

Transcript of Zoom interview with Prof. Dr. Pavlo Kolesnyk

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Interviewee: Prof. Dr. Pavlo Kolesnyk

- GP in Uzhgorod, Ukraine
- Professor of Family Medicine, Uzhgorod National University, Ukraine

Interviewer: Prof. Michael Harris

- GP in Somerset, UK
- Visiting Professor of Primary Care, Shupyk National Academy of Postgraduate Education, Ukraine

Prof Kolesnyk and Prof Harris are happy for the video and this transcript to be shared freely within the UK's National Health Service.

The video of the interview is available at: <https://youtu.be/qgoE-nXEIH8>

For any questions, please contact Prof. Michael Harris michael.harris18@nhs.net



Guardian: Ukrinform/REX/Shutterstock

Michael Harris: [00:00:03] Hello, Pavlo. Thank you very much for meeting with me this morning at very short notice and talking to us about the amazing work that you've been doing with your 'displaced persons'/refugees, and I'm particularly interested because we're starting to get displaced persons coming across to the UK now, to England, as our guests here, and we have very little experience of looking after displaced persons and you have a *huge* experience which would be really useful to us. So, I wonder if, first of all, you could say who you are and what your background is, and what you normally do.

Pavlo Kolesnyk: First of all, I would like to express my gratitude to my dear friend, Dr. Michael Harris for his invitation, and for his activity, in this field. Also, for his personal contribution [00:01:03] in granting us, with some donations, from him and from his community. I really appreciate his help in what we did during last many years, and, you know, actually, he told me that I'm an expert in refugees help. Actually, I was not [an expert] only one month ago. So only 40 days ago, we started these activities and we've got this experience from our own spontaneous work as with refugees here. So, actually, about myself. My name is Dr. Pavlo Kolesnyk. I am family doctor with almost 25 years of experience, and I am a head of the Department of Family Medicine and outpatient care of Uzhgorod National University. So I've been invited to chair the department, only 2 years ago and our department [consists] of young, very, very active faculty members, who provide teaching of Family Medicine in [00:02:03] our University.



Prof. Dr. Pavlo Kolesnyk, Uzhgorod, Ukraine

It's a unique opportunity for us to teach, it was a unique opportunity to teach youngsters during the last two years, because before that, can you imagine having 20, more than 25 years of Family Medicine in Ukraine, [when] undergraduate education had no Family Medicine Department, and we are the first ones who started to teach, and we became very famous and very popular among young students. And a lot of them have the idea after just having our course to become family doctors on during the sixth [year] of their education, their last year. So [undergraduates] could choose Family Medicine as a potential profession, just after our course, which is very, very nice to, to tell. So, what I have to tell you also, so I've been president of Association of Sister Cities movement, [00:03:03] with Corvallis, which is in Oregon, Portland US and they helped us much in making the model of Family Medicine here and also teaching Family Medicine. So, and they still support us very much.

And I am also a national representative or three European organisations. So I'm a national council member of EURACT which is [the] European Academy of Teachers in General Practice / Family Medicine and also of EGPRN, which is the association of researchers of in the Family Medicine field and also of EUPROPREV, which is the prevention association, under the umbrella of WONCA Europe. So these are my duties and when we start our

activities during the war time, we I realised that I have some, some unique features altogether, which I could use to help my country [00:04:03] and my own people.

First of all, I'm a family doctor. That's why I would definitely move in this direction. I am a teacher. That's why I will attract youngsters to help us to support in the medical field, the new waves of people coming to my city. I am a good organiser. I am a leader and I know it. So I use this operation, this possibility, to get the people to contact with the municipal government, [and] with other organisations. And also, I am pretty famous in the international world. That's why I use this opportunity to contact all my friends, all over the world, with Europe. Almost all European countries, through EURACT, WONKA, and also with America with Portland our sister city. So we have a pretty good network of donors and helpers [00:05:03] right now, who are willing to help us here in our city.

Michael Harris: Thank you, Pavlo, and your leadership in this has been inspirational. You send newsletters out every week to say what's happening, and they tell us about the work you've been doing, and it's quite humbling and quite inspirational to see what you've been doing.

I'm Michael Harris, like you I'm a GP, I'm a family doctor and also, like you, an academic. We've enjoyed doing a lot of teaching work together and I've visited your beautiful city of Uzhgorod. Can you just tell us a little bit about where Uzhgorod is in Ukraine? Because that affects the work that you've been doing.

Pavlo Kolesnyk: Absolutely right! I would like to tell you about our city, actually which is not a city, [it] is a town. We have 100,000 population, small population, most small town, [00:06:03] just on the, on the border, on the very western part of Ukraine. Which is our blessed right now, actually, so the city is located by the chain of the Carpathian Mountains, which then are following to the Tatras, in Slovakia and then to Czech Republic. So, this is the start of this chain of mountains, and we are surrounded by the, by the chain of mountains, which is our protection from future invasion of the enemy, which is interesting that, it's not so easy to come here through this mountain area, and this is the first protection of our city.



Uzhgorod, Ukraine

The second protection: we are very, very close to the border. For example, from my house, you can get to the Slovakian border in 10 minutes by walking because it is just a few kilometres from here. So, and the second border [00:07:03] is the border with Hungary, and you can just go by car and in 15 minutes you are there at the Hungarian border. So it's amazingly close to the borders with the EU. And I suppose this makes the enemy aware of [the possibility of] getting to the European Union land, and we used to have sirens, to have alarms, almost every night during the last months. We didn't have real bombing, fortunately, in our region meanwhile, and that's why, I suppose, they're just afraid of getting some troubles with the EU, if their territory [the EU] will be crossed by bombing.

So, which unfortunately is not the same in the other regions of Ukraine. So small city, bordering with two European countries, [00:08:03] and it made us a very, very popular place. Actually the only safe place in the whole Ukraine. I can say the only safest place because you are close to the border, if you need to go abroad, you can come just from this place. If you want to have some rest from bombing, a rest from the war, you can get [that] here. That's why huge numbers of refugees, of displaced persons. People came to our city and also we were a kind of a crossing town through which all refugees, or maybe a big amount of refugees, crossed the border fleeing to the other European countries. That's why during the first days and weeks of war it was incredible, high number of people [00:09:03] coming and crossing the Border. Some of them remained here in the in the region.



People await an opportunity to cross at the Uzhhorod-Vyšné Nemecké checkpoint on the border (Photo: SerhiiHudak/ Ukrinform/Future Publishing/Getty)

Michael Harris: Do you have any idea, a rough idea of the numbers that have been coming through? Or is it very difficult to say?

Pavlo Kolesnyk: As for coming through, I don't have any idea how many hundreds of thousands of people went to Europe. We know we know that over 10 million people are

already in in Europe, but not all of them across these borders, because we also have a border with Romania. Also, another with Poland. Maybe they cross these other borders, but our borders were extremely, extremely full. As for the number of people that we have right now, currently, in our region in our city, I have the numbers. But again, we can't totally trust these numbers because some people are kind of 'self-accommodated'. So what happens for example, if you are from Kyiv or [00:10:03], from Mariupol, or from Dnipropetrovsk, or whatever, you could come to this region. And if you have any relatives, friends or other people who could host you, you can just call and get some free accommodation. I mean very often we have this in our families, and I can say that maybe none of our Transcarpathian family has no relationship with some refugees or refugee activities.

For example, in my house. We have 11 people now living under one roof, so for example, my brother and his family came from Kyiv escaping from the disaster and, you know, friends of my brother's, of my nephew, came here. Also, my nephew's family, you know also mothers of my nephew, nephew's girlfriend, you know, something like a snowball and we try to settle all of them. My mother-in-law: they also accommodated people from Irpin [00:11:03] from this, you know, famous with dramatic conditions, a town near Kyiv, you know, and so that's why we can totally be sure about the number of people, but we have some other registrations or registered people who came by trains, transported from there from the disasters, 'hot spots', and here they were registered by the municipal government. That's why we have this number. As for this number, we have over 30, even more than 30 thousand people in our city, which is one-third of our population plus, maybe much more with self-accommodating people. And also, we have over 500,000 people coming to the whole region. So now our region is totally full with refugees because we have no place [00:12:03] to settle them but the demand is still very high. I mean, certainly are coming.

Michael Harris: Your region is an Oblast.

Pavlo Kolesnyk: Yes. It's about we call it Trans-Carpathian Oblast, so it [population] is 1 million.

Michael Harris: An Oblast is a bit similar to, in the UK we have counties, what we call counties; counties are smaller than Oblasts, But, so you have 1 million displaced persons/refugees in the Trans-Carpathian Oblast and...

Pavlo Kolesnyk: ... 1 million of people. I mean, the population of Oblast is 1 million people.

Michael Harris: Sorry.

Pavlo Kolesnyk: We have 300,000 of refugees coming to our region right now.

Michael Harris: Thank you for correcting me. So you almost have three groups of people that are travelling through/crossing the border and which have a certain set of needs. And you have those that are travelling and have somewhere to stay because they've got some [00:13:03] friends but also a large group that are travelling to Uzhgorod, but I want to stay in Ukraine, but need somewhere to stay, need housing, need a hostel or a shelter.

Pavlo Kolesnyk: Absolutely, right! Absolutely, right. If you can say, so some of them are transition groups, fleeing to Europe. Some of them are short stay groups, for example, or some of them are long stay groups. I can say, yes.

Michael Harris: Okay. Thank you. What, you've organised a huge amount, but can you just give us a summary of what you've organised in terms of volunteers, who they are? Accommodation, the hostels and so on.

Pavlo Kolesnyk: So, [as a result of] the decision of local government, they opened the storage, a huge municipal winery. It's a beautiful architecture, [arches] on the ground [00:14:03], winery which used to be in the in the middle century and it is a nice authentic building like a corridor with arches under the ground and we used to have some wine festivals there, during the, you know, the normal time. But having such a beautiful place, is actually very safe. We use this winery which is called 'Owl's Nest'.



Volunteers sort the donations at the 'Owl's Nest' historical and cultural complex in Uzhhorod (Photo: Future/Getty)

And to this Owl's Nest was used as a collection [point for] of goods of humanitarian aid for people who need help. For example, starting with the, from the first days of War, we came there, it was a mess of different products, medications, food, clothes, and all other things coming from our people, from our municipality, people willing to help some people, some refugees, maybe soldiers. I mean, bringing bringing bringing, and it was like, full of [00:15:03] all different stuff in a mass.

Then we realise that, the first of the first day war time, me and my wife, we worked as volunteers there in this municipal shelter. Just selecting goods like food cans of some preserved food, whatever. And finally, we realise that some medical knowledge was needed to select medications which were brought by the municipal people, by the population, by the community, and we started to select them to different boxes. Finally, we had kind of a kind of a pharmacy which part of these boxes were already sent to the

front, the war hot spots. And some of them were distributed among refugees, which [00:16:03] started to come.

Finally, we realised that the same place became the registration centre for refugees. I mean, the refugees came from the other entrance, and they were registered and sometimes they had some medical needs. Current medical needs like hypertensive crisis or some, some vomiting of the kid or something. So they need some current help and we decided to put kind of a spontaneous medical point for first medical aid. And we started to collect a small kind of medications and finally we realised that we became very, very, very active in this point, and it's not possible to handle it by us [alone]. So we decided to attract some young people who worked with us as residents [=junior doctors]. So I have, I am a supervisor of residents and my wife is a supervisor, mentor, of residents. So we invited a few residents. Then it was like a snowball.

We had [00:17:03] faculty members who also offered their help as volunteers. So youngsters, became volunteers and we made like a structure of duties in this spontaneous medical point. And finally, we realised that we have pretty big number of medications, which we needed to distribute to different people with different current needs. And we had lack of some medications which are their demands. For example, they request some things which they needed badly for example, insulin anti-diabetic drugs, antihypertensive drugs, some current needs like vomiting stuff or stomach stuff, whatever.

And painkillers definitely, so we started to, to try to find them, and our pharmacists, in the beginning of the war were absolutely empty. Absolutely empty. So we didn't have any at any, any chance to get some easy medications, like, anti-allergic drugs or asthmatic drugs, whatever. So, I started to use [00:18:03] my core personal contacts with my colleagues from Hungary, and from Slovakia, from Czech Republic, which are close to us, to import some boxes with medications. So we used it and I started the fundraising from the European colleagues, who donated some money. So we had this donated money on the European account in Hungary, very close to our border. And we used this opportunity to pay for some medications, which were not available, which were not available here, and which would be available there.

And so we started to get shipments. Currently I have I had only 15 shipments of medications from different parts of the of the world including America, including US. So people brought them in bags. So those who were travelling, the relatives from our town I mean, they travelled, and they brought bags with medications rather stuff. And finally, we started to distribute them in a more structured way. We started to collect this [00:19:03] information into the special Google form to understand what is more needed, what is less needed, and we thought that these young people who are on duty, sometimes day and night duties, they needed help. Also, we had duties on the border, we had duties in the train station. So in different very, very crowded places.

And also we realised that we have 15, already, shelters all over the city, which were organised spontaneously, but supported by the government. For example, dormitories of the university, [as] students are not there. They settled people with kids, mainly women with kids, in dormitories. Some of them, some of our schools were transformed to the shelters, then some [00:20:03] gyms, or some kind of sports arenas, were also used for some shelters, and some other things. I mean, they are not specially purposed for living, but they try to transform at least where they had some showers or where they had some possibility to live in, and even to sleep on the floor. For example, you can you imagine a gym with 50 places for people lying on the ground, on the floor and sleeping there. So we have such shelters. Some shelters are kind of 'luxurious'. So for example, in dormitories, which in [an] actually awful condition, but they live there with kids, for example, mothers with kids live there. And you know, they consider that it is luxury for them to live in such condition because they have their separate room for three or four.

Michael Harris: And one of the things that comes from that, Pavlo, is then, [00:21:03] am I right, are most of the displaced persons, and therefore the people that will become our visitors, mostly women and children?

Pavlo Kolesnyk: You're right, women and children, and senior people. So, apparently men are not allowed to cross the border before 60. I mean, men between 18 and 65. So, I mean, this is the age range, in which men are not allowed to cross the border, because we are, you know, maybe need in some form of military service. That's why only women, kids and senior [persons] would cross the border. But we understand that some people without money, without language/English language, or other language than Ukrainian or Russian [00:22:03], they probably won't cross the body because they are not, they're not sure what happens there and how to communicate. So they're not, they would not come.

Michael Harris: So the people that cross the border and leave Ukraine are more likely to have some knowledge of another language?

Pavlo Kolesnyk: Which I doubt. Sometimes, when the borders were open, totally open, some of them went just because of fear, because of panic. And without any idea what would happen in the other countries, and not all of them would have some language skills, and some language knowledge. That's why definitely this will be the first feature of the refugees in the European country, that language, English language, will not be their, their, you know, they [00:23:03] will not know the language and it would be very hard to communicate with them.

Michael Harris: So if I go to Germany, a lot of people I meet will be able to speak some English. But if I go to Ukraine, very few Ukrainians know much English or can speak any English.

Pavlo Kolesnyk: Maybe, so all of them learn English at school. But the teaching is not on the top I suppose. And I mean, if you think about youngsters are pretty good in English right now, middle generation are not very good. Only teachers of English or some other people, senior [older] people. If they are not involved in some teaching, some English skills are not their skills. I mean, they're not skilled in communication.

Michael Harris: Thinking about that, are the displaced persons that come and stay in Uzhgorod, [00:24:03], I'm just wondering if the ones because probably a few of them that come to England, will speak some English, or fairly good English, and are they likely to be interested in helping us and helping with translation? Did you find the displaced persons are looking for, someone wanting to do something, and wanting to contribute?

Pavlo Kolesnyk: I suppose yes, but as far as I understand, there is some visa restriction for Ukrainians to come to the UK. And that's why maybe you would not have a big number of people and if they, you know, if they cross this barrier of this visa and so on, maybe those will be people who probably know English or understand the situation and then, you know, the way of transportation and crossing the border. So definitely, they will be a bit

more advanced people maybe with better English. But I suppose, yes, you could recruit people from these [00:25:03] groups, communities to help with translation.

Michael Harris: One of the things that we will need to do is produce a lot of documents that are in Ukrainian and English that we can give to people talking about how to register with the GP, or how to get different sorts of care. Are there any people in your team that might have time to help with translation, with translating documents? Or are they all so busy that they don't want to?

Pavlo Kolesnyk: Actually, all of our people are really very busy. I can ask for help from somebody. Maybe I could also ask my father who is a teacher of English, or my mother, who is a teacher of English, to help. So, actually, you know, it's possible maybe but not recruiting medical stuff, maybe like teachers. So, both of them are, for example, teachers of English, over 70 something. So I suppose, they are [00:26:03] always happy to ... provide some volunteer activities. So I may ask personally them to get involved in it.

Michael Harris: Okay, so it may be that we can ask, but we shouldn't expect too much.

Pavlo Kolesnyk: Yep. Yeah. Actually be aware of some strange specificity of our population! They don't like to read brochures or instructions. I mean, if you have a German population, they would definitely, or other very well organised population, they would definitely read it from the beginning, till the end. Not in Ukraine. Ukrainians, always try to press the button before they can start!

Michael Harris: Right! So they may not read a brochure in the way that we would like them to.

Pavlo Kolesnyk: Yes. Yes. Okay. It has to be short. It has to be short [00:27:03].



A man carries a crate of food as Uzhhorod restaurateurs give free meals to people coming from eastern Ukraine (Photo: Future/Getty)

Michael Harris: Okay. Thank you. That's really useful tip, cultural tip. Thank you. Well, you mentioned medication, prescriptions? Do most people have a list of the tablets and medicines that they're on?

Pavlo Kolesnyk: Majority of them, first of all, they don't have prescriptions. They forgot their prescriptions. They forgot their medications, you know, that was a very big problem. So they memorise something, they come asking for this or, for example, they would very often ask for yellow pills in the white box, or whatever, something like that. So I mean, if they're senior people, they would forget taking medications, which they used to take for a long time. So sometimes, it's also very hard to convince people that, I mean, if you don't have Noliprel Forte, we could switch to the to the combination of [00:28:03] amlodipine and let us say lisinopril, which we have in our free proposal. But very often they refused to, to change the medication list to the other.

And also, a very good, very interesting tip for your colleagues. Our people are very fond of non evidence-based drugs. They are fond of - I will tell you some examples because, you know, first we really suffered from requests for herbal tablets to suppress anxiety or some, some valerian or peppermint to suppress anxiety. And when we offered them antidepressants or anxiolytics, like true medications, which we expected would be needed, they refused. So 're afraid of antidepressant. They don't understand that [00:29:03] it's really needed to prevent PTSD [Post Traumatic Stress Reaction] in the future and they would always take some drops of some combination of herbs, and they would be happy with this, better than with the normal remedies.

Michael Harris: Right. Thank you for that. And, so, some of them, I guess, some do come with have a box of their tablets, or they'll have something written down, but that will be in Cyrillic script.

Pavlo Kolesnyk: Yes. Yes. Yes.

Michael Harris: So, that's something that we'll have to work out how to how to handle.

Pavlo Kolesnyk: So, it's why you'll need, you will need to some medical experienced doctor, or at least resident or whatever, who could help you to tell what is written, and what, what could be the [replacement for] it. What kind of drugs.

Michael Harris: What would [00:30:03] be the replacement for it. Thank you. Your English is amazingly good, Pavlo. And I think, considering you've been working so hard and are so tired, it is just fantastically good. So thank you for patience we with these questions. And if at any time you think you need a break, or you want to out to get a cup of coffee, please just say.

What are the commonest, and then the most serious medical problems you see? So first of all, what are the commonest medical problems that you see in the displaced persons?

Pavlo Kolesnyk: So I will tell you about civil needs, [needs for] civil people, because we have other absolutely other different problems in the hot spots of Ukraine. That's why I'm talking only about current problems of our displaced community. So first of all, starting from the from the head. So headache, insomnia, [00:31:03] depression, then toothache, then sore throat, runny nose. So these 'cold' related symptoms, be aware of them because very, very often, they would not be vaccinated from covid-19, you know, because there was a war before this war, and we fought for vaccination. We [tried to] convince them to vaccinate, to get vaccinated, but they very often refused.

You know, that's why be aware that some people would not have vaccination for covid-19, and better to [give a] booster or at least to start vaccination. That's why we had some [outbreaks] of cold, or cold-related symptoms and we had, we expected Covid. That's why we had [00:32:03] free tests for covid-19. And we found small [outbreaks] of covid-19 in some shelters, but we were happy to localise them. Now we isolated people, are having these free tests. We detect this, isolate them, and fortunately, we had very, very mild diseases in the shelters. So, going down...

Michael Harris: Do you have any rough idea of the percentage of the population that has been vaccinated?

Pavlo Kolesnyk: No. I can talk about my own region, but it is not similar with other regions, you know, I have no idea about – actually I have an idea about the other regions because we had the Ministry of Health Care, you know, report every week what happens in the other regions, but I was not so much interested in other regions.

Michael Harris: And in your region?

Pavlo Kolesnyk: Actually, [00:33:03] in my region we had over 30% vaccinated. Actually, we started very much later than you did. That's why our vaccination percentage was not

very very big, meanwhile. So we started, you know, some of them were boosters, some of them were not even basically vaccinated.



A Ukrainian serviceman prepares to receive a dose of the AstraZeneca COVID-19 vaccine. (AP Photo/Evgeniy Maloletka)

Yes, if we go forward I am talking about, yes, I'm talking about so asthma will be there, not very often. But sometimes we needed these medications. Also ischaemic heart disease. Very often people forgot to take statins, you know, cholesterol doesn't hurt, that's why they just stopped statin therapy. And even though hypertension sometimes hurts, because I mean, it is shown by headaches. They would come with headache but not with hypertension control and suddenly you will do see 222/150 [00:34:03] and people just didn't know, they just stopped medications for maybe one or more weeks sitting in their shelters somewhere. Escaping from bombing. I understand it and you know people just forget about it. So hypertension, definitely. People don't take them properly and very often they take them occasionally. Like, for example, captopril from time to time when I have a headache and that's okay.

Michael Harris: So ischemic heart disease and hypertensive crises are something that we need to look out for.

Pavlo Kolesnyk: Yep. Absolutely right. Absolutely right. And I could also add one more interesting thing, which I noticed, they are all very, very often people from the eastern Ukraine, and from the central Ukraine, there on a screen [management programme?], which is not, which is not supported by guidelines in major conditions. But, you know, if you have a hypertensive patient, they [00:35:03] usually take a screen which was [designed] long ago, but not currently recommended. I mean, they didn't have any strokes or thrombosis, by they take baby aspirin as a, you know, as a protection from, from clotting. That's why I can say that, I mean, we convince our people, our refugees here, to stop this, but people don't understand it.

You know, I am pretty much an expert for my population, who know me, I'm famous about population, about the community, but you know people from other people from other regions, they are not very much, so they don't trust me. So, I am just a guy from God knows where, I'm just a stranger for them. That's why they would ask, 'But my doctor prescribed me a prescribed me an aspirin. Why do you stop treatment with aspirin, why?' So, and I have to convince everybody that it is not recommended anymore and again, 'But my doctor recommended, [00:36:03] why did he recommend them?' So, I have no idea how to explain, 'Because your doctor didn't read the literature', maybe.

Michael Harris: Quite, and if it's a problem for you, it'll be twice as big a problem for us because they're in a different country with strange doctors. They don't know the medical system and we do things in a different way. So thank you. Thank you for that tip. Continuing the journey down the body...

Pavlo Kolesnyk: Yes. So, stomach. Stomach will be, so they have many stomach problems. That's why we used to distribute PPIs very often because people have this nausea and, you know, regurgitation, reflux disease and so on, then they would very often have diarrhoea. And vomiting, I suppose because of some viruses, I don't know which viruses, but definitely, there were [outbreaks] of like, viral, probably viral [00:37:03], viral vomiting some, some stomach pain and, and diarrhoea in the shelters. That's why, and we also try to localise it.

Michael Harris: Have you seen any typhoid?

Pavlo Kolesnyk: No, no. No, it was definitely, maybe it was rotavirus for kids, because yesterday I had a mother with a very small kid and, the kid vomited just, just in our medical point. So and she said that it's [just] started. I mean, just in the storage when she came to the Owl's Nest, the baby started to get this and I recommended to her this: just fluids. But actually one more tip: our people believe in some special treatment, though it is not evidence based, but better some special treatment, then just having rigorous rehydration of kids. They would ask for some pills. Magic pills. [00:38:03]

So what else, going down? We would have experience with urinary, I mean cystitis, people were in the cold bunkers, in the cold shelters, for several weeks sometimes. They sit there and they had, you know, well, very well, so it's very often they suppress urination in the in the shelters. That's why I see the problems with urination. Sometimes they have burning urination. They have [?], haematuria or E coli infection. I mean, which is like, increasing after this being in the cold, cold, cold shelters, I suppose.



Michael Harris: And trying to suppress, so they're trying not to go to the toilet. They're trying not to?

Pavlo Kolesnyk: Yes, because they were not possible. It was not a possibility.

Michael Harris: And presumably it was perhaps also reduced fluid intake as well.

Pavlo Kolesnyk: Yes. [00:39:03] Yes. This is absolutely right. Which we saw in many people. Maybe it could cause a lot. So they were dehydrated, really, you know, I have an interesting story. I have a teacher of internal medicine who taught me when I was a young guy in the medical college, so studying for, for to become a nurse. So, I finish this, I mean, graduated from this school. So this lady is over 90 now 90, and she moved from Nicolayev. Very smart. Very smart lady, very small, small old lady. She moved with her daughter from Nicolayev, which was being bombed for a long time. And, you know, this lady moved to Prague, then to somewhere else to Istanbul from Istanbul somewhere else to see her son. And you know, she didn't drink to prevent urinating, during three [00:40:03] days and nights. Can you imagine, three days of not drinking and, and to urinate? Because she didn't have an opportunity and, you know, she was very shy, very, very intelligent. So, she tried to avoid urinating. Amazing.

Michael Harris: What a story, what a sad story. So that's, so do you routinely check people's urine? Or should we be thinking about offering everybody a urine test? Or is that only if they have symptoms?

Pavlo Kolesnyk: No, just if you have symptoms, so if not, we don't need to [test urine], just if they are pregnant women.

Michael Harris: So, coming on to pregnant women.

Pavlo Kolesnyk: Yeah, actually, we have, me personally, I didn't have them among my personal patients. But for example, Andrew, who is my son, who walked on the border with refugees [00:41:03] crossing the border: he had several pregnant women there, and he said that many of them had panic attacks. Many of them had hypertension, you know, uncontrolled and one had an epileptic seizure. You know, Sister Helena who worked in Prague. She says that she had no weekends [off] for one month, working with Ukrainian refugees, pregnant women with a lot of pathology of pregnancy. Who escaped from bombing, didn't have any [ante-natal checks] during that time. That's why they came with bleeding, with other problems, which were not controlled, which were not detected during last month. So be aware, if they are pregnant women, be aware of [un]controlled problems in pregnancy.

Michael Harris: So having antenatal care, having a midwife possibly [00:42:03] at our clinics may be a priority for us.

Pavlo Kolesnyk: Yeah, absolutely. I doubt, there will be many of them, but some of them.

And if we go down to feet, what I had, not many of them, but some people would definitely have some rheumatological diseases. Also, trophic ulcers, or diabetic feet or something, which could be not controlled because they didn't have, I mean, not good hygiene. Not good conditions for themselves, and not good glycaemic control.

Diabetes, actually, is also a priority in the population. That's why [we need to] be aware of diabetic patients and [un]controlled diabetes. Usually people trust some old medications, like glimepiride better than you new drugs, like [??] [00:43:03], so [they're] not very often prescribed because there was no State programme and the only thing they had from the government for free was metformin and, you know, very often [other medications were] not in their daily routine, exceptionally.

Michael Harris: Thank you. Okay. Thank you. And any other particular medical issues/problems that we need to be aware of?

Pavlo Kolesnyk: If you have elderly people, senior people, you would have all problems of old people, and all basing on huge stress, psychological changes, depression. And one more interesting psychological effect, which I noticed, which I don't know if you agree with this, with this term [00:44:04] one, my American doctor told me to remember the term, which is called provision. Do you use the same term? Or I will explain what it means. So I mean, people would collect as much as possible of all goods they could in the stressful situation. I mean, for example, if you have a free pharmacy, which we provided in the Owl's Nest, they would ask: 'I need medication from the head, from the nose, from my stomach'. But do you have this problem? Not now, but for future.

Yes, it helps to have, to collect their own - so, for example, if we had these pots and pans projects, or my sister-in-law came from America that she had one thousand US dollars for to use for some rich [?] produce, so she decided that in shelters, they would definitely need pots, pans for soups and you know, some kitchen needs, and she brought like 100 [00:45:04] pots and pans for the refugee camp, to the refugees' shelter. And that was really a big problem during this, because she announced free pots and pans would come, and they just cried, grabbed whatever they could, just like a provision for future, like to collect as many goods and to feel safe that they have something to for their... I mean, first of all, I was amazed. But then I understood that these are people who survived a huge stress, and maybe lost their houses, and they want to do to make some small private collection of goods for themselves. So, be aware of that, because they are not greedy. They are trying to collect some private... I don't know if it's income not income. Private something.

Michael Harris: Yes, so something that they [00:46:04] own. So, and does the same apply, do they try to do the same with medicines and tablets?

Pavlo Kolesnyk: Absolutely. That happens with tablets and all other medications which we try to provide, try to collect from different places to, you know, to use for emergency care, maybe if just for some time, but we all realise that we can't support their needs, all their needs, because they need much more than they really need. And finally we realised that we'd better change the place of our medical care [to be a bit further] from the Owl's Nest. I mean, we will use the triage centre in the Owl's Nest with the like [?] ticket. And, with

some people who would help them to do to get some triage, medical triage, and those who would definitely need medical help. They will be just supported to, and referred to, the [00:47:04] the medical centre which will provide the true medical help, not like emergency help, and there we would definitely give free medications. So it will be kind of a selection of those who really need, and [those] who just provide or collect medications. Actually, Michael, what is the best word for this? I mean, for this strange phenomenon, I mean, collecting for future predicting something?

Michael Harris: 'Hoarding.' The English word 'Hoarding'. H-O-A-R-D-I-N-G. So if you have a cupboard full of things because you think, perhaps, that there's going to be a war, we call it hoarding.

[...]

Pavlo Kolesnyk: I will tell you an interesting story, so I try to analyse this phenomenon of our people. I mean, usually these are people, young people, who never had any experience of such, you know, disaster is before. I mean, a few generations lived without war here in Ukraine, but I am [remember] my old, my grandma who lived almost for near 90 years, and who was a Ukrainian girl, like, coming to Saint Petersburg (that time Leningrad), and that was the first year of war there, and blockade, was closed. The [siege] of Leningrad was closed, and she was there for 900 days in [the siege] suffering from hunger [00:49:05] and, you know, from this disaster there, and she came back home and she survived, just a few people survived from this [siege] and she used to, and we all laughed at her - you know, she was hoarding all, all her life, collecting some canned meat or some fruit or something, some sugar or rice, or whatever, just for future, just to collect, just let it be there.

And once she passed away, I found a lot of old, old bags with rice or [?], whatever. Now, I understand that, you know, seeing these people in my childhood and having this maybe like a funny, funny game, we didn't understand why she [00:50:05] did this. It was, kind of, in our culture to know that somebody in some bad situation, they would prevent some of collect some things for future, and now people just memorise it from their culture, or their previous, their past generations. This new, this this old, old way of to survive.

Michael Harris: Really interesting. Because here in the UK, most people don't have any experience of - there's no folk memory of being a refugee or refugee problems. [...] And so for us here in the UK, it's really helpful to get your insight into your, your comments on, what, how it affects people, not just physically, but how it affects the affects the way they think, and therefore what they do, and therefore what they'll be asking us.

Pavlo Kolesnyk: Mmm. [00:51:05] Interesting.



Food aid is delivered to refugees living in the basement of a school in Kharkiv, 15 March 2022. Photograph: Anadolu Agency/Getty Image

Michael Harris: What are the most serious psychosocial problems that you see?

Pavlo Kolesnyk: So first of all, people need their houses and they don't get their houses, they lost their work and they don't know where to get this work back. Some of them could assimilate in this situation. For example, my guest, she's actually not a relative, but she lives in my house. She, she used to be to be a hairdresser. You know, she found the place just the next day of coming up from Kyiv. You know, now she works, and she has some, at least some money from them. So for example, my brother came, he is a musician and for him. it was a hard possibility, to find some place for this kind of profession. But [00:52:05] now he teaches music to people who, he teaches kids, he teaches music and sometimes makes an ensemble of them. So also an opportunity.

So having no property, having no work for them. It's a very huge psychological burden. What else? Having no money. Actually, I mean, I felt this. I mean, I am not dying from hunger for God's sake and I have enough. I mean I have a house. I have family around me and you know, but I found myself thinking: 'Oh, my salary is getting twice less than it used to be.'

Michael Harris: So since the war your salary has halved?

Pavlo Kolesnyk: Yep. Yep. Yep. For example. Oh, I have no extra incomes because I had some lectures which were paid. I mean, I had some other invitations. So I printed books. I mean, [00:53:05] which was also extra income. So I'm losing my income dramatically, so what should I do? Should I protect my money? My, you know – so it was kind of, for me, I'm not a refugee, I'm living in my own town and I have my working place still, but these thoughts always are in my mind. What should I do? I have three kids. I mean, I have to support my family. What if I lose my, my job? What if I lose? I mean, this is a fear of any people during war. What will happen to us? Will we have the possibility to survive in this situation? This is a very important thing to think about because people you just, if you think of it from the perspective of being people without *anything*, it's a very dramatic psychological fear or anxiety. It [00:54:05] makes you be sleepless. It makes you think, be anxious all the time, thinking about what will happen, and I mean in the beginning, and I understand our media, they always raise our spirits, our minds, but we see it is not, it's

not ending process. I mean, people are coming. Bombing is being done. No future. No, no, no idea what will happen then, where to go.

Michael Harris: So, so it's causing anxiety. Sleeplessness, depression as well?

Pavlo Kolesnyk: Yes.

Michael Harris: And for some people, do they have post-traumatic stress disorder, PTSD?

Pavlo Kolesnyk: I suppose? Yes, and actually, I observed some kind of these PTSD among my, even my relatives who had these, you know, sounds of bombing and also these alarms when, you know, [00:55:05] when you have this sounds out or whatever. They expect that it is alarm. So I mean this feeling of danger, even with the just loud sounds.

Michael Harris: So ordinary day-to-day sounds, they make's them think there may be bombing, or an air raid siren or air raid warning or something. Okay, right.

Pavlo Kolesnyk: Or you can have some physical tics. For example, a kids like making this after this [demonstrates facial tic], after this, I mean, some language, like, some language problems, like, you know, kind of...

Michael Harris: Are there any other ways? We're talking about children, are there any other particular problems that you've been seeing in children, with displaced persons?

Pavlo Kolesnyk: I expect that we will have [00:56:05] them in future. We will see some PTSD symptoms a bit [later]. Meanwhile, they just came so we observed them sometimes, not for a long time. And they seem sometimes healthy, or with the, you know, the acute problems, vomiting, colds, or whatever. But I bet after such a huge stress, for a long time, we would expect more problems, psychological problems, among them, or some psychosomatic disorders or something. Definitely in [the near] future.

Michael Harris: And you're already trying to handle that. I saw in your newsletter, you're talking about rehab, rehabilitation for children. Can you tell us a bit about what you're doing there?

Pavlo Kolesnyk: Yes, you know, when we thought about dividing our medical point, having a new point rather than the Owl's Nest point, we found a place. Also, I talked to the [00:57:05] municipal government, they liked our support: 'Please we don't demand and we'll try to help'. You know, the lady was very supportive from the municipal hall, and she asked the head of the children's hospital, which is very close to the this registration centre, to give us at least one room, one office for our medical services for the refugees, but with one [proviso], with one agreement. They have a rehab centre in the ground floor with a swimming pool - can you imagine, nice swimming pool, massage offices, psychological support for kids, everything which is not very much used because you

know, it was kind of a museum [00:58:05], when the head of the hospital showed us all everything. I have haven't seen any kids, any kid who was getting any of this service.

That's why and, we have a system of referral from the family doctor, if I have a [referral] to some, to some specialist or to some service like a rehabilitation. They would get money from the government, from the municipal government. That's why they need referral badly. We have an agreement between us. We are being settled, meanwhile, in this medical point in the medical office, with our help to the refugees. And we will definitely refer every kid who needs some rehabilitation or some psychological or physical support. We will refer them to this this centre. It will be free for them, and it will be paid by the government, and the hospital will get some money [00:59:05] from the Ministry of Health Care. So, [it] is a wise decision, everybody will be happy. We'll have our medical office with internet, with everything. They will have their population to serve and their money from the government. And, you know, the refugees will get their service there. So I suppose it will be multiple benefit for everybody!

Michael Harris: That's fantastic. I'm really impressed with that. So thank you that tip, and we need to work out how we can do something that's equivalent, or something that's similar here.

Pavlo Kolesnyk: Actually, we would be happy to have specialists in rehab, in kids' and adults' rehab, among foreigners, because meanwhile it's very safe in our region. And you know, I had the doctor from France, who was originally American. I mean, he's an old doctor and he [01:00:05] helped us much. He was here several times. And he said that 'If I found any experts willing to come to help you with the refugees, will it be feasible in the Owl's Nest?' It was not feasible, because it was just to let you know current needs. But now, if we have a rehab centre and they don't have enough knowledge, what to do, with the refugees, with psychologically, you know, in stable kids, using this opportunity, we could use the potential of experts from elsewhere to make this possible. The same could happen in the municipal adult polyclinic. We have a good set of, I mean, good organisation of rehab with few experts who know what to, and they are empty there. I suppose rehab could be could be increased [01:01:05] and their need of rehab could be very much in future for refugees, and then in future for our local population.

Michael Harris: Okay. Thank you. That is noted, that request is noted.

Earlier we were talking about covid vaccination. What about other immunisations for children and for adults? How much coverage is of children for the common infections?

Pavlo Kolesnyk: Okay. I will tell you about ten infections. I usually give my hands to my residents [shows his 10 fingers], usually we have 10 controlled infections in Ukraine. These are supported by the government. So, TB/BCG, in the first day of their life, then DTP, diphtheria, tetanus [01:02:05], polio, then haemophilus influenza. Then MMR, measles, mumps, rubella, then then Hepatitis B, and what else? So polio was there? I forgot one more [...].

The regular list of them are ten.

Michael Harris: Have most of the youngsters in the children had those, or all of them?

Pavlo Kolesnyk: All of them are vaccinated. I mean, this was a very strict list of strategy of vaccination here, and it was absolutely free. So all kids have been vaccinated. So be aware that all of them would be vaccinated, maybe some of them could have some [01:03:05] some restrictions but majority of the kids are vaccinated according to this list of vaccination, and I could provide you with the what the terms of vaccination.

Michael Harris: So, that would be helpful. Thank you. So we can expect that over 90% of the children will have had all those vaccinations. That's fantastic. That's amazing.

Pavlo Kolesnyk: If we think about kids from 0 to maybe 14/16, you would definitely have them all vaccinated. Because for example, we have restrictions to not to attend school before you are vaccinated, not to attend kindergarten before your vaccination. I mean, they have very strict restrictions, and you can't bypass this restriction.



A nurse gives a child a measles vaccine at City Children's Hospital in Odessa, Ukraine. Julia Phil/Odessa City Children's Hospital

So I suppose, but, as for other people, for example, older than 16, usually we had to make this DT every 10 years, like diphtheria and tetanus. Every 10 years, boosters. [01:04:05] They would not have done this, I mean, this will not be a very common thing. So we have to booster them.

As for Covid, I told you about it. So it was not very what's not very much. I mean you could ask them, but definitely better to [give them a] booster, because even if it's the first dose, at least, something is better than nothing.

Michael Harris: Giving some protection. Thank you,

Pavlo Kolesnyk: Be aware of fake [Covid vaccination] certificates. Unfortunately, we had this practice here. Fake certificates of Covid. I mean, sometimes people would buy them and they have certificates of Covid and you know, you believe that they are vaccinated and

[they] have severe disease. Finally, you would realise that they were not vaccinated, and it was a fake vaccination.

Michael Harris: Thank you. How much is tuberculosis a problem?

Pavlo Kolesnyk: Absolutely not a big problem. [01:05:05] So I mean, I know that the whole of Europe was asking me the same question about TB. So don't be [worried about] TB, because we made a survey once in my population. I mean, in my population of Uzhgorod,, so we thought about the need [for] screening of TB in the regular way, which we used to every year, like, annual x-raying of the of the working population. That was a typical Soviet or post-soviet screening. We realised that this screening was absolutely useless because the number of TB, active TB, which was evaluated among the population, which was screened with the same way, was 0.01% of the population. So, very, very small number of active TB, which was evaluated and only among persons, where you could expect [01:06:05] it even without x-raying there. So, I mean, low income people, Roma people, for example, people who lived with TB patients, or people who were in prison before. I mean, those are vulnerable groups.

Michael Harris: I'm surprised, because, as you are aware, the message that we get here is TB is a big problem in Ukraine, and from what you're saying

Pavlo Kolesnyk: Yeah, and it is still a big problem, but among vulnerable groups. So I mean, I doubt [that] vulnerable groups will come to your country. I mean, there are a lot of barriers for them. I mean, I doubt Roma would come to you, [ex prisoners] would come to you, unlikely. And that's why you will not, you will not get TB. I mean, in the civil, pretty wealthy population of the Ukrainians, we have very, [01:07:05] very few cases of TB, really very few cases.

Michael Harris: And that's not just in the Trans-Carpathian Oblast, that's across the whole country.

Pavlo Kolesnyk: Yes, you know there are Oblasts which have a higher level. For example in Nikolayev. They have a higher level because of poverty. I mean, they have less income to people, and they have more TB, like they are less hygienic or something, but in major groups, which are middle income groups, you would not find TB. So, believe me, it's not a priority actually.

Michael Harris: That's really helped, thank you. And hepatitis. Is that a big problem?

Pavlo Kolesnyk: No, actually, I can say yes or no. First of all, we are not aware. Very often people are not aware of Hepatitis B or C. That's why we screen [01:08:05] them, and we find them occasionally. I believe this is not because of some IV drugs or whatever, it's more often because of dentistry. I bet that the most, the major – I can blame mainly dentists because I had my patients with hepatitis B and C, which is actually a big problem here, among people who had only dentistry, only dental manipulations on their teeth. So no operations, no narcotics, no drug use, no sex relations with, you know, with Hepatitis B

or C people. So, I mean very, very few other opportunities to get Hepatitis B, than dentistry. Dentistry I suppose is the main reason of this transmission of infection. That's [01:09:05] why some people would not know about it and have it. Yeah.

Michael Harris: So if you had adequate resources, would you routinely screen, people for hepatitis, or not?

Pavlo Kolesnyk: Absolutely, absolutely right. So hepatitis B, hepatitis C, less AIDS, but you know, maybe HIV would be, you know, according to the, according to the WHO recommendation, it has to be on the 'A' level of evidence or very, very... So I suppose HIV, it's cheap to screen for that.

So no x-ray definitely, no STIs, definitely with normal person with, you know, with kids. I suppose no need in STI screening. So screen for hypertension, definitely, screen for dyslipidemia definitely, screen for alcohol is maybe, it's more about men, not about women. So [01:10:06] screening for, for yes, screening for breast cancer in the 45-50, which is being organised here, but we didn't screen it before, and probably screening for diabetes - definitely a screening for diabetes, at least starting from 40, so I would suggest these screenings because you know screening is my favourite subject, you know it.

Michael Harris: Yes. Thank you. Talk about sexually transmitted infections. Are you seeing many people with sexually transmitted infections, or women that have been raped?

Pavlo Kolesnyk: No, actually, no, no, not many. Not many victims of family violence, and actually, as for syphilis, I haven't seen it for decades. As [01:11:06] for, maybe chlamydia sometimes would be an option, but no, no one area. I mean in as for my region I can say that none of these infections are typical.

Michael Harris: So, rape and sexual violence is not something you've seen as a particular issue.

Pavlo Kolesnyk: No.



Dr Pavlo Kolesnyk with Family Doctor residents

Michael Harris: Thank you. Are there any special cultural - because you've travelled a lot, so you know how things are in the rest of Europe, and what the differences are in cultures and religious. Are there any special cultural or religious issues that our medical teams here should aware of and think about? You've mentioned a lot of them, but is there anything else?

Pavlo Kolesnyk: Actually? No. No, so people are usually Orthodox. So they have their Orthodox. Some of them are in other religions, but made mainly old folks. I [01:12:06] doubt they would have some restrictions in some vaccinations, or whatever. Only some, some special religions, like Baptists or like Adventist. So, mainly there, they would have some restrictions in in blood transfusion or vaccinations. But there are very few of them, and I don't know how many of them would be there in your country. That's why just figure out what religions they are in. And I mean, very often, you could see the people of the special religion, which could be kind of a very aggressive against vaccinations. So, women usually wear the scarf or a shawl, in this way [demonstrates tied at the back of the head]. I mean, in Ukraine, if they are old women, they make it like this [demonstrates tied under the chin]. So if you have women like this [demonstrates tied at the back of the head], with white scarf on her on her head [01:13:06] and when not, not taking them off, maybe you could think about Baptists or other religions, which could be against vaccinations. So it's a nice tip and it's easy to find through their appearance.

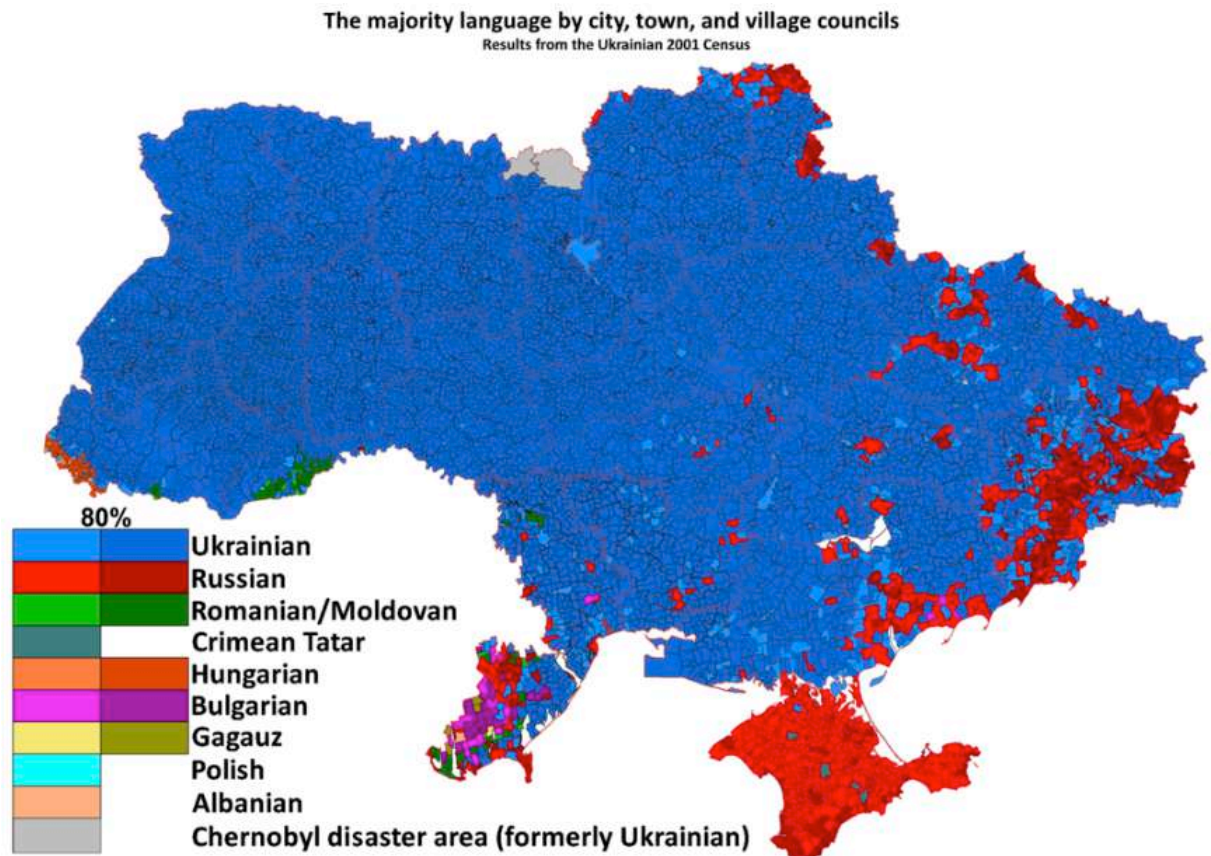
Michael Harris: Easy to spot. So thank you very much for that tip. And as to, whether it go is tied up at the back or underneath. Are there any other - final questions really - apart from all the things you've said, advice on the best help that we can give to this your displaced persons, our guests that are coming to us in the UK?

Pavlo Kolesnyk: First of all. First of all, be aware that they, they already survived a big stress, a big stress, and this travel is also a big stress, losing their relatives, losing their men, their husbands, brothers, leaving them back home and without any contact or sometimes with contact, [01:14:06] but without knowing what is their future, knowing that it is a new country for them. I mean that would make some changes, psychological changes in their minds for example I told you about this hoarding, and this doesn't mean that they are greedy. They are just trying to collect something, to make some personal space for them and some personal goods for them to survive.

They are special, but they are very kind. They are hospitable. They are very, very good in communication, but they are afraid of worrying us very often. 'If I am being a person on in western Ukraine, I met a lot of friends, so I mean, I'm not afraid of foreigners', but if they are people from the eastern Ukraine or central Ukraine, sometimes they are, they could be more shy, less open. Or without language, language problems. [01:15:06] They would not get some good contact. That's why you would need some, some Ukrainian who would talk to them.

If they came from the Eastern region, you don't need Ukrainian speakers. You need Russian speakers because they mainly speak Russian and it could sometimes make them be more comfortable. I see the interesting thing here, they come to Ukrainian western region, and they know that we are Ukrainian speaking people. But Transcarpathia was famous for its hospitality and we used to speak different languages, even Hungarian, some parts of the population, still speak Hungarian. So we switch from one language to the other one, but we see that the refugees from the East, they try to speak Ukrainian, but I understand that they would rather speak Russian. And when we switch to the other

language, they are a bit amazed [01:16:06] that we can speak different languages, we are not so much dedicated or angry about their language. So, I mean it's not the case.



Most common native language in urban and rural municipalities of Ukraine according to 2001 census.

Michael Harris: So that's a tip for us, Pavlo, it's not just that we should try to get Ukrainian speakers, but we should also have some Russian speakers.

Pavlo Kolesnyk: Absolutely. Absolutely Russian, but I suppose Russian-speaking people, not Russians.

Michael Harris: Yes, not people living in Russia. But people that can speak Russian. That's really helpful. Thank you. Any other final tips?

Pavlo Kolesnyk: First of all, thank you for your support. Thank you. And I would like to welcome those brave men who would like to come to my western part, which is actually, [the doctor] from France, he told me that, you know, they think that he is a brave like a hero. [01:17:06] He said that it's not the heroism to come to Western Ukraine, which is still safe and nice and hospitable. So why should they consider [it]? I mean, it is a nice, protected region and I would be happy to work with the experts here to show the expertise, I mean, to share this expertise with my residents, to show because it's something very available for us to, to know, and maybe not only for us, but also for your experts who would be maybe who would some enrich them, their experience in this field, you know, actual disaster. Fortunately it doesn't happen very often, but you know, it's something to learn from it.

Michael Harris: And if we have colleagues here that say yes, I'd like to help like to do something. What's the best way for them to is to contact you or is it another organisation that they can contact?

Pavlo Kolesnyk: I suppose we can contact personally because I am responsible [01:18:06] for this collaboration in this region. Maybe we could find other people in the other regions. I mean, I have a have a person from Iraq who works with 'Doctors Without Borders' in the Eastern region. I mean, there is a train shuttling from Dnipro to Lviv. I mean, this could be an option for Doctors Without Borders who know war medicine. What we as civil doctors, and knowing civil medicine, which is also very needed in this region, we would need experts in civil medicine, in family medicine in some, some maybe disaster medicine, but in this field, I mean the refugee health and also the rehabilitatologist in any field like physical, psychological and it is really very important, because I understand [01:19:06] that now, having no experience in this, people could invent something like invent the wheel, invent the Ukrainian wheel. But if there are evidence-based specialist who could help us, I suppose it could be a very nice experience for us to work. In any way, maybe online...

Michael Harris: So sorry. Can you say that again? I shouldn't have interrupted.

Pavlo Kolesnyk: Maybe online or maybe offline [face-to-face]. I mean if people are brave enough to come, they will be welcome here. Online is also an option.

Michael Harris: Okay. So very few people here speak Ukrainian or Russian. So they say, well...

Pavlo Kolesnyk: We will support them with Ukrainian, I mean, residents [junior doctors] who speak both English and Ukrainian, and they could be their interpreters. And also for them, it will be a beautiful opportunity to collaborate with the foreign expert.

Michael Harris: Thank you. So, thank you very much. So, Dr [01:20:06] Pavlo Kolesnyk, thank you very much for letting me talk to you this morning. And I know how busy, and how huge your workload is and the amazing work you're doing, and you really are a hero. So thank you for spending an hour and a half with me today talking through these things, and I'll work out how we can best use all this really helpful information you've given us to set up our own system here. Thank you very much.

Pavlo Kolesnyk: Thank you very much, Michael, and it was a pleasure to talk to you. You are a wise man. My favourite friend, you know, and I always was very happy to work with you, but in this interview you were really perfect interviewer, and if you could compose it in some Word document, I would appreciate if you could share. Because for me it would be some document, which I can share also with other colleagues. Because I've got a lot of questions, [01:21:06] like you asked me about this or that, and maybe it could be like a like a general information or general tips from the doctor from Ukraine. And I suppose, maybe you could be even published like an article. I don't know where, but I mean, like an

article what differences and similarities and what are tips for the for the Ukrainian refugees' medical help.

Michael Harris: Thank you. I will do that. I hope my recording is working well, in which case, it will be easier for me to write it up and send you a copy and I'll stop the recording now, before you say any more nice things about me.