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## **Aging in Ukraine, without a safety net**

Government's isolation of rebel areas blocks medicine and pensions

*"Just imagine a health care system without drugs."*

In a cramped cardiologist's office in southeast Ukraine, Tatyana Ivanovna, 76, begged for sedatives.

Andrey Polyakov, her doctor, took time to listen, though he knew there was nothing he could do. In the past halfhour, he had turned down requests for antibiotics, hypertension pills and several other routine medicines that have all but disappeared from this separatistheld part of Ukraine.

"And for the anxiety?" the patient asked, her voice trailing off expectantly. Already suffering from high blood pressure and back pain, she began having panic attacks when a mortar round landed near her house in October.

"Moonshine!" Dr. Polyakov interjected, and the consultation was over.

Even before the war, it was tough here in the Donetsk coal basin to navigate the aches and pains of old age on a meager pension. Now, it is a battle for survival. Pensions are blocked, banks are closed and drugstore shelves are empty, largely a result of measures taken by Kiev to isolate the Russian-backed rebels and the territory under their control.

"A woman comes in, and she says her kidneys hurt," said Dr. Polyakov, who was working at a hospital that serves as a base for Doctors Without Borders. "I go down the list of the drugs we have, and there's nothing there. I can tell her to go out and buy it, but the drugstores are empty. And what's the point, because there is no money anyway."

Doctors Without Borders can provide very limited help because of Ukrainian restrictions on the kinds and amounts of supplies that the organization can bring into the country.

Six months ago, hospitals like this one were filled with victims of recent shellings and postoperative amputees, the casualties of a hot artillery war. With a cease-fire holding in most of the conflict zone, the war-wounded have now been replaced by the elderly, who hid in cellars during the fighting and have emerged to find the social safety net stripped from under them.

Of the 200 people who come each day to the clinic where Dr. Polyakov works, more than 90 percent are elderly, often with treatable chronic illnesses like hypertension, heart problems and diabetes. Prices have doubled or tripled for the few drugs that are available, patients, doctors and pharmacists say.

Delivering medicine for the elderly would seem like a simple task, but it has become mired in an intractable political question: Who will govern and pay for the Ukrainian territories held by pro-Russian separatists?

In November, President Petro O. Poroshenko signed an order that closed all government institutions in areas of southeastern Ukraine under rebel control: police stations, courthouses, universities and hospitals. Deliveries of drugs to regional hospitals were also halted. People with health problems could receive pensions and medical treatment if they traveled across the front lines into government-held territory.

Russia has demanded that Ukraine resume paying social benefits and health care costs in the southeast but still recognize the autonomy of the separatist governments. Under the Minsk ceasefire agreement signed in February, Kiev is required to prepare for a “full restoration of social and economic connections” with the country’s southeast. So far, however, that has not happened.

Dorit Nitzan, the head of the World Health Organization’s Ukraine office, said that international health organizations working with Ukraine’s government could supply some drugs to the conflict zone but that there was still an enormous gap between supply and demand. There is no firm data on how many have died because of the lack of medical care, she said. Ms. Nitzan said she hoped that legislation would soon formalize a path for drugs to the region.

Meanwhile, hospitals delay planned surgery because there are no anesthetics. Diabetics are told to travel across the front lines for treatment.

“Just imagine a health care system without drugs,” said Loïc Jaeger, the deputy director of the Ukraine mission for Doctors Without Borders. “With diabetes or heart problems, it is easy to say someone will die if they don’t get their medicine.”

In city after city, the young have left, either to the rest of Ukraine or to Russia, while the elderly have stayed.

At an aid point in the severely damaged town of Vuhlehirsk, about 50 older men and women milled around outside an improvised soup kitchen, picking through cardboard boxes stacked with quilts and donated clothing. Nearby, a line formed outside a grocery store that promised free bread.

“Doctor!” the cry went up. A 69-yearold woman had collapsed in her apartment around the corner, apparently from hunger.

A coal-mining town, Vuhlehirsk is one of the last in Ukraine to see serious combat. Pro-Russian forces seized it in February during an advance on the rail junction of Debaltseve. Separatist forces continued advancing even several days after a cease-fire was supposed to be in effect.

On a walk along the town's main street, named for the 19th-century Russian poet Nikolay A. Nekrasov, one finds several buildings severely damaged by tank rounds and almost no one under the age of 50.

Vita Trukhan, an emergency medical worker, said medicine was only part of the problem. Food is scarce. The departing young left many grandparents in homes and apartment buildings that require repairs. And the violence of the last year has left emotional scars as well.

"Many of the older people come to my clinic simply because they have no one to talk with," she said.

Boris Indershtein, 74, put on a trench coat and fedora and set out on a recent morning to search for bread. The warm spring weather was a blessing, said Mr. Indershtein, who had been living with plastic sheeting over his windows since February, when a rocket exploded in the shed behind his house, narrowly missing his vital stockpile of potatoes.

His son has urged him for months to cross the front lines and join him, but Mr. Indershtein, driven by nostalgia and fear, has continued to live alone. He is loath to abandon the home left to him by his wife, who died in 2010. And what would be waiting for him on the other side of the front?

"The troops are standing over there," he mused. "That means the war can't be far away."

By the time Mr. Indershtein reached the store, the free bread had run out. He was told to come back the next day.

In Perevalsk, a new patient entered Dr. Polyakov's office every three or four minutes. The doctor could prescribe some basic medicine like painkillers, but more often patients left empty-handed.

A woman with chronic bronchitis said she had trouble getting out of bed in the morning. Another asked about her husband, who had uncontrollable bouts of coughing.

"Did he work in the mines?" a nurse asked. When the patient said yes, she and Dr. Polyakov threw up their hands as if to say: "What do you expect?"



“We will all be that way if we live to a certain age,” Dr. Polyakov said. “Nothing can help and no one needs you. Most important is that there’s nothing to be had, and it can’t be bought anyway.”