

Today was my last day of work at the Rehabilitation Clinic. The Defenders I have worked with in Ukraine have been at the front lines. But before I go on, I want to acknowledge all the front lines in this world. Especially the ones where two different friends of mine have been living. and dying. One friend died yesterday, and one friend is journeying, and weaving within those lines. There are many kinds of front lines, and my heart and soul has been with each of them, tho I am so far away.

Death especially has detail that is just unknowable, and won't be knowable until I am there, immersed in it's totality. Though sometimes we can get close. The same can be true for War. I am sure that there is no way I could really know war, unless I were there. Before I came to Ukraine I had an idea about war - it was the 30 thousand foot view. But war, as in death, cannot be known from that perspective. On this trip I have been able to drop down a bit with my Defenders. And I call them "my" Defenders, because in the brief moments we are together, under my hands, - they are all mine. Through this brief experience, I want to share some of the detail that has helped me touch on the taste of war, as otherwise I only lived in its concept.



I know that these are not my stories to tell. These are their stories. But somehow it's also imperative that the world know what these Defenders are doing - because it is absolutely incredible how they are fighting off the might of the entire Russian military mostly just themselves.

On my last day, my boss (the head of the clinic), in front a gathering of Defenders asked that I please let all of America know about these Defenders, and what they are doing. He asked that I tell Americans, so that we can understand. He wanted my agreement, and I have wanted to also, and I think he will be happy when I send him my writings.

I have tried to be a simple and tactful. And I know these are very small slivers about the full reality of War.

It has only been a short time - 5 weeks. I have worked M-F from 7:30 to about 3 straight through (Ukrainian style) seeing about 8 or so Defenders per day. There is a T-shirt here that says "Fight Like a Ukrainian", but there should also be one that says "Work Like a Ukrainian" because the people here sure work hard. Especially the women, as they hold down the entire households and hold down jobs as well.

I as well, also love to work. And I love skipping the stupid lunch break. I don't mind grabbing some almonds and figs between sessions because I love being "on a roll" and immersed. I had the opportunity to offer 171 individual sessions to Defenders, to probably about 140 individuals (I did not track repeat visits). In fact, I didn't chart, or have access to their charts - (which I wouldn't be able to read anyway). I just listed, for my own record, their first names (which was usually one of a handful of common names), or sometimes they offered me their call sign instead.

It used to be that I went upstairs to get my next patient but after a week or two they improved their system and my next patient would just be waiting for me outside my office door. One out - and another in. I work with everyone clothed so the transitions are short anyway.

I would like to explain some of this detail with the language, and what I could do here, because I am really proud to show how Manual Therapy can be further used in other Humanitarian Aid settings. The work is tangible, practical and effective, - and needed, and applicable to almost any individual whether you are treating an orthopedic condition, or a head



injury, or PTSD, or a visceral condition. And, other than a table to work on, no other supplies are needed (a chair is sometimes nice). Thus the infrastructure costs are very low.



And, I can work independently despite a language barrier. All day, every day, I worked without an interpreter. So I would like to explain the detail of my intake and assessment.

I did have to memorize some phrases (or at least be able to read them off my flash cards spread out over my desk). The questions had to be typically answerable with a 'yes or no' or a gesture. If there was something more complicated that they wanted to tell me I would pop out Google Translate to make sure - but that usually only would entail a few sentences.

These are my phrases and how it went:

**Come in, Welcome, How are you?** (which is usually answered with “good” or “ok”, or “so-so”)

**Please sit down** (and I would gesture to the table)

**My name is Jaymi, I am an American medical volunteer, what is your name?** (which i would then write down on my list) **Nice to meet you.**

**Are you in pain?** (yes/no)

**Where is your pain?** (and they would point. Now I can get a lot of information about their pain by how they point. Are they pointing to a specific place? or a line of pain? or an area? And if they point to more than one place - which was first? And then I keep track of their facial expressions, and their hands, - as they would often return to the areas that are the highest priority. And, I generally assumed that the first place they pointed was the highest priority. So I now had an idea of where I was focusing. Depending on these areas I would sometimes need to ask follow up questions ...)

**Right or Left or Both?**

**Does your pain radiate? numbing or tingling?** (but I didn't always have to ask this)

**Do you have headaches?** (but I didn't always have to ask this)

**Does it hurt to move?** (and invariably they would show me what they could or couldn't do - so now I had a general functional assessment)

**Have you lost any strength?** (again I didn't always have to ask - if they had headaches for example)

**How are you sleeping?** (which I kind of stopped asking because it always seemed like it was 'bad' and became a redundant question - but sometimes I like the question anyway. I could also get a sense of their general mental state by seeing their facial/body expressions.)

And, there was Google Translate in case they needed to tell me something else - really quite a phenomenal resource. Sometimes they would have radiology reports on their phone that I could hold my camera to and translate. And sometimes photos of their injuries or procedures that could help me too.

So then, it was basically:

**Lay on your back, Lay on your Left side, Lay on your Right side.**

**Head goes here. Pillow goes here** (either head or knees).

**Move a bit closer.**



**Are you comfortable?**  
**You can rest completely.**

**Move this here** (positioning a limb)  
**Lay on your other side, or L side, R side, or back**

All the while, of course, my palpation is leading me to where I need to be. We can all zero in on painful areas, and with extra practice and skill you can tell a lot about a problem when you feel the tissue quality itself. You can tell about inflammation, acute or chronic, about severity etc. And how the body moves under your hands or has restrictions that can also tell you a lot about the problem. Always I'm tracking response, in the tissue, as well as breathing, facial expressions, presence.

My work is always in a pain free range. I never need to elicit pain to effect a therapeutic response. It is just about 100% safe by staying within the pain-free range, and listening and being perceptive. I really have never had a bad outcome - worst case is no change). (I have overworked an area in my history. It comes from trying too hard. But it is rare. These Defenders are made solid so I am not too worried about that here.)

Then it is basically ending the session:

**There is no need to hurry, but get up slowly** (and I usually repeat slowly).

**Sit up** (and I have them sit there a minute. let orthostatic adjust and I can get a sense of where they are in alertness etc, before standing)

**How are you feeling** (and at this point I get a one word answer)

They are very polite and sometimes want to leave quickly at this point but I get another few words in:

**Rest as you need to today**

**Be gentle with yourself**

**It was nice to meet you**

They all say thank you, and thank you again, and I say **you're welcome** and **yes**, and, **goodbye**

So that's about all the language you need! There's a few other handy phrases:

**Can you wait a minute?**

**A little? Here?**

I also have a flash card with body parts - they just become sort of easy to learn along the way.



Now working with PTSD... well, in the US I use words in my sessions. There is a “somatic” conversation that the words can be helpful with. It mostly serves to keep another line of connection open. But with trauma work, in bodywork, there is usually not a lot of talking/talking. There are words, but we are interested in the body’s words.

So with my Defenders I don’t have that ‘word piece’ for the mental health work. And I have been curious about this. I don’t want to leave them feeling isolated. But in a way they are not. There is a lot of camaraderie

they have with each other, and there doesn't seem to be a stigma around bodywork. (there is a barrier to tears tho - I saw that a lot - and I did have a phrase **Tears OK** that I used. But I don't think it made any difference. I just had to say it anyway sometimes.)

In general tho, I think not having words worked out fine, maybe just the same, - but hard to know.

So, without the words, I just let myself sink into my hands, and let that be enough. I don't know how to evaluate any effect on this. I just know that if people can let go of body tension patterns, - that then frees up the mental tension patterns. It is simple. But with the trauma work, basically you are creating a setting where they are doing the letting go, and you are following the connection deeper. They are the ones sitting in the complexity of holding and releasing, and I, as a practitioner, am just listening and connecting. I am not "helping them" let go or anything like that.

After the sessions, I can sometimes show them something in my Anatomy book what may be helpful for them, or show them a simple movement pattern that can help them. But otherwise I am sometimes treated to pictures of their families, or sometimes they want selfies with me. And I almost always get a handshake.

Every single one of them has treated me with the utmost respect.

The clinic that I worked in was for PTSD and blast injuries. These are guys that basically survived being bombed at close range (you do see lots of burns and shrapnel scars).

What I have learned about blast injuries is that these effects can have a range of intensity. Some can have severe brain injury, but also internal organ damage from the pressure wave itself. It is a concussion basically in the brain, and contusions in the body. It's also not super well understood. The range of symptoms vary, and recovery trajectories vary. There is also a lot of stigma around these types of injuries because these patients can "look" fine but they just aren't functioning well. It is hard clinically to have a clear treatment plan with them, other than approaching it through the symptoms.





Everyone in this clinic is also still in the military. They are not Veterans. They will all face some sort of placement after they get out. Having been so close to dying themselves, it can really change one's relationship to being at the front. They are all negotiating this one way or another. Some are clearly "lifers" and will go back as soon as they can - they are hungry for it in a way. Others know that they don't want to go back, and they hope to find a way to stay away from the fighting - but they don't have full choice in the matter. I am not sure how much these guys can really talk about not wanting to go back - it's a sensitive topic. There is a lot of social value placed on heroism, and the stigma on cowardice is stiff.

Through another angle, it seems that the Ukrainians are not conflicted about this war. They feel like this war is of utmost necessity. They know



they are fighting a “good” war. They don’t have to come home to confusing paradigms about why they risked their lives.



As I work, I reflect on the different types of bodywork that have been the most helpful. Clearly, as usual, anything ortho that is “screaming” has to be mitigated before you can get into deeper trauma work. So the orthopedic work comes in super handy. For the head injuries I have been using a lot of Cranio-Sacral therapy, and it ties in well with PTSD. The mental health trauma work is weaved into everything. You just can’t not

be in that, all the time. It is palpable and keeps your attention. Otherwise, a small bit of Trager has been good to teach them passive release - it just seems like they are not that familiar with that. And anything with Somatic Experiencing or any of the Somatic modalities are also always getting weaved in. Lots of jaw and sub-occipital (base of the skull) work. Vagus nerve too. And lots of belly work as it has a general rippling effect, for generally reducing over all muscle tone, and the belly of course needs to be soft. And certainly all the abdominal nerve plexuses are readily tangible areas for release. Really anything that can turn down the volume of overall stress is helpful. Rosen Method Bodywork has been at the core of all my work here - a system for connecting to body experience, and having a palpable language for it. I don't work with chakra systems much but I have been surprised how open their hearts are. I thought I would be doing a lot of chest work - but it has really been more abdominal, lower chakra areas more. I have done relatively little extremity work (feet/hands).

For the majority of the Defenders we have no words. They are gentle and respectful and they open their hearts on the table and whatever transpires stays without words. Sometimes at the end of sessions they will open their phones and show me pictures of their families. One guy even face-timed his mom so I could meet her.

With others there are ways we can share a bit. One guy, a lifer, says he has been in the military for 41 years - first with the USSR, then Ukraine. I don't have my questions quite sorted, so I am not sure, but I am curious how he reconciles having served for opposite sides. He is a jovial guy, shows me badly photoshopped pics of him with George Clooney (more than once), and cackles his laughs each time. He brings his friends down to see me (bypassing the schedule), and even explains to them how to lay on the table for me. In his day he was a helicopter pilot. We are able to talk in French, as he says he was in the Foreign Legion. I want to ask him more, but it's not the language barrier this time - it's just that he can't settle down and converse. He bursts out, interrupting himself even, gesturing his spinning helicopter blades with his finger in the air, naming a country, gesturing his body rattling with a machine gun firing from his steering wheel, ... another country, helicopter blades, machine gun, another country.. Even on the table I can't get him to settle. I worked on him 3 times (which was unusual). He won't bring his pillow. He says he does not want one, and that he sleeps without a mattress either. I try to slow it all down and when I think we may be getting somewhere, he grabs



my hand and kisses it. I don't know how all this happens but somehow we are both getting healed. He brought me a laminated picture of St Nicholas. My next guy gives St Nicholas a thumbs up.

For Leo (name changed for more anonymity) - And also identity details scrambled for protection. - For Leo, he is a career military man. His native language is 'Portuguese', and we can talk a bit in English. Leo is not Ukrainian, and he speaks almost no Ukrainian! But he came to fight for Ukraine! He didn't like the politics of his country of origin, and he's a fighter - so he came to Ukraine because he liked what they were fighting for. Foreign military volunteers are not that uncommon. I have noticed at the memorial flags downtown, that you can see flags from around the world scattered within the Ukrainian ones. Foreigners can have their own brigades and they predominately use English. So, Leo's English is improving quickly. He has been here 3 months, and now has a Ukrainian girlfriend that he has an apartment with. He heads out to the front for a few weeks at a time and then comes home. Today, he's at the Rehab Center because he got bombed. 200 Defenders were bombed, he says, 25 dead, 100 injured. He was one of the injured. He shows me his shrapnel scar along the length of his leg. He says he 'tourniqueted' himself, and ran for 4 hours before he passed out. Fortunately he was found, and 'came-to' in the hospital. On my table, here now, he says something has changed but he doesn't know what. He thinks he still wants to fight but says "it's different". He also says he ran away and didn't help a comrade.

I want the entire world to know about War. It is not all about flying overhead and seeing bombs land on villages. It is not all about the trenches, and ambushes, with military forces hiding and advancing - making a line of humans to establish a border. Or even the missiles or drones. I have realized that War is really taking effect within the personal lives of Ukrainians. In every family. Some families are divided across the occupied territories. Some families are divided ideologically. Men ages 25 to 60 cannot legally leave Ukraine. Many industries are struggling economically. The Refugees are separated from almost everything. There are Internally Displaced People, and there are Forcibly Displaced People, Refugees, and entire cities of people that are not free to travel. Veterans can't assimilate normally back into their lives. Teenagers can't grow up with the world at their fingertips.

One of my guys can't understand at all - why we are not fighting Trump with guns. I try to explain that we don't have guns, and if we did, that MAGA would have more of them, and they would win. He tries and tries to understand. He is so very frustrated.

Roslan (also not his name) - has perfect English. He says he learned it with video games, songs, and YouTube TV. He must also be exceptionally smart. And he has bipolar, he says. And he joined Azov battalion during a manic episode. Now, joining Azov in itself is an accomplishment. They don't take just anyone, The entrance criteria are high, especially with physical strength and endurance, and of course mental fortitude. He had all that. And was doing well. Until the depressive side of bipolar reared its head. He became suicidal and a liability to his brigade. So, he was removed from the front and placed in an in-patient psych facility - but the wrong one. Apparently, somewhere else, on this hill, is where they hospitalize patients with psychosis, schizophrenia, delusions, catatonia and such. And he was there for a couple weeks before he could successfully advocate for his transfer. Now he is here, and Azov is evaluating his next placement. Roslan is super coherent, articulate, astute... all that... and has mad computer skills and speaks English. He says he himself is not sure that he should go back to the front, and cites that he wants to be reliable for his comrades. He will talk with his superiors about possible placement working with the International Legions using his English. Azov is know as one of the best, if not the best of the special forces. I think he will make Azov proud.

On my last day, they had me come upstairs as they had gathered together in the dormitory common area. They had rallied both my bosses, my coordinator, the Nurses, and the Defenders that were available. They presented me with a plaque of appreciation, and a patch.

Cameras were clicking everywhere, and I asked the Defenders that were there if I could share these pictures and they all said yes of course. And even more cameras and videos and selfies came out. Below I have included some pics and the video when I got my patch. The patch I am most proud of.









Here's a short video - I am getting my patch. I've been told that getting the patch is most significant. And I agree. I hope you can see it. It shows some of the guys - they said that would be ok. I hope you can see it (click on the pic to get it to play):

