, gunshot wound).

“Familiar colleagues from my previous job helped me prepare for the front, always stayed in touch, tried to help as much as they could, and volunteered for the entire unit. So, everything turned out well for me in this regard.” **(Kyrylo, 1972, construction company employee, human rights activist, two concussions).**

However, not all employers showed solidarity with employees who went to serve in the armed forces:

“My husband worked in a private construction company. The employer did not react in any way; they left for abroad. When the war started, they didn’t even pay the salary, they had other priorities. They needed to see his summons; I sent them a photo, and they knew where he was. They did not help or inquire in any way. There was no support, and there is still none. Recently, one of the deputies called to ask how and where my husband is now, and that’s it. He said they are now helping the Armed Forces with the director from abroad. I don’t know if they kept his job place because my husband doesn’t plan to work there anymore.” **(Natalia, 1975, social service specialist, wife of Mykola (1975, construction company employee, ATO)).**

“Unfortunately, apart from the salary, they did not help, and after four months, they asked to resign at my own request!” **(Oleg, 1969, insur-**

ance company employee, severe injury)

Several of our interlocutors were students, so it is worth noting their relationships with the university administrations:

“Before the invasion, I was a student at Taras Shevchenko National University of Kyiv. Unfortunately, the collective did not help much. Everyone was busy with their problems, and they began to offer help only when it was no longer needed. When I was at the front, they didn’t even want to distribute and share with others my fundraiser for a car. Now I am still considered a student, just on academic leave. Only one teacher offered help, but it was, to put it mildly, of low quality. They began to offer it after the injury when I already, in fact, didn’t need anything (...). I will return if the situation allows.” **(Serhii, 2003, student, ATO).**

“There was support in collecting funds for a car for the unit. But he didn’t ask for more, and they didn’t offer. The place is preserved. Wrote an application for academic leave. Contact was maintained by us as parents. It was impossible for our son. He maintains relationships with a couple of students. Unfortunately, as a result of distance (online) learning, they didn’t really get to know each other. It was only the 2nd year of study.” **(Olga, mother of Kyrylo, 2003, student, ATO).**

Financial issues usually pose a challenge for the families of the wounded.

In the long run, state assistance is insufficient to support the family, so for those veterans whose physical condition allows them to work, the question arises about finding employment. Some decide to return to their previous employer, while others make plans for their own business. Some contemplate a change in their activities to be useful in wartime conditions:

“I am considering options for further employment. There are some plans ranging from bold to moderate. I have no desire to return to the status of an employed worker” **(Ivan, born in 1972, a worker in the field of installation and repair of PVC windows, gunshot, and shrapnel wound)**

“I won’t go back to the bank because it’s dangerous for line managers, and I won’t be able to remain silent on criticism anymore... I will either join the volunteers because I know where, for whom, and what is needed, and how to get it, or I will help veterans like myself, as I have gone through almost the entire algorithm of actions” **(Vitaliy, born in 1989, bank employee, gunshot and shrapnel wound).**

3.5. Society and the state: gratitude vs injustice

Describing the reflections of veterans on their return, we encountered a significant and crucial theme for them – justice. How society and the state should treat a veteran, how gratitude for their service manifests, and which situations they consider unjust..

When asked them to explain what gratitude is, our interviewees recounted numerous situations after their return when complete strangers approached them and simply thanked them:

“For example, in Kyiv, an elderly man, in his 60s, approached me on the street and just said: ‘Thank you for what you do!’ I was surprised, so I asked: ‘What do you mean?’ Because I was in civilian clothes. And he says, ‘Well, you’re a defender, right?’ I say, ‘How did you figured out that I served?’ He says, ‘It’s evident in you; we see it, thank you.’ I was pleasantly surprised.” **(Kyrylo, born in 1972, a worker in a construction company, human rights activist, two concussions).**

In addition to verbal expressions of gratitude, veterans also detailed situations where strangers paid for their services, attempted to give them money when eateries or taxi services refused payment, and more:

“My husband entered a barbershop, and the barber didn’t want to take

money. He paid anyway, but when he came out and told the story, I could see that he was pleased to hear her words of gratitude.” **(Natalia, born in 1975, social services professional, wife of Mykola, born in 1975, construction company worker, Military Veterinary Troops).**

“For my son, people often just approach him on the street, in transport, in stores. Some simply say, ‘Thank you’ or ‘Glory to Ukraine!’ Others give him something. For example, he might come home with a chocolate bar, a box of candies, or something tasty (...) People give him money, but he doesn’t like it; he says to me, Do I look like a beggar?’ And I tell him, ‘People just don’t know how else to thank you, this is their contribution, so take it.’ And he says, ‘Then I’ll distribute this money among my buddies for their needs’ (...) Once he jumped out of the military store, he was still in a wheelchair, bought himself a backpack. A woman approached and started asking if it was a good backpack, and what tactical features it had. He explained all this to her because he thought she wanted to buy one for someone she knew. Then she asked the price and handed him 50 euros, paying for his purchase. People just helped

him carry the wheelchair in public transport, and he hopped out on one leg. In a private store, I chose a jar of chocolate paste, asked at the cash desk how much it cost, and the owner said, “It’s on the house.” In a shopping mall where we bought things for Bohdan, because seasons change and we need to buy something when there is nothing, a saleswoman gave us a bunch of trempels with her, saying, “They might come in handy.” Later, when I was already without him, she caught up with me and poured a handful of candies for him so that I could pass them on to him. In a café that we visited for about six months, the staff always warmly greeted and escorted us. Everyone greets each other as if they have known him for a hundred years. Once we went to a Georgian café to eat, and asked for the bill, and the waiter said, “The man who has already left paid for you.” We asked if he visited the place frequently, and we passed a note of thanks to him from us. I had tears in my eyes at that moment. You know, we meet very reasonable people! (...) Museums conducted free tours for us. In cafés, there’s a 50% discount. Every day, my son travels by taxi from Lviv to Vynnyky for prosthetics at the “Superhumans” center, the price of a one-way trip is 280-350 UAH. He has been given a free ride several times; they refuse to take money. On the streets of Lviv, a person in a cheburek costume always talks to him. And the security guard of one of the stores constantly talks to Bohdan; this man has seen all of our stages: in a wheelchair, on

crutches, on a prosthesis” (**Valentyna, mother of Dmytro, born in 2002, student, gunshot wound**).

“In the notary’s office, they notarized a pile of papers for me for free, made photocopies of the same documents for free. People read briefly with their eyes, see “injuries, mines-explosives, plates”, and say that nothing is needed. They thank me” (**Danylo, born in 1995, temporarily not working, studying, Military Veterinary Troops**).

“It turns out that I and the guys usually faced situations where civilians are usually grateful, to the extent that everyone treats us to coffee, even if you are not in uniform, because something about you shows that you are a military person” (**Oleg, born in 1985, Military Veterinary Troops**).

However, for some veterans, the generosity of strangers may be uncomfortable and unwanted:

“We don’t know how to react correctly because we understand that people are sincere, but we feel like beggars... Moreover, we are used to helping everyone, that we should give to someone, not take from someone (we volunteered a bit since 2014). So, morally, it’s a bit difficult for us” (**Valentyna, mother of Dmytro, born in 2002, student, gunshot wound**).

“My personal opinion: if people just give up their seat somewhere – that’s already cool. If I stand in uniform somewhere, you can just say

thank you. But when they start offering to pay for food, I don't know, everyone has their own opinion, but I personally feel uncomfortable; I'm embarrassed about it. Saying 'Thank you very much' is great, but nothing more than that" **(Anton, born in 1986, rescuer at an oil refinery, served since 2015 with a break, severe injury).**

Gratitude for veterans also included real assistance in difficult situations after injuries, both from acquaintances and strangers:

"In terms of gratitude: my damaged house in the village. The local authorities pay a lot of attention to what I need to fix it. They provide emergency building materials" **(Yaroslav, born in 1996, food industry line operator, gunshot wound).**

"As for gratitude: for my year-long experience of injury, I met many cool people who helped me both morally and physically. We actually have a lot of wonderful people. They helped me with transportation, came to support me in the hospital (a lot of people), and even now I go to a rehabilitologist for free" **(Oksana, born in 1989, in the army since 2017, Military Veterinary Troops).**

For some veterans, gratitude was demonstrated through the display of patriotism by civilians:

"Gratitude from society for me, for example, is when a family with children passes by, and the children carry a small Ukrainian flag. Then I

understand who I am fighting for" **(Vitaliy, born in 1989, bank employee, gunshot and shrapnel wound).**

Reflecting on gratitude, veterans mostly on the street, while discussions about ingratitude provoked conversations about injustice.

The most outrage was caused by the ingratitude of the state, as all our interlocutors encountered the improper functioning of state services, which convinced them of their "usefulness" only for war, while after being wounded, they became uninteresting to the state:

"Brave people surrender to the state they defended. And this trauma no one will ever heal" **(Anton, born in 1984, Military Veterinary Troops, Chemical, Biological, Radiological, and Nuclear Defense).**

"Institutions for document processing (disability or UBD), with their disdainful and dissatisfied look, show that you are additional work for them, that they don't care, that you have some problems there... They don't care because it's not with them... If you already received some certificate and present it to get certain services, you are a complete 'shit' because you made yourself certificates and now want to use them for 'free.' People don't want to understand the value of these benefits... and at some point, you become ashamed to use them" **(Larysa, born in 1989, medical worker, wife of Oleksandr, born in 1989, power substation electrician, injured due to artillery shelling).**

Reflecting on the injustice from the state, veterans emphasized that the state distinguishes privileged classes among its citizens, corruption and nepotism have not disappeared, and the state is indifferent to those who went to defend it:

“I’m infuriated by the total injustice: why don’t deputies, “Arystovyches”, “Gordons”, their children and relatives, fools like Zhenia Koshevoy, fight, but travel abroad... Majors, foam parties in Odesa and beyond... Drunk judges, prosecutors, law enforcement officers, total corruption at all levels, embezzlement of funds and humanitarian aid. Numerous cases both in the Ministry of Defense and with volunteers: “for some, there is war, for others, their dear mother...” Like acquaintances, guys with prolonged treatment are simply pushed out beyond the staff for a monthly salary of 500 UAH and treatment at their own expense (...). And where is our country, which we went to defend, why are we, like worn-out material, not needed by anyone? Such thoughts sometimes come...” **(Myroslav, born in 1987, policeman, concussion).**

Veterans who returned from the war with disabilities also emphasized how the state neglects their needs at the level of settlements and transportation infrastructure, and how civilians are not ready to show care for disabled soldiers:

“When a soldier returns, especially with a disability, he needs comfort, which civilians should take care of

now. Housing, the ability to ride a wheelchair in the park, instead of a multi-story building instead of a square, the ability to visit a pool, which is now impossible. To have all state institutions and cafes equipped for people with special needs - there will be many of us, we need to work and prepare for this now” **(Ihor, born in 1982, fought in 2014-2015, gunshot wound).**

“For my husband, an insult to dignity was a vivid example of how he was getting on a minibus after being wounded, when the driver refused to come closer so that he, barely walking, on crutches with a backpack, would have to walk less to the minibus. Then he had to climb the steps of this minibus on his buttocks, and then climb down the same way. But none of the passengers could help him, and such indifference and disdainful attitude of the civilian population towards wounded military personnel were offensive to him” **(Liudmyla, born in 1983, DTEK employee, wife of Valeriy, born in 1976, Military Veterinary Troops).**

Injustice and ingratitude from civilians were most often described by veterans using the phrase from the times of Afghanistan veterans’ struggle for benefits in the 1990s, “we didn’t send you there.” This expression deeply angered veterans because such an attitude conflicted with their identity as defenders and was perceived as an insult to their own dignity and the dignity of their comrades:

“There’s still such a phrase - ‘I didn’t

send you there.' I'm starting to hear more phrases like that. And honestly, it's not offensive to me personally, but for my guys. It's a conscious choice for me, and I made it a long time ago. But I know guys who could have chosen not to go, I have a friend who has been fighting on a prosthetic from the first days, and it's offensive to hear such things for them" **(Oksana, born in 1989, in the army since 2017, Military Veterinary Troops).**

Veterans were particularly outraged by civilians' attitudes towards payments, which showed a lack of empathy and knowledge about the real incomes of soldiers:

"About social injustice? I don't know what exactly you mean. That people shy away from them? It happens! People don't know how to behave with them. That they are no longer needed by the state as worn-out material? It happens - starting with their financial support when there is no money to buy cigarettes, and the whole world envies and shouts at him: they gave you 100 grand!!! You know what I want to say in those moments? Stick those 100 grand where the sun doesn't shine and give us our child back the way he was!!!" **(Valentyna, mother of Dmytro, born in 2002, student, gunshot wound).**

Civilian men, who "don't notice the war" or "are tired of the war," especially annoy them. In this irritation, several conflicting aspects are present: mobilized people are needed for rotation and leave, and many men try to avoid military service, some are mobilized voluntarily, while others do not feel such a duty; some people "help" the army with donations, while others risk their lives, etc.:

"Hearing 'thank you' or 'you're a hero' on the street is not very pleasant - it sounds like 'thank you for dying instead of me' (...). Disdain for civilian men will always exist, no matter how they boast that they volunteered or did something useful" **(Ihor, born in 1982, fought in 2014-2015, gunshot wound).**

"What triggers me is that now most people don't see the 'war.' In the sense that everything is already good for them, and they are tired of all this. I can go to a cafe for lunch, and there are guys there, I hear what their conversations are about, and I feel Spanish shame. I was sitting next to two guys and overheard their conversation about how tired they were, that they couldn't go to the sea because this war was getting to them. Why do they have to stay in Ukraine, etc. It's like they are not made for war. And I'm sitting there and thinking: so I

Another trigger for veterans is the feeling that civilians live «as if there is no war,» «have forgotten about the war»

was born to fight...” **(Oksana, born in 1989, in the army since 2017, Military Veterinary Troops).**

“Among those who don’t have loved ones in the war, there’s one popular phrase: ‘I’d rather donate to the Armed Forces’.. They don’t understand that when those they thank run out, it will be the turn of those who donate to the Armed Forces... It’s still not clear to me how one can compare donations with life? Or the phrase ‘I’ll donate but won’t go to war!’” **(Anatoliy, born in 1978, Military Veterinary Troops).**

“Unfortunately, the people’s love for the Armed Forces ends with receiving a summons for the rotation of volunteer soldiers who joined the defense of Ukraine from 24.02” **(Vitaliy, born in 1989, bank employee, gunshot and shrapnel wound).**

Thus, the process of adapting to civilian life begins for wounded veterans even during their treatment when they first interact with passersby and civilian infrastructure. The experience of such interaction influences their subsequent attitudes toward the behavior of people in rear civilian areas. The main support in the process of adapting to civilian life is provided by the family. Despite the fact that the emotional state of the discharged individuals can be quite fragile, they consider the ef-

forts of the family crucial to improving it. However, most veterans emphasize that they cannot fully return to civilian life because the experience of war will always impact them. An important aspect of adaptation is employment: some veterans plan to return to their previous workplaces, as their employers kept their positions for them and often provided moral and material support during their service. Some aim to find themselves in something new. Regarding the perception of society and the state after returning from service, veterans often encounter gratitude from strangers on the street in their daily lives. On the other hand, they face significant injustice in the state’s treatment of veterans and a mismatch between the behavior of civilians during the war and the soldiers’ ideals of ethics.

Conclusions



Since the full-scale invasion, soldiers have been receiving injuries of varying degrees of severity every day. For some of them, the injuries received lead to disability and dismissal from service. From the moment of injury to the moment of release, soldiers interact with a wide variety of state bodies and institutions, which is an important transitional stage to civilian life, during which direct treatment, as well as rehabilitation, passing of medical commissions takes place, receiving state payments and benefits and first contacts with civilian life.

The study demonstrates the challenges of this transition stage and the first time after discharge, describing the experiences of those soldiers who have already been discharged from service due to their health or are currently undergoing a military medical commission for the purpose of such discharge, as well as their loved ones who accompany them. The purpose of the study was to show all stages of the journey of the wounded from the perspective of veterans and their loved ones, to reproduce their emotions and reflections as accurately as possible, and to demonstrate how this experience correlates with their worldview. Therefore, the focus was not only on specific interactions with state services but also on everyday situations that shaped the moods of the wounded and their relatives during this period.

To record the daily lives of veterans as fully as possible, tools of social anthropology were used, namely «mobile ethnography» - real-time communication with research participants in messengers using smartphones. This method made it possible to quickly ob-

tain data on a person's emotions and reflections at the time of living in various everyday situations but at the same time allowed to maintain a distance and make such communication comfortable for veterans and their relatives.

The results of the study showed the deep imperfection of the interaction of veterans with the state and the long-term negative impact of such an experience on the emotional and physical state of the wounded and their family members.

The main conclusion that can be drawn when considering the path of the wounded from the perspective of veterans is that

for them, the war does not end after being wounded, they do not fully integrate into civilian life and continue to «live» the war and feel more soldiers than civilians.

As long as the war continues for veterans after their official dismissal, life will not be perceived as peaceful even in the rear. In addition, interaction with state services and sometimes with military units is perceived by veterans and their relatives as a second war because they have to “fight” for receiving services and benefits provided by the state, as well as for their own dignity in the process of receiving them.



The identity of a warrior does not disappear after liberation

Even after discharge, veterans remain bearers of the warrior identity and the corresponding experience. Therefore, the importance of the duty to defend one's country, the presence of combat experience and experience of fraternity, understanding the specifics of the army structure will always distinguish them among civilians. Because of this, there is a widespread opinion among wounded veterans that civilians are not able to understand them because they «did not see» the real war with their own eyes.

At the same time, relatives of soldiers also become bearers of a new identity, which is formed around a number of important moments of their everyday life - waiting, the need to «control yourself», volunteering and pride, as well as misunderstanding by other civilians, who do not have similar experience.



The state's attitude during treatment provokes frustration

After being wounded, the soldiers feel that they deliberately risked their health for the sake of the state and for the sake of other people, so certain expectations are formed in them: «What did the state and society do for me?». The wounded expect qualified care for their health from healthcare institutions, as well as the maximum simplification of all bureaucratic procedures, they expect that the state will treat

their physical condition with attention and understanding.

At the beginning of treatment, there is usually a clash of expectations and reality, which provokes great disappointment and frustration in the wounded.

➡ The system is built in such a way that it is extremely difficult for a severely wounded person to go

through the treatment stage on their own. Such a person needs special care, control over the treatment process, which the hospital does not always provide, as well as control over the bureaucratic aspects of interaction with the military unit and medical commissions. Most often, this role is assumed by the closest relatives of the wounded - wives, parents, children, who are next to the veteran from the first days after the injury and accompany him or her during almost the entire time of treatment and rehabilitation, combining at the same time new responsibilities of caring for the injured with work.

➔ Most of the relatives who care for the wounded often have children or elderly relatives who also need care, so they emphasized that they had to be «torn» between children and their husbands, between husbands and elderly relatives.

➔ The wounded and their family members often complained about the incompetence of doctors regarding military injuries and amputations in the institutions where they were sent for treatment.

➔ Veterans emphasized the indifference of doctors and medical personnel towards them. In such cases, it was the relatives who did everything possible to ensure that the injured received proper treatment. They assumed the respon-

sibility of finding and bringing a doctor, receiving a treatment plan, monitoring the implementation of this plan, actually becoming the representative of the wounded in the hospital and demanding from the medical staff the performance of all functions necessary for treatment. Also, relatives were most often concerned about transferring the injured to those medical institutions where they independently found specialists in advance who were “ready” to treat injuries of this type and complexity.

➔ Despite the great role of relatives of the wounded in the treatment process, there are no conditions in hospitals for them to live, with rare exceptions, and they are forced to rent housing at their own expense and come to the hospital for the whole day to care for the wounded.

➔ Due to the overcrowded hospitals, the injured did not always get to the traumatology departments, which are usually at least minimally equipped for patients who find it difficult to move. Instead, they were placed in any other department where there was room, including children's. Such conditions in hospitals were perceived by the wounded not just as discomfort, but as humiliation because they were deprived of the opportunity to independently fulfill basic physiological needs and had to depend on someone's help every time.

The state system prevents effective rehabilitation

After treatment, the injured will need a period of rehabilitation, but the state healthcare system does not adequately meet this need. The biggest problem is related to legislative obstacles - the limitation of the time allotted for the rehabilitation of soldiers. Another problem is the lack of qualified specialists and institutions, which is why rehabilitation often becomes a formality when the injured person simply “lies” in the hospital:

➔ Until recently, wounded (however, like civilians) had the right to undergo only two rehabilitation cycles of 21 days per year. Since June 2023, the number of cycles was increased to 8, i.e. 168 days per year. This significantly improved the situation, but this term may not be enough for severe patients, especially those who require prosthetics.

➔ In the absence of a proper rehabilitation process on the part of the state, soldiers or their relatives conduct research work, “connect” acquaintances to choose a medical institution or a specific specialist, where it will be possible to start not formal but real rehabilitation, most often at their own expense.

➔ Independent rehabilitation has a number of bureaucratic obstacles. So, officially, the military unit does not give permission for outpatient treatment and does not accept certificates from such institutions,

so even if there are good specialists and opportunities to recover, the wounded cannot do it.

➔ Many difficulties are caused by the organization of the prosthetics process. In particular, the injured paid attention to the lack of communication between surgeons and prosthetists, as well as the fact that prosthetists are not close to the injured during classes with a rehabilitation specialist, and therefore cannot adjust the prosthesis in time, which significantly slows down the adaptation process.



Veterans need quality psychological help and information about its importance

The situation with psychological rehabilitation is even more complicated than with the physical one.

- ➔ Despite the formal presence of psychologists in medical institutions, quality services in this field are available in very few state hospitals, and veterans often refuse to search for a specialist on their own due to a lack of information and funds, and they do not always have the strength and energy to spend additional efforts on this search and desire.
- ➔ The wounded often have prejudices against psychologists, as well as doubts about the ability of a civilian doctor to understand the emotional state of a soldier.
- ➔ A significant part of veterans engage in psychological rehabilitation on their own, resorting to constructive and destructive methods. Among the constructive ways, communication with family and support of loved ones are most often mentioned. From the destructive, it's about the use of alcohol and drugs.



MMC for the wounded is «the second war»

For the majority, the experience of going through the MMC is the most negative of all the situations of interaction with state services during the path of the wounded because, according to their feelings, it is accompanied by the greatest feeling of indifference and humiliation. Many veterans literally used the phrase «the second war» about this stage. In the future, veterans compared all experiences of commissions and queues to public services with the MMC as the worst manifestation of the entire system.

- ➔ Soldiers have a critical lack of information regarding the procedure for passing the MMC and the list of necessary documents, in particular the importance of the Certificate on the circumstances of the injury.
- ➔ Often, the entire management related to MMC and accompanying documentation is taken over by relatives of the injured because the volume of preparation and the specifics of the organization of the MMC procedure are exhausting and time-consuming. Therefore, relatives represent the interests of their loved ones before the state, accompanying them, and are ready to «fight» for a fair decision of the commission.
- ➔ The MMC experience for soldiers is an experience of waiting. First, the wounded are forced to wait for referral to the commission. Sometimes even with severe injuries, you

have to go to a military unit. After that, they wait for the meeting of the commission itself.

During the commission, veterans are forced to wait in grueling queues to see specialists in facilities generally not equipped for people with severe injuries. In the end, the wounded have to wait for an indefinite period of time for the commission's conclusion. However, often the conclusion may contain errors or inaccuracies, then the soldiers wait for the corrected conclusion. Such waiting is perceived as humiliating, and in aggregate, this experience worsens the emotional and physical condition and provokes irritation and indignation regarding the quality of work of state bodies and the state's attitude towards veterans.



Before being dismissed, the wounded may be in an uncertain status for a long time

Formally, to be dismissed from service due to health conditions, soldiers must have the conclusion of the MMC, come with it to the military unit, write a report on the dismissal, collect signatures from the bypass letter, and then, according to the law, can be immediately dismissed.

➔ In reality, dismissal is usually delayed indefinitely and is constantly complicated by additional bureaucratic formalities.

➔ In fact, during the time of waiting for dismissal, the wounded find themselves in a marginal status: no longer soldiers, but not civilians yet. Such a delay prevents the transition to civilian life because at this moment a person is no longer performing official duties, but is simply waiting in a military unit, while he could spend this time on the beginning of adaptation.



Payments are a demonstration of the state's gratitude

Many of the wounded had problems with state payments. However, for veterans, payments are not only a financial reward, but also a demonstration of the gratitude of the state and the military unit, which the veterans earned through their hard work.

- ➔ Untimely payments, their reduction or absence are perceived by soldiers as an insult to their own dignity, as the fact that their work and risk were not properly assessed.
- ➔ In case of problems with payments, the wounded and their families often turned to lawyers for professional support in communication with the military unit and state authorities.



It is needed to better inform the wounded about the requirements and procedure of the MSEC

The experience of MSEC differed for veterans among other state services in an incomparably greater number of necessary documents than in all previous state services, but the most difficult thing was that the lists of these documents were vague and incomprehensible. For example, there were problems with where the original was

needed and where the copy was, as well as with the number of copies of the documents.

- ➔ Many veterans and members of their families had problems due to the desire to take advantage of the right to pass the MSEC in absentia or the right to increase the disabil-

ity group by one level for soldiers. The commissions resisted such attempts.

- ➔ The examination of the MSEC doctors duplicates the examination of the doctors during the MMC, so veterans did not always understand the meaning of such a procedure.
- ➔ Despite their specialization, MSEC can be located in rooms not equipped for people with disabilities.
- ➔ There is a clear deadline for issuing a decision of the MSEC, but at this stage, there may be problems with communication between the commission and the injured, when, for example, it is not reported in time that the certificate is ready.
- ➔ The injured lacked information regarding the further algorithm of actions after receiving state aid based on the decision of the MSEC.

The terms for obtaining the status of the participant of hostilities do not comply with the law

Registration of the status of the PH is accompanied by a long collection of documents and difficulties in obtaining them from the military unit. Considering the fact that the deadlines for granting the status of the PH are not observed, the wounded faced a long-term wait or it without the possibility of obtaining any relevant information regarding

the time of such waiting. During all this time, they lost the opportunity to take advantage of the benefits that this status provides them.



The procedure for obtaining benefits and pensions for veterans is humiliating

At the stage of registration of benefits and pensions, problems similar to the previous stages arise, related to documents and lack of information. Therefore, veterans have the feeling that instead of receiving gratitude from the state and society in the form of a pension and benefits, they are forced to humiliate and «beg» for privileges. For veterans, this situation is humiliating.



A full return to civilian life as it was before the war is impossible

Most of the veterans emphasized that soldiers cannot return to civilian life completely because the war experience will always affect their view of the world, so we can only talk about a partial return (especially while the war is not over yet).

➔ Some of the veterans plan to return to their previous employment because their employers kept a place for them and often supported them both morally and materially during their service, some seek to find a new field of activity.

➔ The process of adaptation to civilian life begins for wounded veterans during treatment, when they begin to interact with passers-by and civilian infrastructure for the first time after being on the front lines. Such an experience often affects all subsequent attitudes towards civilians after return.

➔ Veterans' expectations regarding the behavior of civilians (who have no right to forget that there is a war going on in the country) and the work of public services (which must treat veterans' needs with respect) become an obstacle to reintegration into society. There is a widespread perception that the work of soldiers is not valued, and the attitude of the state and society is unfair, especially towards the wounded, who are perceived as «used material».

➔ The main support in the process of adaptation to civilian life is provided by the family to veterans. However, the emotional state of veterans is quite unstable, so their family members also need support.