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Marianne O'Hare: Welcome to Conversations on Health Care. This week, we welcome Ukrainian physician and family medicine professor, Dr. Iryna Voloshyna, on mounting challenges providing care in her war-torn country.

Dr. Iryna Voloshyna: So, my patients have no any possibility to obtain life-saving medication, normal food, and usual human facilities.

Marianne O'Hare: Lori Robertson joins us from FactCheck.org. And we end with a bright idea, improving health and wellbeing in everyday lives. Now, here are your hosts Mark Masselli and Margaret Flinter.

Mark Masselli: It's been a little over a month since the world watched in shock and horror as Russia invaded Ukraine. Over 10 million Ukrainians have been displaced, and 3.5 million people have fled the country. The World Health Organization says the only real solution is peace.

Margaret Flinter: Here to help us understand is Dr. Iryna Voloshyna. She is a professor in the Family Medicine Department at a state medical university in Southeastern Ukraine, which is not too far from where some of the most intense fighting has been occurring. She also serves on the board of the nonprofit Academy of Family Medicine of Ukraine.

Mark Masselli: Well Doctor, thank you so much for taking the time to be with us. Maybe you can just share with our listeners where you are at the moment and how is your community holding up at this time.

Dr. Iryna Voloshyna: Hello everyone. Dear colleagues, thank you for invitation. And first of all, I would like to express my appreciation for your attention, and ensure that I am in safe place now. I cannot say anymore. Everything is much worse than you ever can imagine. And horrible mass murder of children [PH], population in Ukraine, military, disruption of our country, violence, that is now reality in Ukraine. My native community has suffered so much from Russian military occupation, who totally blocked cities with population over 100,000 people. So, my patients have no any possibility to obtain life-saving medication, normal food and usual human facilities.

Our Ministry of Health, international partners and volunteers try to help as much as they can, but more than a month we cannot stand to block communities, even [inaudible 00:02:36].

Margaret Flinter: Well, Dr. Voloshyna, as a medical school professor, I know that you must have trained so many physicians and maybe other health care workers as well throughout the country as primary care providers. What are you hearing from them? What are the stories that you are hearing from your former trainees?

Dr. Iryna Voloshyna: Actually, you are absolutely correct. We have in Ukraine more than

23,000 registered primary care doctors and twice more family nurses. Me and my colleagues from Academy of Family Medicine of Ukraine really trained lots of them, and now we have an extensive network of medical professionals who give now strong support for our patients and coordinate lots of humanitarian packages. Before 21st of February I was fully engaged in educational projects, and I am proud to represent professional society of family doctors in Ukraine. And in this March we had to provide a big [inaudible 00:03:50] with invitation of my primary care colleagues from [inaudible 00:03:56] medical universities, but our plans were criminally interrupted.

So, now I give warm greetings to all my colleagues, primary care physicians in Ukraine. Most of them for example, my PhD student Vand [PH] is back home now in Kyiv. Before this 21st February we started absolutely new project for Ukraine called Vaccination And Chemistry. I was in frontline of this project. So we have absolutely -- doctors have peaceful profession, but now we should take weapon and fight with enemy.

Mark Masselli: Dr. Voloshyna, your world, as you just said, changed so much from a month ago. I am just wondering how your morale and how your spirit of your fellow citizens is holding up. You know, we listen to President Zelensky talk and feel that sense of strength and independence from his voice, but we know you are also living in very difficult times. Share with us a little bit about your sense of the morale and spirit.

Dr. Iryna Voloshyna: My last course I have been taking called the Stress Management, and WHO organized ToT training for future trainers. So I am a trainer of stress management, and you know, now I understand all necessity of such courses like mental health care, stress management. So our morale state is quite strong. We try to be close to each other on social network, networking groups. For example, I have -- I joined the group of my course from medical university doctors, and we discuss lot of medical questions. We support each other. So, our morale stays quite strong. But I worry very much about my patients and about our doctors who are staying now in totally blocked and occupied territories. It is completely awful situation. There is humanitarian catastrophe, and it's real genocide because people completely lost even food.

Margaret Flinter: Well, Dr. Voloshyna, we have been following of course the World Health Organization reports that there have been 31 documented attacks on health care facilities with both injuries and deaths. I think we all were horrified by the attack on one of the maternity hospitals in particular. And I thought health care was usually spared. I wonder as your hospitals themselves are being hit, you know, life-saving places, critical moments, are you feeling that we are on the verge of a collapse of your country's health care system?

Dr. Iryna Voloshyna: Actually our health care system was built in very quick attempts, and we already have completely digitalized medical system. We have digital medical records. It was, to my mind, one of the best system even in Europe because I am in close communication with my colleagues from European countries, but believe me, our health care system for last five years was completely rebuilt. Lot of fantastic doctors joined the team. Now, we have a lot of problems with digitalizing because of very simple issue. In lot of our districts we even have no electricity, and that is a big problem because you have no electricity, you have no Internet. So, I am very grateful for example to Elon Musk who gave us Starlink, and I hope that we can join our medical electronic system to this Internet system.

And regarding the collapse, I cannot say that we are now on collapse level, but we urgently need to make more communication and give more rights, not only Ministry of Health, because there are so many requests from medical hospitals, from other little medical, even individual doctors, individuals who care about their patients. So, even our Ministry of Health with international partners, are not sufficient. So, I would ask to engage our NGO. We have a lot of NGO who can support our medical system and I would ask every international partners in terms of support of our medical system to make good communication and support in different ways.

Mark Masselli: Well, Dr. Voloshyna, that was a wonderful overview of the system. I think there is some comfort in a very difficult situation. I know how advanced Ukraine was in digitizing its records, and we know the NATO leaders are meeting and hopefully more supplies will be coming into the health care system, as well as to support the security of the country. We understand even before the war your country had a very high rate of TB, in fact one of the world's highest burdens of multidrug-resistant TB. We know infectious disease spread during mass movements of people. What can you tell our listeners about this part of the crisis that you are dealing with?

Dr. Iryna Voloshyna: Mark, you raise a very important issue, because really even before this February the rate of TB in Ukraine was six times more than in European Union countries. And it is my message to European countries who have allowed now for our people to live in your communities, I kindly ask you to open your medical system for examination of Ukrainian displaced people. Because in terms of TB, there is a very simple rule. As faster as you diagnose and recognize TB, as faster you get recovery and result and this person will be absolutely safe for society.

I know that those three million Ukrainian people who moved now in European countries, it is very hard for them to get medical system and examination in European countries. So, please give strong attention in

terms of diagnosis of TB in Ukrainian people because even TB in children is also quite high, and also multidrug-resistant of course. So, I hope that you help us. You know the right kinds of medication. You have this medication, so please help our people to treat them.

Mark Masselli: Yes.

Margaret Flinter: Dr. Voloshyna, I think people really will hear that call. I want to ask you about the people who remain in Ukraine and the supply chain. I figure out how many thousands or tens of thousands of people with diabetes remain in the country. For the people who require insulin, you have just described to us this situation where you have large areas with no electricity. You have the issue of getting insulin, and people with diabetes as an example. What is being done? What can be done to maintain the vital flow of medicine that is really required to sustain life?

Dr. Iryna Voloshyna: It is urgent question now, especially for some region, for several region of the [inaudible 00:13:33], for Chernihiv region because they are very hard to get the insulin and other vital medical supplies. And also for people with oncology disease, for example yesterday I received several requests regarding oncology drug treatment, but we can't physically give to our people this medication because there is no road, there is only military Russian soldiers who kill everyone who try to bring any box to our people. That is awful situation. And I can say that for example in non-occupied territories the situation is stable. They receive enough amount of vital medical supplies and change the game for our partners because in this month you can understand that any of our medical factory was not efficient to produce medication. So insulin and other drugs were kindly given from the partners.

I am sorry, that's my daughter.

Mark Masselli: No, that's great.

And you know, really just thinking about the supply chain for medicine, I also am just wondering about the basics of food and water, whether or not nutrition is becoming an issue. Maybe tell us a little bit about the nutrition, but also just the general health of young people. I think we all worry, you mentioned earlier about some of the training, first aid and behavioral health. What do we know about the needs of young people as well?

Dr. Iryna Voloshyna: Our young people, our children suffer so much, you even can imagine this. Actually, my daughter slept on the floor in the metro station in Kyiv almost more than one week. Then we slept on the floor in our bathroom. Every hour we have a notification of alert and we need to go down to the metro. So, our Ukraine is even now and has such scandal now. So any normal school lessons, any usual activity does

not exist now in Ukraine, and I understand those parents who have fought to let their children to go to safe place, but there isn't any safe place in Ukraine now, any.

And if we talk about food and water, I can say that even yesterday our organization, our NGO, sent more than 30 cubic meters of food and [overlapping] to region of Chernihiv because there is humanitarian catastrophe there. People even don't have usual food, not even to discuss medication. So there are lot of humanitarian crises in Ukraine now. Even near Kyiv region for example, [inaudible 00:17:30] completely destroyed, without mobile phones we didn't know, and we don't have any information what is happening there now. But when we receive even small request we try to react as quick as we can.

Margaret Flinter: I think it goes without saying that it is hard to grasp the sheer scope of this humanitarian disaster. And I know, it seems to me virtually everybody who's in the occupied areas in particular, are living in a state of trauma and responding as we know people do when they are traumatized. Some people's behavioral health status wasn't as strong to begin with, right? I wonder how you and your colleagues are working to maybe deploy additional help and support for people who are experiencing serious behavioral health distress. You need to make sure that you can triage a little bit, right, what kind of health care providers are available to take care of what groups of people. How are you pulling people into this work to provide really mental health care to people who are very traumatized right now?

Dr. Iryna Voloshyna: Margaret, the question of mental health is really acute. Now, in Ukraine, I am not sure if our medical students who only gained their diploma are experienced in giving mental health support. But I can say that last three years the World Health Organization provided a series of training as for primary care physicians in most, I think in most of regions in Ukraine. I was one of the trainer. We have strong support from our psychiatrists and psychologists. They are also quite experienced. Our social workers also have been trained to mental health program, mental -- it is called Mental Health Gap, maybe you know this guideline.

So we try to give our consultation to our patients according to this guideline, but I know that the requests for example for retired homes, from hospitals in small villages, are very, very high and intense in terms of psychotropic education. For example, there are balms and other medications which can be prescribed during acute stress and psychological trauma, and for people in deep depression. So, of course, we need to combine as pharmacological treatment as non-pharmacological treatment as well. And I hope that we can give it to our people.

Mark Masselli: And just one last question. I would be interested to know prior to the war, COVID pandemic was raging across Europe, and certainly the Ukraine faced the same crisis. What can you tell us about the status now in terms of the ability to assist people, or what the rate of spread is at this point, or is it too difficult to assess?

Dr. Iryna Voloshyna: For us, because I even in the night send to my patient electronic receipts and electronic referral to specialist for examination, so system is working now. And of course regarding – if we talk about COVID as a disease, of course there is I think no -- it is not countable at all, as well as the rate of vaccination. But before war, the rate of commitment in vaccination in our country was quite okay. It was over 15% of target population.

Mark Masselli: Great.

Margaret Flinter: Well, thank you Dr. Voloshyna. You have truly given us a window into the challenges you are facing, and our hearts and prayers go out to you and all of your colleagues. And thanks to all of you for joining us today. Thank you again, Dr. Voloshyna. We will thinking of you in the days to come.

Dr. Iryna Voloshyna: Thank you very much for invitation.

Mark Masselli: Thank you.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. Politics. Lori, what have you got for us this week?

Lori Robertson: Myocarditis, or inflammation of the heart muscle, is most often caused by a viral infection. Research shows that infection with SARS-CoV-2, the Corornavirus that causes COVID-19, increases the risk of Myocarditis across age groups. But Myocarditis has also been identified as a rare side effect of the mRNA Covid-19 vaccines. Most cases of vaccine-associated Myocarditis have been observed in adolescents and young males ages 12 to 24 following a second dose.

According to a Centers for Disease Control and Prevention study, post-vaccine Myocarditis is most frequent in males 16 to 17 years old, with about 106 cases per million doses in the US. That study, and others, have found that compared with classic viral Myocarditis, post-vaccine Myocarditis appears to resolve faster, and have better clinical outcomes, although investigations into potential long-term effects are ongoing. Symptoms such as chest pain, shortness of breath,

palpitations, or fatigue usually appear within a week of vaccination and resolve within a few days. Case studies show that most of them have recovered with rest and Ibuprofen.

No one in the US has known to have died from vaccine-associated Myocarditis according to the CDC as of January 13. In contrast, as of late February, there have been nearly 5800 COVID-19 deaths among people ages 18 to 29. However, the rare risk of Myocarditis continues to be misleading leaders to argue that COVID-19 vaccines are dangerous, and that young males and children are better off without them. The CDC concluded as recently as February 4th that the benefits of both mRNA Covid-19 vaccines far outweigh the risk of Myocarditis even in younger males. A benefit-risk analysis estimated that for every million males, these may be ages of 18 and 39 who were vaccinated with the second dose, about 1800 and 1900 hospitalizations would be avoided with the Moderna and Pfizer BioNTech vaccines respectively.

And that's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players, and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us at www.chcradio.com. We'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Pregnancy is normally an exciting time for most women, but according to the research, an estimated 10% of prenatal women experience some kind of depression during their pregnancy, and many are reluctant to treat their depression with medication for fear of harming the fetus.

Dr. Cynthia Battle: In fact, a higher percentage are experiencing lower grade depressive symptoms so they might not meet full criteria for a major depressive episode. But they are having significant symptoms so they are getting in the way of feeling good, and left untreated, those mild to moderate symptoms can progress, in some cases lead to a more serious postpartum depression.

Mark Masselli: Dr. Cynthia Battle is a psychologist at Brown University with a practice at Women & Infants Hospital in Providence. She and her colleagues decided to test a cohort of pregnant women to see if a targeted prenatal yoga class, which combines exercise with mindfulness techniques, might have a positive impact on women dealing with prenatal depression.

Dr. Cynthia Battle: There was a typical kind of Hatha Yoga that would include physical postures, breathing exercises, meditation exercises, and we enrolled 34 women who were pregnant, who had clinical levels of depression. They all had medical clearance from their prenatal care providers, and they would come to classes and we measured their change in depressive symptoms over that period of time.

Mark Masselli: Not only were women able to manage their depressive incidents, they also bonded with other pregnant women during the program and found additional support from their group.

Dr. Cynthia Battle: And the initial signs from this research are really encouraging. So we found that women on average were reporting that they were reporting much less.

Mark Masselli: A larger study with control groups is being planned with the assistance of the National Institute of Mental Health.

Dr. Cynthia Battle: Women who are depressed during pregnancy, unfortunately do often have less ideal birth outcomes. So, one thing we are interested in seeing is when we provide prenatal yoga program can it improve mood, and then can we even see some positive effects in terms of the birth outcome.

Mark Masselli: A guided non-medical yoga exercise program, designed to assist pregnant women through depression symptoms, helping them successfully navigate those symptoms without medication, ensuring healthier outcome for mother and baby, now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and health.

Marianne O'Hare: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at chcradio@chc1.com, or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.