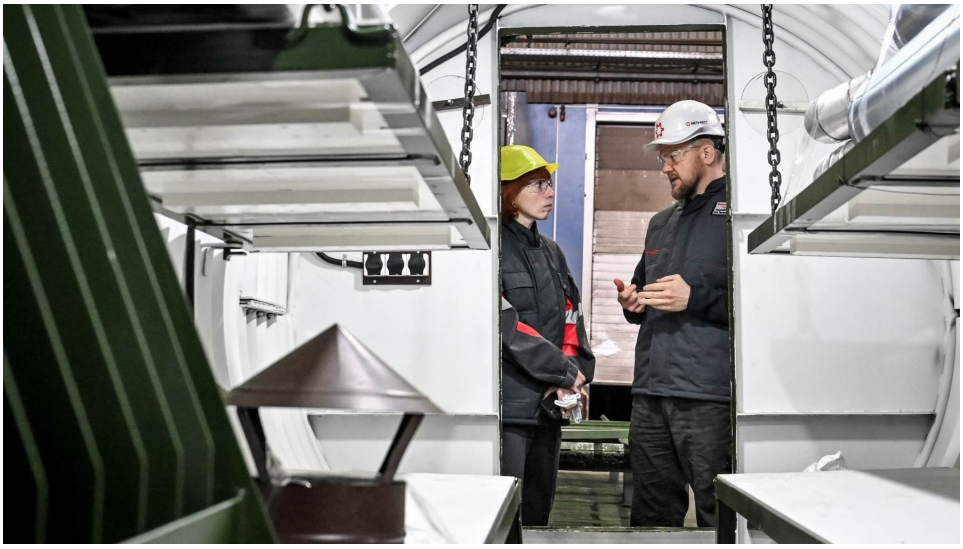
April 25, 2025

Ukrinform: The Toll Runs Into Thousands. How Metinvest's Underground Hospital Is Saving Soldiers' Lives

Ukrinform correspondents have visited Ukraine's first underground hospital, built by Metinvest Group near the front line, and reported on the work of military medics, the hospital's capabilities and plans to create new facilities.



Ukraine is the first country in the world to deploy an advanced surgical unit underground, and it has already saved numerous soldiers' lives. Doctors refer to this 500-square-metre

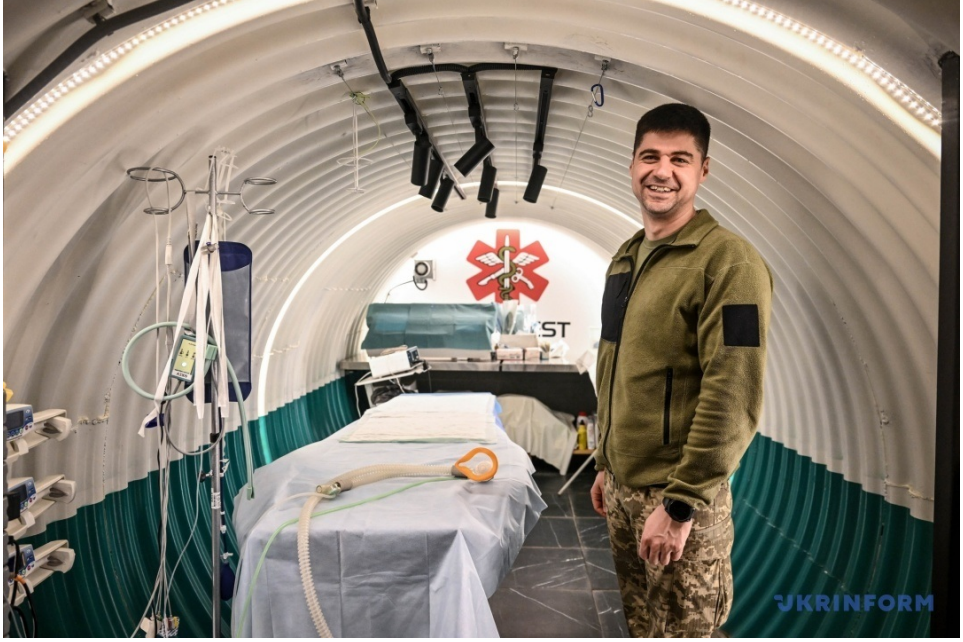
underground medical hospital

as the "underground" (a nod to the English word meaning clandestine or something that contradicts the established codes of society). Everything here is truly not what everyone is used to. The hospital is six metres beneath the ground, fully autonomous and as concealed as possible for security reasons.

Roman Kuziv, commander of the "East" medical forces group of Ukraine's armed forces, initiated its creation. Ukrinform correspondents spoke to him en route to this unique medical facility. For security reasons, nothing is disclosed that could reveal its location.

Medical "underground" as know-how

Roman said: "Some told me that I might be crazy. But once they saw the effectiveness of such facilities, they devised plans to deploy two more in other areas. This is our trademark. We are the first in the world to move an advanced surgical unit underground. There is experience in Israel, which located a hospital underground, but that involved ready-made infrastructure. This is correct, but our task is different: we must provide assistance near the line of contact, we need to adapt to the conditions."



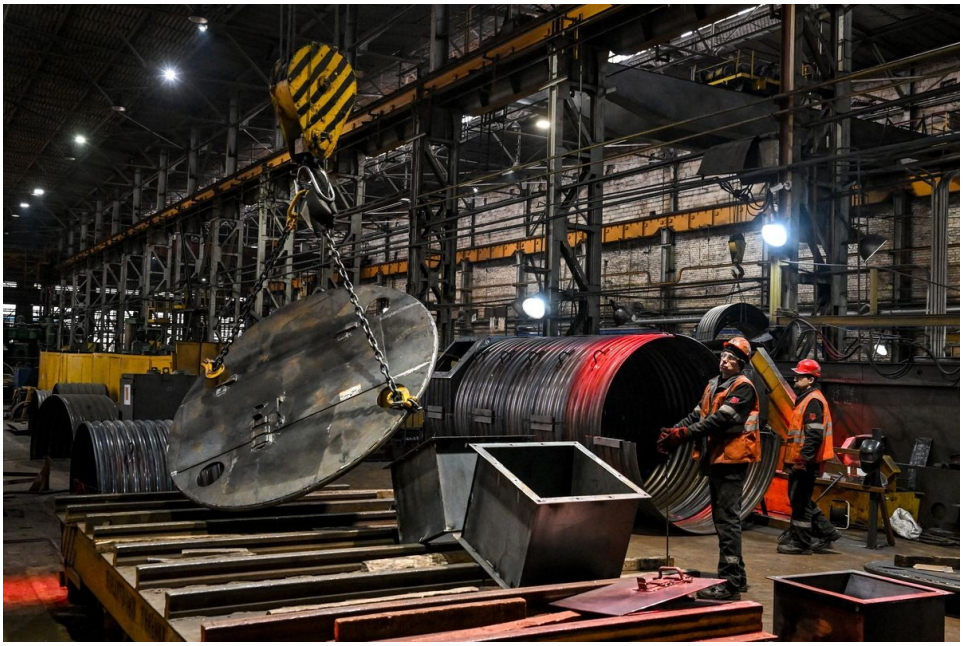
Roman noted that the underground advanced surgical unit is a prototype of a large city emergency hospital performing tasks in an area of active hostilities. The surgical team is capable of providing a very wide range of emergency surgical medical care. If necessary, specialist doctors such as neurosurgeons will be brought in.

He explained: “Why was the decision made to go underground? We cannot stop a surgery, for example, during shelling. At the same time, medics cannot protect themselves, and the enemy does not comply with the Geneva Conventions. The enemy shelled one of our points in this area 16 times. That is why the decision was made to move underground.”

Roman saw a model of a similar underground facility at the front line: a small command post headquarters. That is when he thought: if a headquarters can exist underground, why not an operating or a treatment room as well?

Testing with mines and TNT charges

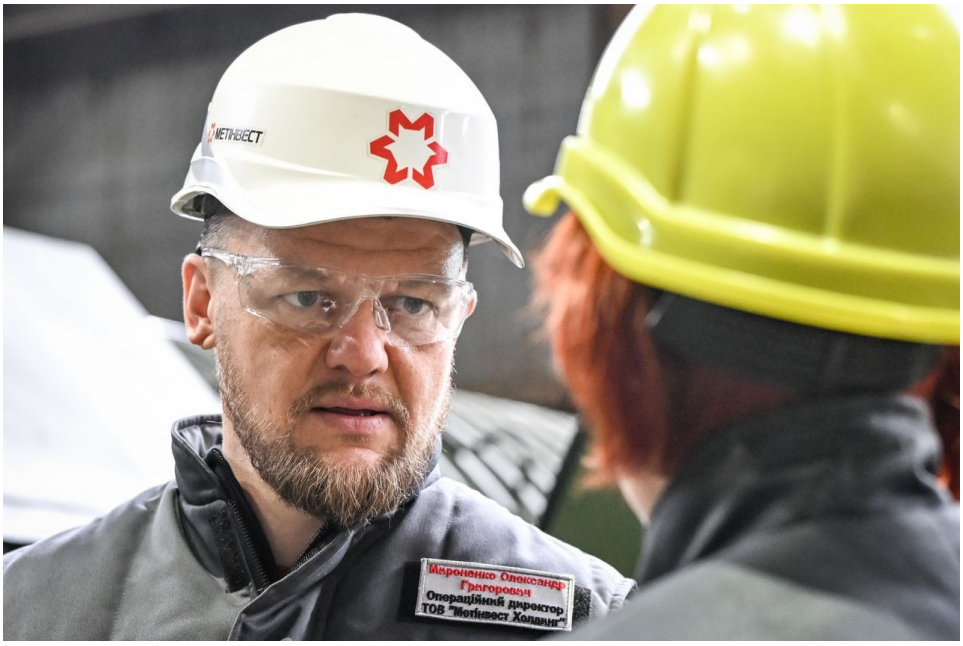
The underground hospital — like the command post mentioned above — was built by Metinvest specialists at non-industrial sites specially arranged by the Group outside its main production facilities. Before heading to the hospital, we visited the place where it had been created.



Oleksandr Myronenko, the Group’s chief operating officer, said that the request from medics came some time ago.

He noted: “‘These are old Soviet designs that we have improved. This is our know-how. The need for hospitals is measured in dozens. There is a need to dig in, and the deeper, the safer, given the means of destruction used by the enemy.”

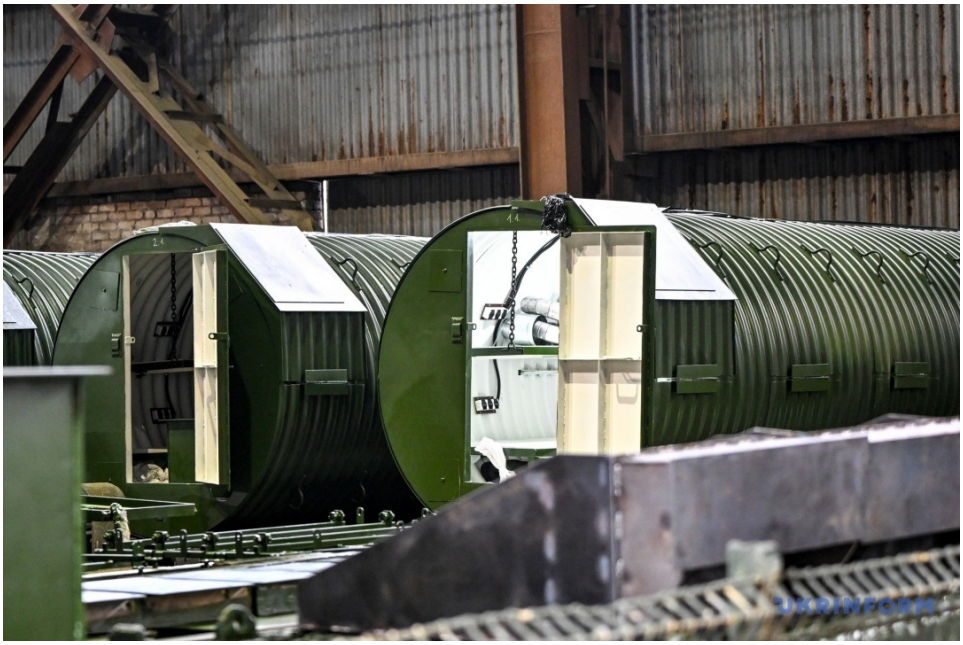
Oleksandr explained that after speaking with military medics, the idea emerged to create a special structure designed exclusively for medical purposes. The project was developed together with medical forces. The basis was the “barrel” or “hideout” — the name given to the structures that make up a hospital — with the appropriate infrastructure. The first, and so far the only, operational model was launched in early August 2024.



As mentioned, the hospital is six metres deep, and it is carefully covered with several layers of timber and soil. Inside, it has a laboratory, a separate generator room, a sewerage system and an independent well. It is a fully autonomous hospital.

Oleksandr, who oversees Metinvest’s own steel production as part of Rinat Akhmetov’s Steel Front military initiative, explained: “The Group invested UAH20 million in the hospital, including UAH7 million for medical equipment and UAH13 million for “barrels”, interior fit-out, timber and construction work. We carried out land work, timber installation, well drilling and the construction of a generator facility. We have now agreed a plan with the medical forces and hope to open a second hospital in one area in May and a third in June. They will be of a slightly different format. In agreement with the medical forces, we have introduced some structural modifications. They will be smaller — 250 square metres — and more compact. It is also a solid structure that will provide both safety for doctors and extensive opportunities for treating the wounded. The hospitals cost between UAH12 million and UAH15 million each.”

The engineers involved in the project development said that during the certification process, a series of tests proved that the structure could withstand a 120-mm mine, an 80-mm mortar and an anti-tank mine. In addition, three explosive charges — each containing 8 kilogrammes of TNT — were dropped on it from a drone.



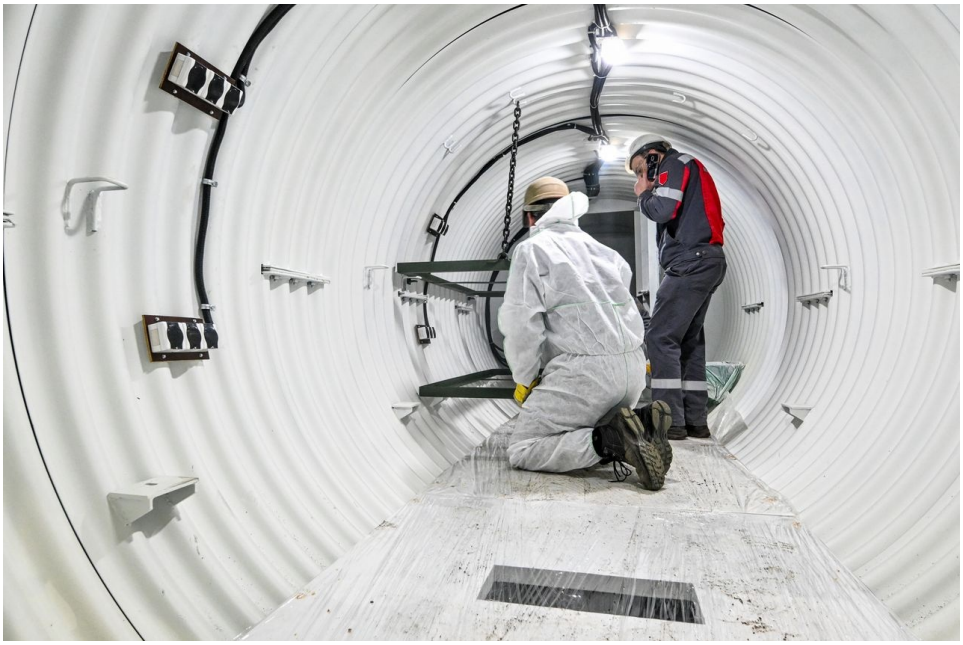
The Group stated: “There is no damage inside.”

Oleksandr said that he was impressed when he heard how many soldiers’ lives have already been saved thanks to

the conditions created for the full-fledged, high-quality work of medics. He noted: “The toll runs into the thousands.”

The Group is also producing steel dugouts where soldiers can rest or hide from shelling. We saw with our own eyes how these “barrel dugouts” and the “barrels” — which will soon become parts of underground hospitals — are being made.

The “hideouts” are first literally rolled from steel and then assembled like a giant construction set. Everything in the steel shelter is thought out to the smallest detail: the number of sockets and their placement, lighting, emergency exits, the width of a shelf and height of the chain that holds it.



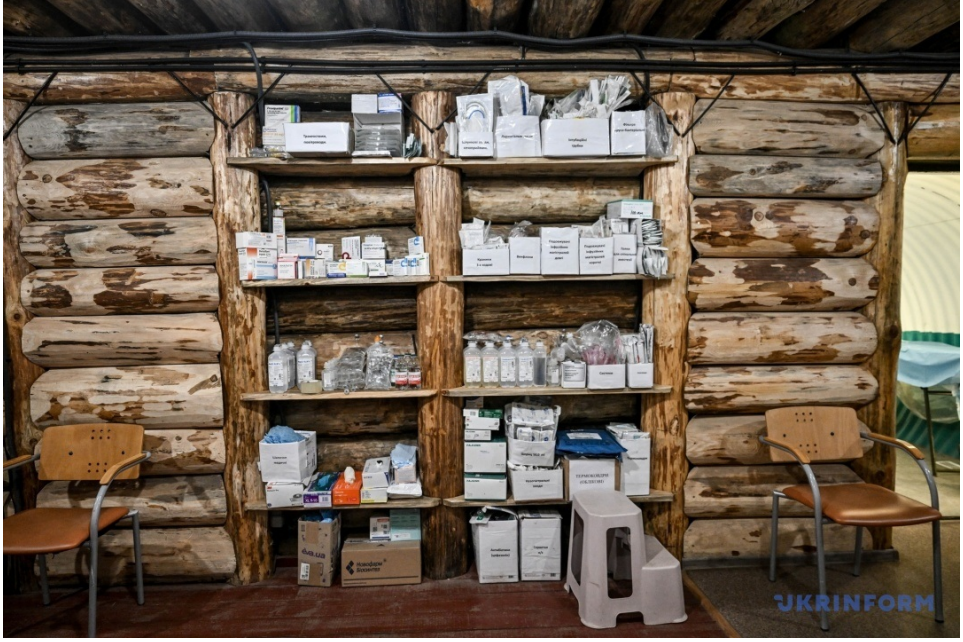
“Medical javelin” and who is in charge of the underground hospital

Roman Kuziv noted that thanks to the efforts of the Group’s representatives and the involvement of medical forces specialists, the hospital’s configuration has been modified around ten times.

He said: “Personally, I wanted vehicles — the ambulance itself — to be able to drive in. But later I realised it was my mistake. Because it meant visibility. Now, I am critical of that decision.”

Meanwhile, we have arrived at the spot and are descending through a special corridor that has just been acknowledged as a “mistake”. And here before us is the field “reception” unit, where patients are triaged as “red”, “orange” or “green” depending on the severity of their injuries.

Roman said: “Anything you can think of in your head is definitely here. It is extremely difficult to surprise our doctors. But, as they say, practice is a form of noble slavery. A military medic does not work eight hours a day: they live in it. And the most important thing is not to develop a God complex: you must not think that you can do everything. There must always be someone nearby to ‘adjust the crown’.”



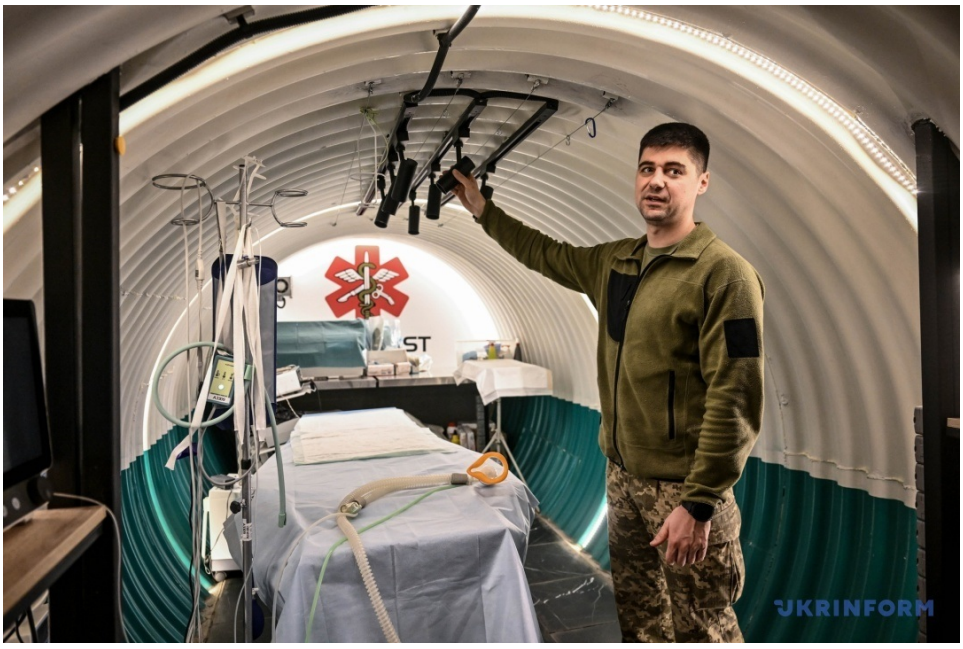
He did not give prior notice of our visit, so no guests were expected.

The surgeon, anaesthetist, operating nurses, orderlies and drivers were all busy with their own tasks. They are not allowed to surface to avoid being spotted by enemy “birds”.

After greeting the surgical department staff, Roman takes us on a short tour. We begin with the operating theatres.

He noted: “The hospital is equipped with everything necessary, it is the benchmark. Everything that can be done in a city hospital in terms of emergency surgery can be done here. Its capacity is up to 200 patients a day.”

Instead of operating lamps, the hospital uses furniture-style lamps, but ones that allow the light to be adjusted at various angles to where it is needed.



It takes less than half an hour to transport a patient from the front line to the hospital, provided that drones are not interfering. However, currently, FPV drones are responsible for a third of the injuries sustained by soldiers, so it is unwise to count on their absence.

Next comes an anti-shock table and an operating room. The state-of-the-art equipment includes a device that enables doctors to perform surgery anywhere. Medics call it the “medical javelin”.

The hospital has an intensive care unit where severely wounded patients on ventilators are awaiting evacuation. Each room has an emergency exit.

I asked: “Is this safety?”

The commander of the “East” medical forces group explained: “Yes. So that the facility can be exited from any