

## HEALTH

**'A patient would beg ... Air, air, give me air'**

# Overburdened doctors in desperate fight ... It's like a war

CHERNIVTSI, Ukraine, May 19, (AP): A breathing machine at a Ukrainian hospital breaks down, leaving a coronavirus patient gasping helplessly for air. Dr. Olha Kobevko rushes from room to room to see if there is an electrician among her other patients who can fix it.

Eventually, she figures out a way to get the device working again on her own.

"We are like in a war situation here, like on a front line!" she exclaims in despair.

Kobevko, 37, is the only infectious disease specialist at the infection division of a hospital in the western city of Chernivtsi that is supposed to accommodate 60 patients but now holds about 100.

The deplorable conditions — broken or substandard equipment, a lack of drugs, low wages — reflects the meltdown of Ukraine's health care system, which has been quickly overwhelmed by the coronavirus pandemic even with the country's relatively low number of cases.

Ukraine's corruption-plagued economy has been weakened by six years of war with Russia-backed separatists in the east. President Volodymyr Zelenskyy's year-old administration inherited an underfunded health care system that was further crippled by a reform launched by his predecessor that drastically cut state subsidies.

It has left Ukraine's hospitals without vital equipment. The infectious disease wing of the main regional hospital in Chernivtsi was built more than a century ago when the city was still part of the Austro-Hungarian Empire, and it lacks a centralized oxygen supply system that is standard in any modern clinic.

The hospital's oxygen supply system is located in just one room, and nurses have to manually refill bags they call "oxygen pillows" every few minutes and carry them to patients elsewhere.

"A patient would beg, 'Air, air, give me air!' and there is nothing you can do," Kobevko said. "You just keep squeezing the bag, unable to

save a life. That is the most painful thing, and it costs very little to secure centralized oxygen supply."

The sound of coughs muffled by oxygen masks mixes with the squeaking of medical equipment in the hospital's old building as nurses rush through dimly lit corridors to change the oxygen bags. The air smells of ozone from the ultraviolet lamps used to disinfect the wards.

The critically ill are moved to a separate building that has a few ventilators, but it's also filled beyond capacity and cannot always accept new patients, even those in serious condition.

Ukraine has 18,291 confirmed coronavirus cases, with 514 deaths. Chernivtsi has 2,694 of those infections, a hot spot of contagion, along with another western city, Ivano-Frankivsk, 100 kilometers (60 miles) away, and the capital, Kyiv. Thousands of Ukrainians who had temporary jobs in Italy, Spain and other European countries returned home amid the pandemic and some carried the infection with them.

In the hospital's kitchen, workers nap on



In this photo taken on Saturday, May 9, 2020, ambulance medic Svetlana Padynich, puts on protective goggles at the start of her ambulance shift at an ambulance station in Chernivtsi, Ukraine. Ukraine's underfunded health care system was quickly overwhelmed by the coronavirus, with medics accounting for one fifth of all coronavirus cases in the country. (AP)

mattresses. But ambulance crews soon arrive with more patients, giving them little chance to sleep, even after an exhausting tour of duty.

Svetlana Padynich is a medic on an ambulance crew that brings in COVID-19 patients during her 12-hour shifts.

Lately, workers on the crews have been falling ill. A week ago, one died of pneumonia caused by the virus. Another four medics at her station also have come down with pneumonia but are in stable condition.

"We are experiencing a staff shortage," said Padynich, 42. "Half of ambulance personnel have gotten sick and those who remained have to carry a colossal load."

Padynich wears an FFP2 mask, which offers some but not complete protection, and she wears another medical mask underneath it.

"I understand that I'm taking high risks, but someone needs to work," she said.

Protective gear is in short supply, with most of it coming from private donors. Deliveries have been irregular.

**'We're very worried'**

## Virus sickens Brazil natives

MANAUS, Brazil, May 19, (AP): In the remote Amazon community of Betania, Tikuna tribe members suspect the coronavirus arrived this month after some returned from a two-hour boat trip down the Solimoes River to pick up their government benefit payments.

Dozens subsequently got headaches, fevers and coughs. Two died. And the five government medical workers for the community of about 4,000 are not treating the sick because they lack protective equipment and coronavirus tests, said Sinésio Tikuna, a village leader.

So the Tikuna rely on their traditional remedy for respiratory ailments: Inhaling clouds of smoke from burning medicinal plants and beehives.

The Tikuna's plight illustrates the danger from the coronavirus as it spreads to rainforest areas where tribe members live in close quarters with limited medical services. Most are reachable only by boat or small aircraft.

"We're very worried, mainly because help isn't arriving," Sinésio Tikuna said in a telephone interview.

Brazil has Latin America's highest COVID-19 death toll, with more than 15,000 as of Sunday. The country's hardest hit major city per capita is in the Amazon - Manaus, where mass graves are filling up with bodies.

As Sinésio Tikuna described in an interview his belief that beehive smoke saved four sick tribe members, there was no one at a Manaus hospital to help a feverish woman, struggling to breathe, make it inside the emergency room. A police officer put her on a gurney, wheeling it inside with an Associated Press photographer's help.

The indigenous people dwelling up the Solimoes and Negro rivers that merge in Manaus to form the Amazon River tried for weeks to seal their reserves off from the virus, pleading for donations while awaiting government deliveries of food so they could remain isolated. It didn't come for many, indigenous advocates said.

The Upper Solimoes basin has 44 tribal reserves and has emerged as the Brazilian Amazon's indigenous infection hotspot. Testing is extremely limited, but shows that at least 162 of the area's approximately 76,000 indigenous people have been infected and 11 have died. There are more than 2,000 confirmed infections in parts of the area not overseen by the government's indigenous health care provider.

In a Tikuna village named Umariacu near the border with Peru and Colombia, the first three COVID-19 deaths were elderly tribe members infected by younger members who left town to receive government welfare payments and trade fish and produce for chicken and other food, said Weydson Pereira, who coordinates the region's indigenous government health care.

"Our biggest anguish today is the indigenous people who aren't staying in their communities and coming in and out of town. Today the safest place for them is inside their villages," Pereira said this month, infected and isolating at home with his infected wife and daughter.

Two weeks of tribal quarantine for the region would have provided time to identify and isolate cases, but "unfortunately, that hasn't happened," he said.

In the same area, people of Kokama ethnicity have been unable to get medical treatment from health system in the small city of Tabatinga or from the government's indigenous care provider, federal prosecutors said in a lawsuit filed this week seeking to expand Tabatinga's hospital.

That hospital's 10 ventilators are in use for coronavirus patients and the nearest intensive care is 1,000 miles (1,600 kilometers) downriver in Manaus, also filled with patients, Pereira said.

Manaus' lack of coronavirus treatment prompted Pedro dos Santos, the leader of a slum named Park of Indigenous Nations, to drink tea made of chicory root, garlic and lime to combat a high fever that lasted 10 days. A 62-year-old neighbor of Bare indigenous ethnicity needed an ICU bed, but none were available and he died, said the man's son, Josué Paulino.

Some frightened residents of Manaus, population 2.2 million, are fleeing but they may be asymptomatic carriers and could spread the virus elsewhere, said Miguel Lago, executive director of Brazil's Institute for Health Policy Studies, which advises public health officials.

About 575 miles (925 kilometers) up the Negro River from Manaus is the community of Sao Gabriel Cachoeira, where people of 23 indigenous ethnicities make up more than 75 percent of the population.

About 46,000 live in the urban area and on rural reserves with frequent back-and-forth transit, said Juliana Radler, an advisor for the Socio-Environmental Institute, an environmental and indigenous advocacy group.



In this May 10, 2020 photo, Pedro dos Santos, the leader of a community named Park of Indigenous Nations, poses for a photo, in Manaus, Brazil. Manaus' lack of the new coronavirus treatment prompted Pedro dos Santos to drink tea made of chicory root, garlic and lime to combat a high fever that lasted 10 days. (AP)

Virus delivers devastating financial blow

# Health sector reels from COVID damage

WASHINGTON, May 19, (AP): The global coronavirus pandemic has created a huge need for health care in the US, but it also is delivering a devastating financial blow to that sector.

COVID-19 worries have kept patients away from doctors' offices and forced the postponement and cancellation of non-urgent surgeries. The pandemic also has shut down large portions of the American economy, leaving many would-be patients without insurance or in a financial pinch that makes them curb spending.

All of this has forced hospitals, health systems and doctors to lay off staff, cut costs and hope a return to normal arrives soon.

"You couldn't ask for a worse situation, really," said Joe Antos, an economist with the American Enterprise Institute.

Health care provided the biggest drag on the US economy in the first quarter. Spending on care fell at an annual rate of 18%, the largest drop for that sector among records going back to 1959.

Economists point to hospital systems, a key driver of the sector's performance, as a big reason behind the drag from COVID-19, which initially hit some parts of the sector more intensely than others.

The nation's largest hospital chain, HCA Healthcare, said its hospital-based outpatient surgery totals for last month were down about 70% through late April.

In many cases, hospitals that lose those profitable surgeries are gaining COVID-19 patients - and losing money on them. Those patients may require hospitals to expand intensive care units, spend more on infection control and stock up on gowns and masks, among other items.

The American Hospital Association estimated in a recent report that the nation's hospitals and health systems will collectively lose more than \$36 billion from March to June treating hospitalized COVID-19 patients.

When adding factors like lost revenue from postponed surgeries, the total balloons to more than \$200 billion, said the association. Congress has set aside about \$175 billion so far to help hospitals and other care providers, but the hospital association says more assistance is needed.

"We're facing perhaps the biggest financial crisis in our history," association CEO and president Rick Pollack said. From the doctor's office, the view also is bleak.

Dr. Seemal Desai said patient visits for his Dallas-area dermatology practice plunged about 85% after COVID-19 hit.

He started seeing patients over the internet with help from smartphone or tablet cameras. But that created fresh problems. Desai said some patients don't have the technology to do online visits. Others hesitate because they aren't sure their insurance will cover them.

Only about half the patients who were offered a telemedicine visit actually did one.

"You would think my volume would be shooting through the roof and people would be clamoring for it, but it's completely the opposite," Desai said.

The dermatologist cut expenses, including marketing, and he's reduced some employee hours.

Nationally, the health care sector shed nearly 1.5 million



Dermatologist Dr. Seemal Desai poses for a photo in the waiting room of his office in Plano, Texas, Thursday, May 7, 2020. Desai said that at this time of day, early afternoon, his office would typically be filled with several patients. (AP)

jobs from February to April, or about 9% of its total, according to the federal Bureau of Labor Statistics.

A big chunk of that came from dentist offices. Preliminary data shows that employee totals for that slice of the sector sank by more than 500,000, or 53%.

Overall economic growth, as measured by the gross domestic product, fell at an annual rate of 4.8% in the January-March quarter even though the severe impact of the virus was only felt in the last couple of weeks of March.

The current quarter is expected to be much worse. The Congressional Budget Office forecasts that the GDP will plunge 40%. That would be four times the largest drop on quarterly GDP records that go back to 1947.

Even so, health care researchers expect hospitals, doctor's offices and surgery centers to rebound gradually. But they're not sure yet how much patient volume will return.

People who have lost jobs and insurance coverage may not make doctor visits unless they absolutely have to.

The Kaiser Family Foundation recently estimated that nearly 27 million people - or about 8 percent of the US population - could have become uninsured at least temporarily between March and early May due to the loss of employer-sponsored insurance.

It also may take a while for some patients to become confident that a hospital or doctor's office is safe enough to visit without catching COVID-19.

"People are just afraid to go to any medical setting right now," Antos said, noting that the economy also could face another setback if infection rates spike again.

In Texas, Dr. Desai has pulled chairs out of his waiting rooms to increase social distancing for patients and staff. He's also asking other patients to wait in their cars until the exam room has been sanitized.

The dermatologist got some government assistance in the first round of payroll protection loans, and that will help him for a few more weeks.

But he's not expecting a quick rebound. It's hard to rebuild patient volume when only two people can be in the waiting room at the same time.

"After another month I honestly have no clue whether we will be able to remain open," he said.

## Europe to salvage summer vacations

ATHENS, Greece, May 19, (AP): Europe reopened more widely on Monday, allowing people into the Acropolis in Athens, shops in Italy, markets and museums in Belgium, golf courses in Ireland and beer gardens in Bavaria while its leaders discussed how to salvage Europe's hallowed summer vacations.

As nations carved out a new normal amid the coronavirus pandemic, the World Health Organization opened its main annual meeting - conducted online this year. Chinese President Xi Jinping was among a handful of world leaders expected to address the two-day online gathering that comes amid high tensions between his nation, where the pandemic began, and the United States, the country hardest hit by the coronavirus.

President Donald Trump, who has suspended US funding to the WHO and accused it of failing to stop the virus from spreading when it first surfaced in China, was not expected to address the meeting. Health and Human Services Secretary Alex Azar was to represent the US.

New infections and deaths have slowed considerably in Europe, where some countries started easing lockdowns a month ago and even the harshest shutdowns - such as those in Italy and Spain - have loosened significantly. Many nations are now preparing to open their borders next month, trying to sketch out the parameters for a highly unusual summer tourist season.

Germany's foreign minister, who was discussing the options Monday with colleagues from 10 largely southern European countries, cautioned that this year's holidays will be like no other.

"Even if a summer vacation will be possible elsewhere in Europe, which I hope, one has to say that this vacation this year won't be like the ones we know from the past," Foreign Minister Heiko Maas told ZDF television. "The pandemic is still there and we must at least have safety precautions for the worst case that the figures get worse again."

More than 4.7 million people worldwide have tested positive for the coronavirus and over 315,000 deaths have been reported, according to a tally by Johns Hopkins University. Those figures are believed to understate the true dimensions of the pandemic because of limited testing, differences in counting the dead and concealment by some governments.

The US has reported almost 90,000 deaths and Europe has seen at least 160,000 dead.

Greece reopened the Acropolis in Athens and other ancient sites, along with high schools, shopping malls and mainland travel. Paving stickers were used as markers to keep visitors apart outside the Acropolis. Tourists were local, for the country still has a 14-day quarantine for arrivals, and travel to the Greek islands remains broadly restricted.

Authorities are keen to reopen the vital tourism sector, following a warning by the EU Commission that Greece is likely to suffer the worst recession in the 27-nation European Union this year.

Greece's public beaches reopened over the weekend amid a heatwave with strict social distancing rules, but buses from Athens to the nearby coast were crowded.

In Belgium, more students returned to school, hairdressers began clipping locks again and museums and zoos opened their doors, all with strict reservation systems to avoid overcrowding. Hoping to make the most of the sunny weather, open-air markets started selling their plentiful spring fruit and vegetables.

Golf courses and garden stores reopened in Ireland but Health Minister Simon Harris said he's still nervous because the virus hasn't gone away. He hoped that social distancing and other measures will make more normalcy possible.