

PANDEMIC POLEMIC: UMANA IN THE TIME OF CORONA

By George Hrycelak, MD

It is definitely not the best of times, and we don't know yet if it will be the worst of times, but it surely looks like "the times they are a-changin'".

Just 2 months ago UMANA was functioning normally, preparing to celebrate 70 years of continuous service, planning its 2021 Assembly of Delegates and Scientific Convention. Our new executive secretary Dinya Zajac was getting comfortable with members names and the office routine. Member's dues were steadily arriving, and no controversies were brewing. The next issue of JUMANA was about to be published. Then: CORONAVIRUS!

Now everyone is staying home, businesses are shut, social distancing is the norm, and the economy has tanked. As human beings, UMANA members are not immune to this calamity, and are impacted by all of the medical, social and economic turmoil. In this humanitarian context, we wish everyone and their families and friends safety and good health.

But UMANA consists of health care professionals; physicians, dentists, pharmacists, nurses, psychologists, specialists in many other aspects of the healing arts. The nature of their profession puts them in a unique spot: the arena of operations in the battle with COVID-19. They are the ones treating patients while many of us are quarantined at home. They are the one exposed to

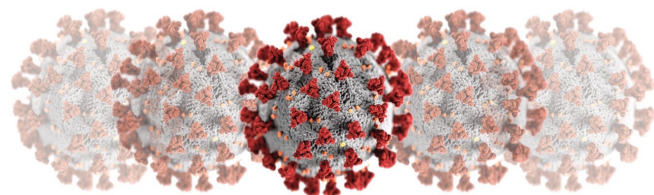


daily risk and danger, performing their duties in a risky milieu. Their commitment and devotion should be recognized as leaders in the field of attending the afflicted and ministering the sick.

This issue of UMANANews is dedicated to the stories ripped from the front lines of the assaulting virus. Many members have been affected, some directly, some by collateral damage in the viral war. Each story is different; each experience is personal; each experience will be remembered long after coronavirus is conquered.

In this issue, read your colleagues missives. You can feel proud that you belong to a 70-year old association whose members are standing up to the rigors of this pandemic. You can view the impact of the pandemic on your colleagues, their practices, their patients and our association.

Keep in contact with each other, learn from each other, and stay safe and healthy!



EXPERIENCES WITH COVID-19: Members' Perspectives



Boris BUNIAK, MD, Gastroenterology (Syracuse Branch)

With the implementation of pandemic restrictions, patient visits to my practice dropped by 70%. Most of my staff was furloughed, while others worked part-time. Waiting rooms, cafeterias and hallways are eerily empty. Treatments are now determined using telemedicine, hence barring any diagnostics or examination. Several patients developed difficult to control flares in ulcerative colitis after suffering with presumed COVID-19 infection. Due to delays in seeking medical attention, patients arrive to the hospital critically ill with GI bleeding, hepatic encephalopathy or tense ascites. Patients suffer without the support of loved ones, because visitors are not allowed. Dedicated hospital staff attempts to fill this void but are overworked and alarmingly short-handed. My daughter, a second-year Nursing student, was called in with her cohorts to work in the hospital due to shortages in staff. Both of my sons, residents in Internal Medicine, are battling COVID-19 in the pandemic epicenter(s) of Brooklyn and Long Island. Each day, a cough or headache raises our concerns for acquiring the virus and facing its consequences. Fortunately, I tested negative for now. Purchased 5,000 N95 masks for our staff and remodeled our surgical suite to accommodate social distancing. Praying this pandemic will soon be over.



Nicholas BUNIAK, MD



Marta CYBULSKY, MD, Resident (Montreal Branch)

I am starting my 4th year (5yrs in Canada) of residency in OB-Gyne this July. Things have certainly slowed down. I'm starting my gyne oncology rotation next week, where some services have been cut, but there is still quite a bit going on. There are no elective surgeries happening, so gyne surgery is mostly on hold, but OB is still running business as usual. I reached out to Darya Naumova and the COVID Health Literacy project and I was able to distribute Ukrainian and English language COVID-19 fact sheets within the Toronto community.



Marko FARION, DDS, Dentistry (Michigan Branch)

The COVID-19 Pandemic and resulting shut down of offices have posed unique challenges for dentists. Although the office had to close its doors for routine preventative dental visits, we are still fielding emergency calls.

Due to the 99% reduction in patient volume, the economic impact is significant. However, the bigger issue is obtaining the necessary PPE required to safely treat emergencies. The main concern with infection control is protection from aerosols created by the handpiece in the oral cavity, prompting the change of standard PPE from Level 3 masks to N95 masks along with face shields. I placed an order for N95 masks about 8 weeks ago and am still waiting. Recently, kn95 masks have also been approved, but I was only able to obtain a modest amount at an inflated price.

We are currently triaging emergency patients when they come in: taking their temperature and asking several pertinent questions. If they present any COVID-19 symptoms, we send them next door to the hospital ER – otherwise we proceed to an operatory and address the dental issue. I have had to do several surgeries, but typically I am just scripting out and having them return later. A big issue is the fact that many cases with rampant caries, deemed “routine” and not allowed, have the potential to turn into dental abscesses or worse – becoming unrestorable. These and other patients waiting to improve function are the forgotten patients.



Olena GORDON, MD, Family Medicine (Illinois Branch)

I am primary care provider. During this time my practice volume decrease by 50% or more, but I didn't close my clinic. We are open, with decreased office and staff hours. We are following all CDC recommendations but it's hard to keep up since they are changing their recommendations all the time.

I am doing mostly telemedicine and seeing non urgent patients at the clinic except fever, respiratory infection, or symptoms that may be caused by COVID-19. We are doing extensive screening by phone before the patient comes in. Hopefully COVID-19 pandemic will end soon and everything will get back to normal.



UMANA News

The Newsletter of the Ukrainian Medical Association of North America is published quarterly by UMANA with the objective to promote good fellowship and to uphold and enhance the best interests of UMANA. The newsletter serves as an impartial forum for the information for its members. UMANA cannot guarantee the accuracy of all information contained herein. Some information has been obtained from third party published and oral sources and may not have been independently verified. The treatment of articles, view, and opinions expressed in UMANA News is not necessarily endorsed by UMANA.

Distributed to members and friends of UMANA

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The Ukrainian Medical Association of North America

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President's Message

In the past weeks, our world has turned upside down. When writing my previous president's message in February I could not have imagined the crisis that COVID-19 is going to cause. We have been operating at an intensity level, professionally and personally, that most of us have never before experienced. While we have had to settle into a new reality, it is important to recognize that this new normal is far from normal. Our daily lives and routines have been disrupted, we have seen patients, friends, family and colleagues become sick, and we have been physically separated from our loved ones. At work, we push all of that aside to care for members of our communities and colleagues who have COVID-19, many of them critically ill. It is a lot to manage emotionally.

How timely and relevant was **Dr. Ihor SAWCZUK's** outstanding keynote address at our biennial convention less than 1 year ago? Physician burnout has become even more relevant in the COVID-19 era!

I have been in communication with many of our members since this pandemic began. I could not be more proud of all of our member healthcare providers and I am extremely thankful for all of you. Examples, to name a few, include:

-Emergency Department physician **Andrew LITEPLO, MD** at Massachusetts General Hospital, who gave an excellent lecture about POCUS at our Scientific conference last year; please support our Scientific conferences!

-Resident physician **Maya STAWNYCHY, MD** who just started ER residency at University of California in San Diego, recent recipient of our UMANA Foundation scholarship; please support our Foundation, your donation will go a long way!

-Well renowned UMANA Member, former acting Surgeon General of the United States, **Boris LUSHNIAK, MD**, who eloquently spoke on CNN in length about the COVID-19 pandemic; please support leaders of our Ukrainian medical community!

-Members of UMANA and AUMF (American Ukrainian Medical Foundation) who created an excellent Ukrainian YouTube lecture "COVID-19 Пандемія" for Ukrainian speaking audience both here and in Ukraine; Please support cooperation between different Ukrainian American medical organizations!

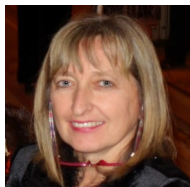
This list can go on and on! Unfortunately, I cannot mention all of you, physicians, nurses, healthcare providers, members of UMANA who are on the front lines of this pandemic. We are hoping to hear more from you as you share your personal COVID experiences. I am also proposing to add a tab to our web site called "COVID Hub" where we can post your challenges as well as recommendations for coping with COVID-19 stress. Hopefully this tab will be only temporary!

As we continue to move through this challenging time, I urge you to please find ways to take care of yourself, and tend to your physical and mental health. We are all in this together!

Sincerely,
Petro Lenchur, MD

EXPERIENCES WITH COVID-19: Members' Perspectives

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Maria HRYCELAK, MD, Pediatrics (Illinois Chapter) Most pediatric patients have not been directly affected by COVID-19. Unfortunately, parents and caretakers have been exposed. Consequent-

ly our 4-doctor practice is operating at 40% of our usual schedule. We are not permitted to round on newborns in the hospital. Since newborns are being discharged sooner, we have had to monitor bilirubin levels after hours to prevent visits to labs or ED and risk increased exposure. Social distancing has greatly reduced "sick" visits, with virtually no calls about fever,



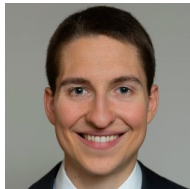
otitis media or strep throat. We have started telemedicine but with the onset of the stay at home order, we have seen these visits also decline. Of interest, the stay at home order has resulted in an increase in trauma; lacerations, fractures and falls. Last year we reduced 2 nursemaid's elbows in the office. So far this year, we've reduced 5. These numbers will naturally increase with the warm weather.

Nurse drawing bilirubin on Sunday to avoid sending 2 day old to the hospital laboratory.

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Michael KOCHIS, MD, Resident (New England Branch)

As a graduate of Harvard Medical School and general surgery resident at Massachusetts General Hospital, I led a team of classmates in developing a free online curriculum on the pandemic for medical students and professionals. Its eight modules, covering everything from basic virology to health policy to medical ethics, are faculty reviewed and updated regularly. It has been accessed by tens of thousands of users from over 100 countries globally and translated into over 15 languages. The curriculum can be accessed at:

<https://curriculum.covidstudentresponse.org/>

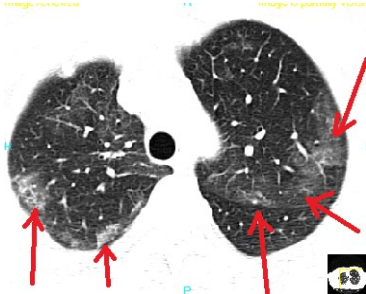


George KURITZA, MD, Radiologist (Illinois Branch)

At Edgebrook Radiology – an independent outpatient imaging center in Chicago, I've seen a couple of patients presenting for CT scans of the lungs with imaging findings highly suspicious of COVID-19 Coronavirus.

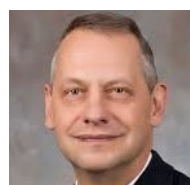
Here is an example of classic findings, including:

scattered patchy diffuse opacities/infiltrates noted throughout both lungs. I've kept the clinic open with very limited hours – one or two half days per week for only CT, MRI, Xrays. No ultrasound, mammography or nuclear medicine until the quarantine has been lifted.



Michael LEWKO, MD, Gerontology (NY Metro Branch)

Since the COVID-19 Pandemic has particularly affected the elderly, as a specialist in Gerontology I shared an interview recently on Kontakt Ukrainian TV on the topic of Coronavirus and Ukraine. Hopefully, sharing our experience will help improve Ukraine's approach to the diagnosis and treatment of this disease. <https://www.youtube.com/watch?v=k--a7VuUao8&feature=youtu.be>



Boris LUSHNIAK, MD, Public Health (Maryland Branch)

Dr. Boris Lushniak is the former Acting Surgeon General and Dean of the School of Public Health at the University of Maryland. Dr. Lushniak recently was interviewed by Christiane Amanpour on CNN explaining COVID-19 and Pandemics. You can view the interview at:

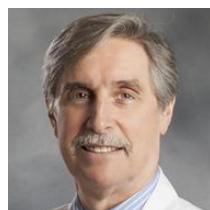
<https://www.cnn.com/videos/tv/2020/03/24/boris-lushniak-amanpour-coronavirus-health-economy.cnn>

Ivanna MURSKYJ, MD, Resident (Michigan Branch)

COVID came to Detroit like a hurricane. As an Internal Medicine resident working in the inpatient unit, I was immediately thrown into the storm. As the first patients were admitted to our floor, we



were quickly overwhelmed with the acuity of COVID patient care. We called Code Blues daily. It was chaotic to keep up with the daily, even hourly updates regarding treatment protocols and guidelines for PPE. From a medical perspective, it was fascinating yet terrifying to witness how rapidly the recommended treatments changed. In the Intensive Care Unit, almost every patient we treated suffered from advanced COVID and associated complications. Especially in the ICU, I feel that the patients endured the most dramatic change in the healthcare experience. With strict visitor restrictions in place, it was agonizing to watch patients suffer and die without family at their side. I'm eternally grateful for the nurses who spent the most time with these patients. As a medical resident, this experience was and continues to be trying, but I'm grateful for having an encouraging community and supportive leadership in my residency program.



Leo MURSKYJ, MD, Intensivist (Michigan Branch)

We are living in extraordinary times – as consequential for the nation as 9/11 was. Our approach to healthcare as a nation may be changed forever. Indeed, caring for critically ill patients in intensive care units (ICU) has become much harder on medical

staff, support workers, the patients themselves, as well as their families. I've been practicing as an intensivist for 30 years and have not seen so many severe and difficult cases of respiratory failure and acute respiratory distress syndrome (ARDS). There are three main reasons why caring for critically ill patients with Covid-19 induced ARDS is more challenging: the nature of the disease itself, the number of patients, and the restrictions in taking care of those patients.

The first difficulty in treating ICU patients comes from the character of respiratory failure. COVID-19 affects lungs differently than most types of ARDS, which we generally know how to treat. Optimal ventilator settings and when to apply them are in evolution. We rely on very limited data published on COVID-19 treatments, others' experience and anecdotal evidence as to whether use antibiotics, steroids, hydroxychloroquine, heparin, etc. Sadly, many of these patients require weeks of mechanical ventilation with prolonged sedation and intermittent paralysis.

Second, the number of COVID-19 patients is extraordinary. The average length of stay in an ICU is about 3-4 days. The length of stay with COVID-19 is measured in weeks. Post-op recovery units and step-down units, which normally do not care for ICU patients, have been converted to ICU beds. This additional ICU bed capacity increases strain and pressure on the pool of specialty-trained nurses, doctors, and respiratory therapists. This is exacerbated by supply issues of PPE, ventilators, medications, as well as concern for our families' potential exposure from us. In addition, we have never seen so many prone patients at a time. Today it is not unusual to walk through a COVID-19 ICU and see half a dozen or more patients in the prone position. Proning alters the mechanics and physiologic gas exchange in the lungs, improving oxygenation. Proning can last up to 16 hours in a 24-hour period. Positioning of sedated, paralyzed, intubated patients requires a team of trained and experienced ICU personnel.

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Third, current restrictions in hospital visitation to prevent spread places our ICU nurses, patient care techs and doctors in surrogate emotional support providers for patients and families who are unable to visit their sick loved ones. Not being able to meet with family members personally challenges communication and decision making. Patients are sedated and paralyzed for weeks, degrading the body's ability to heal. Patient recovery from a long ICU course often requires prolonged and intense physical therapy, not to mention the psychological, emotional, and financial impact on them and their families. These two factors – lack of emotional support and prolonged sedation – make recovery that much more difficult.

Covid-19 has disrupted the entire process of healthcare, as well as our lives. It has made caring for patients more difficult for all of us – doctors, nurses, respiratory technicians, housekeepers, and administrative staff and their families. The ICU is strained to a degree that I have never seen. We are already seeing a plateau and, with continued prayers, an end to this modern plague. Washing hands and social distancing works.



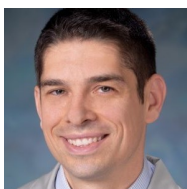
Darya NAUMOVA, M.Sc., student (Montreal Branch)

The Health Literacy Project was started by a first year Harvard Medical student and quickly expanded to over 150 students from 35 institutions and 34 languages. The project has partnered with many prestigious medical

institutions in North America. Among the students participating was UMANA student member Darya Naumova from McGill University in Montreal, who led the group translating the text into the Ukrainian language.

The COVID information sheets are easily downloadable and printed for distribution. They include handouts for healthy patients, pregnant women and 3 age groups of pediatric patients. These pdfs can be used for your English speaking patients as well as your Ukrainian patients.

<https://covid19healthliteracyproject.com/?fbclid=IwAR1i38Mpa9CDarQveBb0dYgz80uo1GXyW50tanRfyS162C8lcJtxiakS54k#ukrainian>



Nick SKYBA, DO Family Practice, (Illinois Branch)

In the spring of 2020, I worked at the Northwest Community Medical Group Clinic in Arlington Heights. In early March, the daily hustle and bustle of our clinic, mostly clogged with patients, suddenly ceased. On March 15, the hospital banned routine, non-emergency visits. Our clinic census fell from 20 patients to 4 per day. The only patients arriving were those in dire straits. We talked with patients about diabetes, depression and anxiety over the phone through virtual tele-visits.

Every day we heard more about a new virus that appeared in Wuhan, China in December. We constantly tried to read information about the risks, symptoms, complications and epidemiology of the new virus. Our organization hurried to prepare for a wave of sick people, seeking N-95 masks, face shields, and protective gowns.

On April 2, I saw a 21-year-old obese, intellectually challenged Latino male who lived with his father and sister and worked at a local grocery. Our nurses conducted telephone screenings for

patients that might have symptoms of COVID-19. This patient complained that he had a dry cough, aches (myalgia), malaise (fatigue). He had no appetite and had a headache. He felt a little dizzy and had diarrhea. He said that his father and sister had similar symptoms.

I immediately suspected that he may have COVID-19. On the phone I begged him not to come to the clinic since there is no cure for corona virus, and he may infect others. His father complained a previous physician had prescribed antibiotics for pharyngitis and that his son would definitely need the same medication. When they arrived, I had to put on a mask, a face shield, rubber gloves and a protective gown for the first time. This patient did not look very ill and I did not notice anything unusual about him. We performed a "rapid strep" and flu test (influenza A/B) which were negative.

Two weeks later, a social worker called me at the hospital and asked me to call the family to find out about their condition because their 49-year-old father (who had diabetes) was now in the ICU on a ventilator. His children already felt a little better. Soon, my young patient found himself in an "emergency room" where he was tested for Sars-CoV-2 RNA nasopharyngeal swab which was positive. In 2-3 weeks his symptoms disappeared. In the end, the whole family survived.

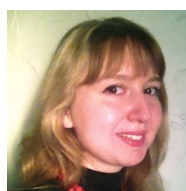
Taras TSYAPA, MD, Resident (Pennsylvania Branch)

I faced my first COVID-19 patient during an outpatient clinic rotation in Philadelphia. We were not allowed to wear masks –



so as not to scare patients – while seeing 10-15 patients daily. As soon as schools closed, I moved my children and high-risk relatives to a sister-in-law's house. My wife and her sister – physicians in outpatient practice – continued to see patients. We isolated

ourselves in my house. Upon return from outpatient clinic, I switched to ICU, right as my hospital was designated to lead the COVID-19 response for Montgomery County, PA. I became responsible for many patients with confirmed or pending infection. After the first week, 8 out of 15 PGY-1 residents contracted COVID. We declared a state of emergency and recalled residents from outside rotations. Patients streamed in from the community. Over time, we became accustomed to wearing PPE and managing a high number of patients. We could not, however, get used to not being able to hug our families. This difficult time will only make us stronger. To my colleagues on the front lines, caring for others, away from loved ones – thank you!



Olga VASYLYEVA, MD, Infectious Diseases (Syracuse Branch)

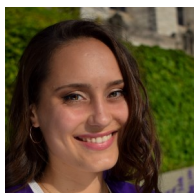
Dr. Vasylyeva, an Infectious Disease specialist from Upstate New York, recently gave a talk about her experience with the COVID-19 pandemic on Ukrainian TV. She has published a brief review of pregnancy and COVID-19 in

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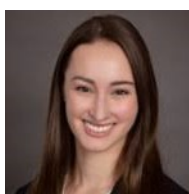
UMANA Member News



George **BARANOWSKY, DDS, MS** (Florida Branch) was the first Ukrainian university-trained orthodontist in the U.S. and member of the American Association of Orthodontists).



Victoria **BLAGA, BA** (Ohio Branch) was recently accepted to the Case Western School of Medicine and will begin her studies in July 2020.



Victoria **KURITZA, BA** (Illinois Branch) will be finishing her MD degree from University of Illinois this Spring and will begin an internship at AMITA-Presence St. Francis Medical Center in Evanston (transitional year under Marko

Victoria **KURITZA, BA** (Illinois Branch) will be finishing her MD degree from University of Illinois this Spring and will begin an internship at AMITA-Presence St. Francis Medical Center in Evanston (transitional year under Marko

JACHTOROWYCZ, MD), followed by her residency in Dermatology at the University of Illinois Chicago Medical Center.



Andrew, **MIKHAL-YUK, MD** (New England Branch) is finishing residency at University of Connecticut Emergency Medicine and will be starting practicing medicine with Northeast Emergency Medicine Specialists, a democratic physician partnership based in Connecticut.



Las Cruces, New Mexico.

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Vitaly **PILUILKO, MD** (Member at Large) was appointed medical director of cardiothoracic surgery at Mountainview Regional Medical Center in



Stephen **ROS, MD, PhD** (NY Metro Branch) is completing his orthopaedic hand surgery fellowship this July and will be starting practice shortly thereafter.



Jaroslaw **SAWKA, DO** (Michigan Branch) recently retired from his Family Practice in Detroit.



Irena **STOLAR, MD** (Pennsylvania Branch) retired in 2019 from her Cardiology/ Internal Medicine practice in Newark, Delaware, and moved to enjoy her well earned rest in North Royalton, Ohio.

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International Journal of Integrative Pediatrics and Environmental Medicine, V5, 2020, 8-13. You can view the article at: <https://www.ijipem.com/index.php/ijipem/article/view/71/51>

Daria WANG, MD, Emergency Department (Illinois Branch) Working in the Emergency Department in normal times can be crazy, but COVID has certainly brought that to a new level. We have all been trained to identify and treat all kinds of illnesses, which follow a pattern of presentation, predictable course with parameters for treatment. COVID has not been that. Each day before a shift we have to check in and update because everything about it seems to change each day: symptoms, testing, management and care. We adapt, we change.



Ernest & Daria WANG, MDs

My husband and I work in Emergency Medicine and have 4 girls all home with us now. I often am asked how I feel about going to work? I actually feel safe. I am fortunate that we have all the PPE and support we need. I have a work buddy assigned who checks that I have PAPR'd up properly and then we go in. I know I am lucky as I think of those in underserved areas and other countries. How could they possibly be protected in Ukraine?

Like many times in life, when things are incredibly difficult you get to see best in people. I am amazed and inspired by the spirit of our coworkers. It has made me realize everyone on our care team is incredibly important and interdependent. Yes, it is physicians, and nurses but also respiratory techs, emergency medicine techs, pharmacists, secretaries, security personnel, cleaning staff, and others that I may not even have thought of, that come together when the sickest come in scared, alone and clearly in distress. We still all jump in together, look out for each other and get the job done as always. So much is the same and completely different at the same time - don't run in to a room, PAPR first, no BiPAP, no nebs, don't bag, no family, no cure. And still, we get up, go back and do it all again.



Walt WESS, Au.D., Audiologist, Retired. (Illinois Branch)

I purchased two business class tickets in February on Lufthansa for a trip to Ukraine for April 8th. I planned to visit in-laws for a month and visit the doctors and staff of the main hospital in Uzhhorod where I had provided humanitarian aid. It would have been my first trip back since retiring ten years ago. I also wanted to visit a school for hearing impaired in Khust where for several years I had the privilege of taking care of their students. American companies had supplied me with hundreds of new hearing aids that I fit them with. Of course, this trip never happened. So far, no Wuhan virus in Langlade County, WI., where I live.