

## **AHCJ Webinar**

### **Covering long COVID, the hidden epidemic**

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Tara Haelle: Hello, everybody! Thank you for joining us today. My name is Tara Haelle, and I am the health beat leader on infectious disease for AHCJ. This webinar is one in a series of topic specific training opportunities to brief health journalists on the latest information in a particular health area, and to give you story ideas or resources you can use in your work.

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Tara Haelle: Today's topic is long Covid

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Tara Haelle: mit Ctl, and this is a sadly undercovered topic that is often either. Not not only is it not well covered, but it is also the coverage of it is not great, and it doesn't cover everybody who needs to be

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Tara Haelle: covered. So joining us today will be 2 speakers. Lesion Nevado is a journalist and has long Covid herself.

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Tara Haelle: and Dr. Monica Verdusco. Gutierrez

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Tara Haelle: is a physician at the University of Texas Health Science Center, who specializes in physical rehabilitation and long Covid and I believe has long covid, and we will be using our first names during this the the continuation of this

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Tara Haelle: webinar. Please be sure that during the course of the webinar, as questions come up. You put your questions in the Q. And a box, you will find that Q&A. At the bottom of your screen separate from the chat. We will not be watching the chat for questions. So if you have questions for us to ask during the Q. And a period, they do need to go into the Q. And A. Section.

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Tara Haelle: But now we will get started, and we're gonna start with Dr. Monica Gutus and redusco guttiger as, pardon me.

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Monica Verduzco–Gutierrez: Hello, thank you so much. Everyone for being here today. I'm just glad to get this group of engaged journalists that want to learn about this very important topic about long Covid and what to address and so I'm gonna mostly talk. I don't have slides. I won't bore you with that. We'll just kind of engage a little bit about. I'm gonna start with. You know what is long, Covid.

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Monica Verduzco–Gutierrez: And what is this kind of I don't know. Cur Covid, dirty little secret, maybe, and that is, you know now that everyone's tired of Covid. When I say Covid is not tired of us, it keeps on changing. It keeps on reinventing itself so that it can affect people again and continue to spread. One thing right now that I think that's important is that Covid is still around. We're actually, if you look at waste water levels, which is a really great way to measure

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Monica Verduzco–Gutierrez: covid levels. Because we know testing isn't as robust people aren't going to senders to test. They're testing at home if they're even testing. But waste, you know, you're gonna poop and it's gonna be in the waste water, and those levels tell us that this is the second highest

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Monica Verduzco–Gutierrez: surge of the pandemic since the start of since 2,020. This is the second highest. So think something. The numbers on one out of 3 people are probably gonna get it in this search with the numbers that we have, and it isn't, and we're probably kind of peaking, but doesn't mean that when the peaks over it goes down it'll probably be through March that we're still kind of in this search. So why does it

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Monica Verduzco–Gutierrez: concern us? And there are good things like, Okay, we know that we have medications, some medications for acute covid. We know how to treat patients a little bit better for acute covid patients got vaccines, so that means that their disease isn't as severe. They're still really high hospitalizations for Covid. And then people are still getting mild disease. And a lot of people are getting mild disease.

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Monica Verduzco–Gutierrez: And then one thing that's happening to patients anywhere from maybe like I would say, approximately 10%. If you're looking at the numbers are going to get something called long Covid, and so long Covid is, you know, a condition sign symptoms.

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Monica Verduzco–Gutierrez: Or I actually like to say, Okay, it can be 3 different things. So you've had a covid infection. And then either you have your symptoms that continue, and they're prolonged after for more than 4 weeks. Looking at some definitions. It's 4 weeks at some definitions. It's 12 weeks

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Monica Verduzco–Gutierrez: and that might be a continuation of some things like fatigue.

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Monica Verduzco–Gutierrez: just, you know, brain fog, heart rate abnormalities. Maybe some of the upper respiratory infection symptoms. There's also patients can get new symptoms that start after a Covid infection. So that's a lot of times. Some patients. They may get covid, their covid might get a little bit better. That's what happened I to me. I had really mild Covid just kind of like allergies, and then, a few weeks later.

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Monica Verduzco–Gutierrez: Went on a run and afterwards came back like crashed, came back with like, had a whole body ration. Hives in certain places started getting migraines started getting abnormal heart rates and dizziness and other such symptoms. So then they can develop conditions afterwards, so ha! They may have post exertion or malaise, which is, you know, significant exhaustion afterwards.

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Monica Verduzco–Gutierrez: pains, numbness

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Monica Verduzco–Gutierrez: a lot of really bad fatigue at cardiac abnormalities. Things like

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Monica Verduzco–Gutierrez: pots is a really our autonomic dysfunction or dysonomia. That's something that's

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Monica Verduzco–Gutierrez: probably one thing that I would say to

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Monica Verduzco–Gutierrez: that a lot of patients get decided nomia or pots, and they don't know what it is. And that's something. Maybe that's a really good thing for journalists to cover, because patients are having these symptoms, and they're worried about it. And you know, if this was something that they could learn about on the media, and it's something that even a lot of physicians don't know about or don't learn about themselves. And so

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Monica Verduzco–Gutierrez: it's nice for a patient to maybe be able to learn about it on media, because then they can go empowered with a little bit more information, and it's something, you know, the heart rate that will elevate with activity or elevate when someone's up. But it's not just heart rate elevation. They can have dizziness, anything where it's like. You're not getting good blood flow to your brain. They can have

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Monica Verduzco–Gutierrez: and ringing in their ears. They can have certain headaches or pains in their back of their neck gi symptoms. Anything that your body does automatically, that whole system can be messed up, and

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Monica Verduzco–Gutierrez: some patients will de develop me? Cfs, which is myelence, encephalomyelitis, or chronic fatigue syndrome. And so for some of those patients. It can be quite be debilitating, like they can be end up being bed bound or not be able to work. It's one of those kind of invisible disabilities because they might look normal on the outside and but they're not in any little activity can really make someone crash.

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Monica Verduzco–Gutierrez: And then the other thing that can happen in long covid is either worsening of conditions that you already had, or developing some kind of new condition that maybe you are on the fence with. So someone might have been pre-diabetic, and they get covid. And then they develop full blown diabetes. And this is something that even there is a new like Ada guidelines that came out this month.

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Monica Verduzco–Gutierrez: And one of the whole sections was on Covid, and the effects of Covid on patients who are prediabetic or who are diabetic, and you know how it is causing both type one and type 2 diabetes. I think that's something that a lot of people don't know and diabetes early on, and is another thing could be a silent disease, and people may not know that they had diabetes until really it's too, later. They have some very built bad effects from it. So these are kind of things that journalists may talk about. The other things

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Monica Verduzco–Gutierrez: is it's causing a lot of patients to develop cardiovascular issues like high blood pressure. So you know, developing these new diseases that they didn't have before something that my autonomic kind of pots.

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Monica Verduzco–Gutierrez: Eventually became something where I have to. Now, my doctors like, yeah, now it looks like you have high blood pressure, too. And so that's something that I have to take medications for. And I'm otherwise was a Marathon runner. So it isn't like I was this high risk person. I'm someone that

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Monica Verduzco–Gutierrez: It was otherwise really healthy. And that's the other thing that it does impact both. Yes, patients who had disabilities before, but also people who were living their life and otherwise, you know, healthy. And we're able to do lots of things. And again, most people have mild disease with Covid. But if it's still impacting 10% of people that's still 10% of

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Monica Verduzco–Gutierrez: almost, you know, everyone who's had Covid at this point.

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Monica Verduzco–Gutierrez: so those are kind of some of the main things. I mean, there's so many things that Covid can do. If you look at studies, you know, they describe 5,100 200 symptoms related to covid conditions that develop afterwards. The other thing is, if people already had an underlying disease, someone may have had an autoimmune disease, those can get a lot worse like they they had, you know, lupus, their lupus can worsen their arthritis

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Monica Verduzco–Gutierrez: worsen. Just because there's inflammation throughout the body.

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Monica Verduzco–Gutierrez: So really, I think you know, the importance is that Covid is here. It's still around. About 10% of people will get long Covid in some manifestation, and some people

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Monica Verduzco–Gutierrez: can do very well. meaning they're able to maybe balance

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Monica Verduzco–Gutierrez: some of their symptoms and can work. I'm able to work. I just have to, you know, pick and choose the things that I do outside of work.

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Monica Verduzco–Gutierrez: we have to know who's at risk, and you know, talk about risk factors and kind of what I say. Everyone's at risk.

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Monica Verduzco–Gutierrez: and what prevents or what decreases the risk of long covid not getting covid. So don't get covid reinfections we're seeing is a problem, too. So don't just continue to get Covid and get infected with Covid over and over again. That's a good message. Vaccines definitely decrease the risk of getting long covid. So it doesn't take away the risk. Your risk isn't going to be 0. But you know the vaccines do decrease risk of getting long covid.

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Monica Verduzco–Gutierrez: And then the other thing is like who is not hearing about this. And I will tell you sometimes even physicians aren't hearing about this.

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Monica Verduzco–Gutierrez: and don't know all the details of what's long. Covid. How should I be addressing it? So you know there's still a lot of audiences that need to hear this information. And probably some good things to talk about is we? You know it's not long, Covid, not in the news, even Covid, not really in the news. But people just have to be reminded of things, you know, if you've been exposed to someone who then tells you like.

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Monica Verduzco–Gutierrez: Oh. I you're at dinner last night, and then the next day the person says, Hey.

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Monica Verduzco–Gutierrez: oh, now I test this positive for Covid. That means that you know you had a significant exposure, and you should be wearing a mask when you're around people for the next few days, testing yourself over the next few days, especially the incubation period, right now, is about 3 days, but that could be a little bit less and a little bit more for each person. So just kind of reminding people some of the basics of

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Monica Verduzco–Gutierrez: Covid don't show up to work if you're sick, you know I was. I was on an airplane yesterday, and everyone's coughing in the airplane, and you know not everyone had a mask. But it's kind of like

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Monica Verduzco–Gutierrez: a little

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Monica Verduzco–Gutierrez: scary when you think about the things that are going around?

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Monica Verduzco–Gutierrez: so what else is? What are some, again, good

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Monica Verduzco–Gutierrez: things for reporters to talk about? So I think it's just great that you're here. You want to.

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Monica Verduzco–Gutierrez: Talk about long Covid. What are some of the things? What are the some of the current coverage of long Covid. There is probably

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Monica Verduzco–Gutierrez: you know, it's hit or miss this stuff, I think sometimes seeing

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Monica Verduzco–Gutierrez: when big articles come out in. You know, our scientific literature, making sure that the lay press understands. Kind of getting that information out. One big, you know story that had come out last week with the study

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Monica Verduzco–Gutierrez: where they had looked at muscles of patients without, who had recovered completely from Covid and those with long covid, and they kind of made them go through exercise testing, and they looked at their muscles afterwards and show that the people with long covid had a lot of muscle muscle changes compared to ones who didn't, meaning their mitochondria was different. That's the powerhouse of their cells.

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Monica Verduzco–Gutierrez: The amount of vessels that you know help their muscles, their muscles just didn't uptake oxygen as well. So it's interesting like heart heart is good. Lung is good, but it's the way that the muscle

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Monica Verduzco–Gutierrez: uptakes.

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Monica Verduzco–Gutierrez: You know there's not good energy, there's not good blood flow. They had amyloid deposits and amyloid deposits is kind of an abnormal protein that forms actually, when people get a lot of amyloid deposits in their brain that causes other problems as well. And so these are kind of the things that affected patients who had long covid, and then, if they exercise where it was too much, where they got into that post exertion or malaise crash, some of their muscles actually

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Monica Verduzco–Gutierrez: had necrosis, meaning. It actually was like like more. It was worse. It was torn down. It's like in some patients with long covid that doing too much, pushing themselves too much or doing pushing themselves with too much exercise might actually be harmful for them and their muscles. And so it's just different things that you know, it's important for people to learn. So those are just kind of things that I think that

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Monica Verduzco–Gutierrez: journalists



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Monica Verduzco–Gutierrez: could cover. The other thing that's tough is, you know, there isn't good, FDA approved medications. But we can treat certain things. You know we can. If someone develops pots, we have treatments for pots. If someone develops.

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Monica Verduzco–Gutierrez: or asthma or high blood pressure, we can at least try to control those things as much as possible. And so the idea that you know it's not hopeless.

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Monica Verduzco–Gutierrez: There is a way that we can at least control symptoms and then getting the message out that you know we need research in this area. We need funding for clinical trials for patients and just telling people stories. So that's my kind of 15 min that I have. And I'm happy to answer questions.

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Tara Haelle: Sorry I had to hit on mute there. Thank you very much, Monica. Liza, I'll pass it over to you and just reminder to everybody. It's great to have the chat going, but and put your questions into the Q. And A. Box and I'll be going through those. Once we switch over to the Q. And a

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Tara Haelle: go ahead. Lisa.

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Lygia Navarro: Hi! So I'm gonna turn my slides it on slide show on. But I might

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Lygia Navarro: sorry now I can't see zoom at all, but so I'll I'll tell you a little bit about

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Lygia Navarro: about me first. So Tara invited me because I have been living with long Covid for 3 years and

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Lygia Navarro: Well, Monica talked to you all about sorry. I'm just gonna go back to zoom, because it's just really hard to look at that blank screen for now. So while Monica talked to you really about a lot of the medical and science issues. I wanna talk to you about the personal issues.

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Lygia Navarro: so I

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Lygia Navarro: have had Covid twice, both times. It disabled me the second time, much more so. And

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Lygia Navarro: what I wanted to start out with is kind of

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Lygia Navarro: to talk about my experience and how that can inform your experience reporting on long covid, so looks can be deceiving. For example, I might look like I'm not sick, but I am in bed.

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Lygia Navarro: I spend most of my time. Sitting in bed because I have pots, which is the type of this auto meal like Monica mentioned. I also have

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Lygia Navarro: chronic nerve pain in my legs. And I have to use a wheelchair. So because of my thoughts, I'm not able to stand up for more than a minute. Really? So that really impacts

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Lygia Navarro: everything in my life. It it really impacts my family. My partner has to do really, essentially everything for for me and for our child. So we live. We live a life that's very similar to what most people lived in. In the spring of 2020. We both work from home. And we home school our child, but I'm

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Lygia Navarro: only able to really work 10 to 15 HA week, and that even that is quite a challenge. Because of my limited energy from the long covid so I explain all of this to say that?

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Lygia Navarro: you know.

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Lygia Navarro: when you see long covid in a person it might just look like it's this, you know what one person is grappling with. But it really has this huge ripple effect. And so that's I'll talk a little bit more later about ways to find stories about that. But that's just something I really wanna impress upon people. You know. My partner, for example, has been able to get an accommodation to work from home. We live in Canada. I'm from the Us. But live in Canada, and

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Lygia Navarro: he's been able to have an accommodation to work from home. But that's a constant battle to get, even though there is in our province in Ontario. Sorry. In our province in Canada there is

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Lygia Navarro: human rights law which guarantees accommodation for caregivers of disabled family members or spouses. So all of this is to say that you know this has really impacted my partner really impacted my child, who, you know, doesn't really live.

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Lygia Navarro: a normal life, like kids used to, or many still do. But this is what we have to do to keep ourselves safe. So we avoid going inside anywhere. I have to limit the healthcare that I can get, because it's just so dangerous for me to go inside anywhere. The second time that I got infected with Covid was in a medical appointment, and I was wearing and the it was right in the, you know.

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Lygia Navarro: in the midst of the surge of omicron in january 2022 so you know, for those of us who are really impacted by long Covid.

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Lygia Navarro: We have had to change our lives a lot.

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Lygia Navarro: and that's something that I think that is not well known, you know, I think even, you know, even in my own life

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Lygia Navarro: it's sometimes hard for people, for friends, family members, to really understand what what life is like for me and for other people like me. So the next point I'm not trying to directly contradict Monica. But I wanted to talk specifically about

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Lygia Navarro: the fact that there is no treatment for long Covid, and there is no cure for long covid yet. And so for the past 4 years, you know, 3 that I've had long Covid and 4 that some

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Lygia Navarro: other people have had it. That has been really disheartening, and

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Lygia Navarro: just scary. You know that there's, you know, we're watching our bodies really suffer and potentially degrade, you know our our brain health, our heart health, our cardiovascular health.

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00:19:55.290 --> 00:20:11.419

Lygia Navarro: so it th. It is a little bit more helpful now, and that there are a lot more clinical trials happening. But it is still on a day to day basis. It is scary, you know. I have this hurt condition now. The the central nervous, slash

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Lygia Navarro: heart condition called dysonomia, or pots, postural, orthostatic Tachicardia syndrome and I take 2 medications a day, and and I still can't stand up to shower. I still can't cook, and that's, you know, even sitting on a stool. I can't cook because I can't raise my arm, so I don't wanna go into all of this too much cause I wanna get to how to report better on long Covid. But

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Lygia Navarro: the last point I wanted to say from a really personal point is that for those of us who are you know, moderately, severely, even some people who are mildly affected by long

Covid, it is really a journey of grief. You know. For people like me who have been disabled by long covid. It is a really difficult

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Lygia Navarro: process to to process that grief, and

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Lygia Navarro: for the but those of us that can to get through to the other side, which I which I have. But in addition to that grief, and that you know darkness. There is also

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00:21:16.070 --> 00:21:44.110

Lygia Navarro: something to be said for us gaining. you know, gaining a community in the disabled community. Being able to accept ourselves. For example, I had some disabilities before long, Covid, that I didn't know didn't recognize this disabilities. So now now that I am disabled by long Covid. I'm able to advocate for myself, I'm able to, you know. Ask for accommodations demand accessibility.

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00:21:44.110 --> 00:21:54.750

Lygia Navarro: And so I just like for you when you're reporting on long hollers to not just see it as that darkness and that grief, but also, as

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Lygia Navarro: you know, disability is a very human condition, and you know, at before the pandemic you know, at least 25% of the American population was disabled, plus, I think, another third of the population had a chronic illness, so some of that could even be considered disability. So it's it's not always doom and gloom and something that I like to say long call it is called a mass disabling event, but I also have found

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Lygia Navarro: myself, and with a lot of other long haulers who I've met that it is really a mass radicalizing event. So it has made us, you know.

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Lygia Navarro: demand our rights, fight for the rights of disabled people beyond just our own personal experiences. And that's something really powerful. And that's something that's not going to go away, you know, if there is at some point, eventually.

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00:22:48.150 --> 00:22:55.069

Lygia Navarro: thorough, totally. You know, effective treatments and cures.

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00:22:55.310 --> 00:23:09.069

Lygia Navarro: Say, I was to not be disabled, not be physical, physically disabled by long covid anymore. I would still be a disability advocate. I would still be an advocate for vulnerable people, for marginalized people. And so that's something that is

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Lygia Navarro: that will continue to be really powerful about long. Covid.

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00:23:14.380 --> 00:23:27.790

Lygia Navarro: Excuse me. I have long, long year long allergies. So something that is just really missing in long coverage Co. Long Covid coverage is diverse representations of long callers.

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Lygia Navarro: So first of all, and I noticed this in the QA. People of color are the most impacted by long Covid. So that was somebody was asking, you know, who's most likely to get long covid from my reporting. I don't believe that this is a a question of genetics, but it is the question of races. Structural racism. So Latinise are the most

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Lygia Navarro: statistically, the most impacted by long covid with African Americans not long behind, and even those statistics are likely a pretty vast under count, because of the lack of information in the public sphere about what long Covid is and the something that Monica spoken to me when I've interviewed her. The lack of

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Lygia Navarro: training among family physicians and physicians in general about how to diagnose long Covid. So

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Lygia Navarro: right there, you know, black and brown people are the most impacted by long covert by long, long covid. You would not know that from Media.

105

00:24:33.490 --> 00:24:56.350

Lygia Navarro: a a, a as well. 80% up to 80% of of long haulers are women, which is the same with me. Cfs, that women are really, really, really, disproportionately affected, and that is also often not represented in the media. You know, I see a lot of media coverage with white men as the main long haulers interviewed. And

106

00:24:56.760 --> 00:25:17.600

Lygia Navarro: it's just really problematic. It's not. It's not the truth of what's happening. You know. Long Covid is very much intersectional. It impacts people in different ways, depending on their race ethnicity. socioeconomic level health disability level before getting long covid. And so that needs to be

107

00:25:17.730 --> 00:25:24.080

Lygia Navarro: a part of any reporter's coverage of long covid. And so part of that is that I see

108

00:25:25.150 --> 00:25:29.940

Lygia Navarro: a lot of the time. I see a lot of the same long callers interviewed over and over again.

109

00:25:30.620 --> 00:25:41.759

Lygia Navarro: and there's one long caller who is, bless him! He is a wonderful advocate. He's a white guy in his thirties, and he has, you know, become

110

00:25:41.800 --> 00:25:47.400

Lygia Navarro: really debilitated by long Covid, and spends a lot of time speaking out about it, but by reporters.

111

00:25:47.490 --> 00:26:01.050

Lygia Navarro: you know, essentially copying and pasting, not copying and pasting his words. But seeing, okay, this is somebody who's been interviewed a lot when they Google and then go and call him, don't do that. Find other sources. I just have to take us water.

112

00:26:03.790 --> 00:26:12.280

Lygia Navarro: Something else to really think about is avoiding the the the narrative of

113

00:26:12.450 --> 00:26:28.089

Lygia Navarro: people being 100% healthy until stricken and so disabled with long covid. That is the case for a lot of long haulers, but it's also not the case for a lot of long haulers. And so I think sometimes that showcasing, that of people who

114

00:26:28.580 --> 00:26:51.419

Lygia Navarro: we're healthy didn't have any health issues, you know. No pre-existing conditions. Can kind of diminish the importance of the fact that we do have a lot of vulnerable people in society who are struggling with long covid and that nobody is more deserving of health than anybody else, and, like Monica, said, you know everybody is at risk now, and II

115

00:26:52.030 --> 00:26:56.719

Lygia Navarro: excuse my long, covid brain, but I can't remember if she said this specifically. But

116

00:26:57.580 --> 00:27:12.409

Lygia Navarro: essentially, everybody has. Everybody who's had Covid now has the pre-existing condition, the risk factor of having had Covid. So the next time you get Covid. That puts you more at risk of getting long covid as well as the fact that

117

00:27:13.940 --> 00:27:27.120

Lygia Navarro: you might not get long Covid right away. You know I didn't get long Covid in when I first became ill. It happened about 8 months after I had an asymptomatic case. So

118

00:27:27.670 --> 00:27:32.039

Lygia Navarro: I think the the stories that are about people who've been healthy and then

119

00:27:33.050 --> 00:27:38.759

Lygia Navarro: become really disabled and really ill with long covid, as being kind of the only story that's shown

120

00:27:40.160 --> 00:27:44.890

Lygia Navarro: makes people gives people us a a false sense of invisibility.

121

00:27:45.430 --> 00:27:56.319

Lygia Navarro: Okay, so more for finding diverse representations. I know I'm taking up a little bit of extra time. So, Tara, I'm just gonna try to go through as quickly as I can.



122

00:27:56.370 --> 00:28:05.439

Lygia Navarro: okay, thanks. So long. Covid, online communities will be really generous in putting you in touch with sources, especially on Facebook, because,

123

00:28:05.720 --> 00:28:31.090

Lygia Navarro: those are the most kind of closed communities. So people can be really vocal and be really you know, talk about for very personal issues. The ones that I'm in, you know, almost daily. The the Admins of the groups put out calls for oh, such and such a media is looking for such and such a specific. You know description of a long caller, so don't be afraid to do that, you know. Don't join long Covid

124

00:28:31.090 --> 00:28:47.779

Lygia Navarro: communities in troll, but find the you know, when you look at a Facebook group, it's very easy to find who the admin is. And just send them a a. DM. And say, this is what I'm looking for and some of the some of the long haulers who I interviewed as well.

125

00:28:48.110 --> 00:28:52.140

Lygia Navarro: who are? You know, from

126

00:28:53.370 --> 00:28:59.980

Lygia Navarro: the groups that are most impacted, but are most marginalized. So Latinas and and black folks.

127

00:29:00.200 --> 00:29:19.170

Lygia Navarro: you can also just find them by by. You know, I had a really hard time finding Latina long haulers through Facebook. So I ended up kind of searching through Twitter, and found people who said in their bios that they were Latina, and spoke about having long Covid, and that was harder to do. But it it

128

00:29:19.590 --> 00:29:45.279

Lygia Navarro: It netted some really amazing stories. That otherwise wouldn't have been told so, in addition to thinking about diverse representations of long callers, think about diverse representations of professionals working with long callers. So I just did a story which Tara either has shared or will share. For palabra, which is the online outfit

129

00:29:45.280 --> 00:30:03.670

Lygia Navarro: the online outfit outlet for any HJ. That national association of Hispanic journalists about Latin is being the the most impacted by long Covid and being just, you know, kind of en masse, ignored under, treated under, counted and I

130

00:30:04.580 --> 00:30:32.829

Lygia Navarro: unintentionally, but also intentionally. I think all of the experts quite interviewed were people who are letting it and so that you know it. It really added so many dimensions to the story, because, especially in the case of that story, specifically which was looking at cultural competency and care, looking at cultural stigmas around chronic illness and disability. White professionals

131

00:30:33.310 --> 00:30:41.130

Lygia Navarro: who are, you know, are not bilingual who are not bicultural will not have the same insights. You will miss out on a lot of detail in your reporting.

132

00:30:42.870 --> 00:30:46.220

Lygia Navarro: Okay, this is really important. This is something that

133

00:30:46.810 --> 00:30:55.929

Lygia Navarro: that I have learned a lot about. Long haulers have talked to me about. You need to adapt how you work to work with long haulers.

134

00:30:55.980 --> 00:31:18.399

Lygia Navarro: First of all, inform yourself about long Covid extensively before before you do any interviews. Because there is a lot out there, you know, spend hours. If you're doing a a an enterprise story or an investigative story, or just any story, really spend some time reading what's already been done about long covid, about the science of long Covid, about

135

00:31:18.520 --> 00:31:25.740

Lygia Navarro: Sorry. I just had a a child walk into the room, so it got distracted a little bit.

136

00:31:26.140 --> 00:31:54.339

Lygia Navarro: you don't wanna make your sources use what is really rare energy to explain the basics to you like as an aside. For, for example. This is my only activity. Today, you know, after this hour I'm gonna be exhausted, and it's the same for your sources. But don't make assumptions that every long hauler will have the same experience. So you know, when you've

read up, when you talk to some long haulers, don't assume that every other long Covid experience is gonna be

137

00:31:54.340 --> 00:32:00.700

Lygia Navarro: the same. Everybody has unique factors in their lives. So be open to that.

138

00:32:00.760 --> 00:32:07.979

Lygia Navarro: to that diversity of experiences. Really, really, really important use trauma-informed reporting techniques.

139

00:32:07.990 --> 00:32:10.190

If this isn't something that you know about.

140

00:32:10.380 --> 00:32:14.099

Lygia Navarro: learn about it. for a lot of long haulers.

141

00:32:14.120 --> 00:32:24.059

Lygia Navarro: especially those who have moderate to severe, long covid. This is one of, if not the most traumatic experiences of their lives.

142

00:32:24.060 --> 00:32:48.260

Lygia Navarro: because, you know, becoming really ill, especially for those who have a really hard time getting answers from their doctors, which is a lot of long haulers, me included. It's scary. You don't know what's happening to you. You don't know if you're gonna die, you don't know if you're gonna get better and it can be really triggering for people to go through their stories again. So

143

00:32:49.220 --> 00:32:54.440

Lygia Navarro: you know, learning about trauma-informed reporting techniques will prepare you to

144

00:32:54.850 --> 00:33:14.540

Lygia Navarro: to speak with sources and tease out their stories in ways that are not harmful to them. And so some of the other things I'm gonna talk about are trauma informed. But I think they're really specific to working with long haulers. Don't pressure sources with deadlines. You know, people ever. We're all juggling

145

00:33:14.540 --> 00:33:28.729

Lygia Navarro: our health on a day to day basis. Those of us who are able to work are juggling, often pushing ourselves to work when we really probably shouldn't. Those of us with kids are juggling, parenting. So

146

00:33:28.980 --> 00:33:30.889

Lygia Navarro: know that long haulers

147

00:33:31.250 --> 00:33:37.450

Lygia Navarro: are being generous when they talk to you. They're probably doing it out of honesty

148

00:33:37.590 --> 00:33:58.950

Lygia Navarro: care for others. That's what I found with every long caller I talked to. They talk about wanting to inform others, you know, like letting their words be kind of a Psa to others about long covid so acknowledge that acknowledge that people are being generous, acknowledge that people are using very rare, very precious energy, and don't push them

149

00:33:58.950 --> 00:34:20.799

Lygia Navarro: and with that, you know, if you need to cast a wider net, you know. Don't just, you know hone in on one source. If they're not getting back to you, cast the net out for 3 or 4 sources. If 3 or 4 people say, Okay, it's always better to say, Okay, I found somebody else who I could talk to. I won't need you, but thank you for

150

00:34:20.840 --> 00:34:32.150

Lygia Navarro: for being willing to talk to me than pressuring somebody something that that a long haul or colleague mentioned to me when I was getting ready for this

151

00:34:32.570 --> 00:34:44.049

Lygia Navarro: that she found has found to be really important. Don't assume that people have access to technology, to unlimited Internet, to office. You know.

152

00:34:44.270 --> 00:34:47.520

Lygia Navarro: supplies, computers, things like that

153

00:34:47.719 --> 00:35:07.389

Lygia Navarro: especially given that long, statistically long covid is shown to be more common in people of lower incomes. This is this is a demographic that really needs to be reported on, and you need to do it in a way that that is accessible to people not just in terms of disability or

154

00:35:07.670 --> 00:35:30.809

Lygia Navarro: health accessibility, but also social accessibility. And I'll get to a little bit more about that in a second. Be really, really, really, really, transparent. This is again a trauma informed technique. But remember that the people who you're gonna talk to they've probably never talked to a reporter before. They don't know anything about the interview process. They may be really nervous. They may be

155

00:35:30.870 --> 00:35:42.499

Lygia Navarro: They may feel very vulnerable, they may, they may feel scared, explain what things like on the record means explain that everything they tell you, unless unless they

156

00:35:42.800 --> 00:35:52.279

Lygia Navarro: specify otherwise, will be potentially in your story, and that if there are things that they don't want to be in the story, that that you need to that you need to know that

157

00:35:53.870 --> 00:36:16.259

Lygia Navarro: prepare be prepared for longer interviews than you expected. When I was doing a lot of reporting in the fall. On women of color with long Covid, I kept telling people that I needed like 30 to 45 min of their time. Often these interviews ended up being an hour and 30 min to 2 h. Sometimes I even had to be the one to cut off the interview, because it was just so exhausting for me to talk for that long. But

158

00:36:16.700 --> 00:36:45.709

Lygia Navarro: People really need to be heard, and a lot of times, you know, especially those of us who are just, you know, like pushing through our lives, and those of us with kids who can't really air our emotions about our illness. This. This may be one of the rare times that people get to talk about what they've been through a lot of our families and friends don't understand and don't often don't have the curiosity to understand. And so people need to be heard, let them be heard.

159

00:36:45.710 --> 00:37:06.040

Lygia Navarro: Okay, this is linked to the the question of technology, but accessibility and accommodations long. Covid, as I said before is extremely energy limiting. So you need to at the get, go with any long haul, or offer these different options for how to do interviews.

160

00:37:06.080 --> 00:37:29.510

Lygia Navarro: I always. S. Say this in a list, you know. Do it in bullet points. So it's easy for people to read. I just didn't have space for bullet points here. Say we can do it by text message or Whatsapp. We could do it by voice memos. You know, you send questions to the source. They respond one by one with voice messages, voice memos, which can be over the course of a day, a week, a month.

161

00:37:29.540 --> 00:37:40.069

Lygia Navarro: by phone, by video call, either with video on or off. You know, people may prefer to use zoom rather than phone. But they don't want to actually do it on video.

162

00:37:40.560 --> 00:38:07.910

Lygia Navarro: in chunks over one or more days, or by email. And all of these options are completely valid, you know. And I know a lot of us, either editors or J. School has taught us that. You know you have to do an interview either by phone or in person. Anything else is inadequate. That's just not true. And I would actually really encourage people to think about these offering these accommodations to sources other than long haulers, because,

163

00:38:08.000 --> 00:38:29.749

Lygia Navarro: There's lots of other disabled people and people with other, you know, needs that require accommodations that you may not know about. And so anyway, that's my little soapbox. This is so so so important. If you meet with a long haul or in person, I would say, Really, if you interview anybody in person, but especially long haulers.

164

00:38:29.830 --> 00:38:51.689

Lygia Navarro: wear a minimum of an mask when I say minimum. There are also what's called elastomeric masks, which are and above level of protection. But they're reusable. So you know, they're better for the environment. They can be also more more effective in that. Some of them block out closer to 100% of particles. And I

165

00:38:51.750 --> 00:39:19.929

Lygia Navarro: urge everybody to do this, regardless of whether a source asks you to do this. Sometimes sources may not have the health literacy to know that this is something that they should be asking for. They may feel nervous about asking it. They may feel like there's kind of a

you know, authority figure of you as a journalist, and they don't wanna put you out but just know that if you don't wear a mask you risk dramatically worsening your sources, health and disability. And you don't want that on your conscience.

166

00:39:20.620 --> 00:39:30.309

Lygia Navarro: Okay, so say, hang on just 1 s. Yeah, great. So this is pretty much my last one. But for finding long Covid stories I've talked before about

167

00:39:30.400 --> 00:39:33.789

Lygia Navarro: earlier, about different ways to do that. But

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00:39:33.890 --> 00:39:54.789

Lygia Navarro: My partner wanted me to urge everybody to understand that long Covid is real. So I think the fact that you're in this webinar means that you do understand that. But make sure that your editors understand that there was a piece in in the Scientific American in the end of the year. That the the writer who's who's an academic?

169

00:39:55.080 --> 00:40:04.629

Lygia Navarro: She didn't put this as the headline the editors put it. You know it was. I asked Dr. Fauci if Long Covid was real, and

170

00:40:04.720 --> 00:40:16.470

Lygia Navarro: you know they just got ripped apart by long Covid, by long haulers on Twitter with reason. So make sure that your editors and your your higher apps know that long Covid is real and long, so long. Covid stories are everywhere.

171

00:40:16.830 --> 00:40:29.550

Lygia Navarro: The the the economy is being impacted by long covid. You look at, you know, work shortages. Labor shortages. A lot of that is long quote, even though it's not attributed that to that

172

00:40:29.810 --> 00:40:41.879

Lygia Navarro: in most media. But if you, if you dive into the statistics, you will find it. There's great work by Katie. I forget her last name at Brookings, who is doing repeatedly, doing research on

173

00:40:42.150 --> 00:40:49.269

Lygia Navarro: how long Covid is impacting the economy, the amount of billions per year that is in lost wages.

174

00:40:49.620 --> 00:41:18.400

Lygia Navarro: industry delays, you know. Postal delays can sometimes be related to people being off work. You know, I saw today in the Cbc. Here in Canada that there's a lack of substitute. Teacher teachers surprise everybody sick with Covid right now. The Ha. You know, the healthcare system is in disarray. It's gonna get to be in worse disarray. Honestly, because you know, healthcare workers are exposed to covid. A lot of them have had it. People have long covid now, or will develop it in the future.

175

00:41:18.400 --> 00:41:33.229

Lygia Navarro: okay, maybe. Yeah. I will share this afterwards. So this is my last slide. But just, you know everybody. Take a look, little. Look at it. Let me just say 2 things.

176

00:41:33.550 --> 00:41:49.430

Tara Haelle: You haven't seen my slides this whole time. No, I thought that you, because when you took it down from sharing, I'm so sorry I didn't realize. Oh, my God, I'm so sorry I was wrap up

177

00:41:49.810 --> 00:42:12.660

Tara Haelle: I'm so sorry about that. I thought everybody could see them. Yeah, definitely. I had intended to include them the whole time. My apologies about that when you when you switched it off that switches it off for us as well. Sorry about that. I forgot to put it. Yes, yes, great, and feel free anybody to ask me, you know, to contact me later on and ask me questions. So yeah.

178

00:42:12.660 --> 00:42:34.939

Tara Haelle: that we've provided some really fantastic information. It felt bad having to cut you off. I'm so sorry. So I'm gonna go in order the questions, and I don't know if we'll get to all of them. So we'll I'm hoping we can move through as many as we can. One question that came in early on from Bethany, Brookshire. What do we know about the underlying biology that might cause these new symptoms after a covid infection. And that's probably more of a question for Monica.

179

00:42:35.130 --> 00:42:58.739

Monica Verduzco-Gutierrez: Right? So I think we have actually a lot of data now on underlying biology. And so I think it's things that could be reported on, and that we know, you know, now



that definitely they're disturbed immune responses. And so some patients with long covid, they're fine. They're either finding it seems like their body is continuously fighting an infection. And so they have these like exhausted T cells. And you know, some even have

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00:42:59.860 --> 00:43:14.209

Monica Verduzco–Gutierrez: their blood work almost looks like someone who has HIV. So they're really, you know, getting other infections and those kinds of things. So we know it's part immunologic that might be driven by viral persistence, you know, like parts of the virus that are still in the body. There's

181

00:43:14.570 --> 00:43:37.539

Monica Verduzco–Gutierrez: mitochondrial dysfunction, there's inflammation. There's, you know, micro clotting and vascular dysfunction and vascularis there's dysbiosis which means like our gut flora changes, and that kind of leads to abnormal responses and abnormal signaling. So if we have a lot of neurons in our gut, and if that's you know, not signalling the right way to the other parts of our bodies. That mean.

182

00:43:37.540 --> 00:43:48.570

Monica Verduzco–Gutierrez: you know, mess everything up. So it's kind of like, there's a lot of things that are going on. We have more and more data that's proving that. So this is, we just don't have maybe a good blood test. Yeah, you know, for

183

00:43:49.030 --> 00:44:02.210

Monica Verduzco–Gutierrez: long haulers to get. But we know. And then some patients we don't know which response that they're having like, is there immune response over responding or under responding? And so that's where we still need more research and data.

184

00:44:04.810 --> 00:44:26.429

Tara Haelle: Excuse me. Another question about one person asked about who's more likely? And that was already answered. And the vaccines have a role that we we see it especially under under represented groups and marginalized individuals and people have already had Covid. What is the latest thinking? And whether Pax or Metformin can help prevent long Covid.

185

00:44:26.910 --> 00:44:30.469

Monica Verduzco–Gutierrez: So I think some of the thought is, you know.

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00:44:30.530 --> 00:44:55.469

Monica Verduzco–Gutierrez: there's one study that came out and said, like Paxlant helped and decrease the risk of long Covid cause. Hopefully, you're decreasing virus viral burden in the body. And then a recent study that came out just really again last week from Ucsf showed that actually, you know, it didn't. So in in that study, about 14% of people were still experiencing long Covid type symptoms. So you know, we can't just rely on that.

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00:44:55.470 --> 00:45:13.930

Monica Verduzco–Gutierrez: Then we also know, you know, as another story, that Paxil bit is really not is being probably under prescribed. And you know, patients aren't getting access to it when they should be getting access to it. So hopefully, I answered that. And then but Foreman had good data to. That's something that again. Physicians don't even know all the data on that

188

00:45:13.930 --> 00:45:28.320

Monica Verduzco–Gutierrez: on Metformin, you know. They tried it for kind of an acute infection really didn't do that much acutely, but when they, you know, continue to follow these patients out, that the patients who are on Metformin were less likely to have long covid when they got it, you know, at the initial infection.

189

00:45:28.620 --> 00:45:53.390

Monica Verduzco–Gutierrez: And what about the people who get multiple rounds of Pax loaded, presumably to combat viral persistence? Is there any indication that that could help, or if they have a Pax load rebound, and then they take the Pax load again, or I think that we still don't know, you know, it's just kind of here and there that people might get it again might get another course of it. And really the the trials are being done right now for patients who have long covid to see if you know

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00:45:53.390 --> 00:46:00.319

Monica Verduzco–Gutierrez: taking packs a little bit, or some other kind of special antivirals. Will help with long covid symptoms.

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00:46:00.530 --> 00:46:02.070

Monica Verduzco–Gutierrez: so we'll see.

192

00:46:02.890 --> 00:46:23.780

Tara Haele: And I will. I do have questions for Leeja, too. But, Lisa, thank you so much for answering some of these questions in the QA. That's fantastic. But another question for Monica here, what kind of data do we have on long covid among older adults, especially since they tend

to have already more co-morbidities to start with. Are they at higher risk? And and how is the medical community addressing that.

193

00:46:24.230 --> 00:46:45.040

Monica Verduzco–Gutierrez: So I think, actually, probably the best data we have on older death adults is what's coming out of the Va. And again, that's mostly gonna be men. But it is an older population and kind of that data. Mostly coming from Zad Ali is showing that patients who get Covid, even if you didn't have a serious

194

00:46:45.040 --> 00:46:55.450

Monica Verduzco–Gutierrez: infection. You know, you're gonna have impacts for even 2 years. Whether that'd be more hospitalizations, more medical problems, more long covid symptoms, more death.

195

00:46:55.660 --> 00:47:03.999

Monica Verduzco–Gutierrez: And so again, that was an older population, more men than women. So again, this populations at risk. The other thing is that, you know.

196

00:47:04.400 --> 00:47:22.039

Monica Verduzco–Gutierrez: there's still more to see. But there's concerns about patients having more cognitive issues, you know, developing more neuro cognitive issues as they age and so it's there again. This these patients are at risk. It's another story that needs to be told.

197

00:47:23.240 --> 00:47:36.810

Tara Haelle: And then this is a question for leisure. But I'm going to follow it up with a question after that for Monica. Leisure. Were you given an like? Was there an official sort of long Covid diagnosis that was put into your records. And then, like.

198

00:47:37.220 --> 00:47:41.590

Tara Haelle: I don't know why I just had balloons face. I'm sorry.

199

00:47:41.920 --> 00:48:06.360

Tara Haelle: And then my follow up question is that after you answer, leisure for Monica is, how are they coding for long, Covid? Because obviously, when when Covid first came out, Icd wouldn't have been able to catch up with that. So I'm curious how this is getting captured in medical records. And and whether that might be affecting like prevalence estimates, or even

incidents, evidence estimates so. But first, Liza, if you could tell us about your experience with that.

200

00:48:06.920 --> 00:48:16.599

Lygia Navarro: yeah. So I have never had a positive Covid test but I have been diagnosed with long covid. I'm I'm lucky because a lot of people don't necessarily have that

201

00:48:17.300 --> 00:48:27.639

Lygia Navarro: That experience, but it hasn't helped me at all. It hasn't helped me to be diagnosed with it. To be honest. Maybe a tiny bit. But it's still very difficult to access care difficult to access specialists.

202

00:48:27.720 --> 00:48:39.850

Lygia Navarro: Because there are no other than a select amount of long covid clinics around the world. There are not people who are specializing in long covid.

203

00:48:41.500 --> 00:48:45.870

Lygia Navarro: And I know Monica can answer this. But there are Icd codes for long Covid.

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00:48:46.160 --> 00:48:48.940

Monica Verduzco-Gutierrez: There is. It's UO, 9.

205

00:48:49.020 --> 00:49:14.010

Monica Verduzco-Gutierrez: Use 0 9.9. And so that actually didn't start until October 2021. So some of us had already been doing the work of long Covid for a year at that point before it became a code, you know, an Icd 10 code that we could use. The other thing is, a lot of doctors may not know or they not be using it. There's actually studies where they will look and seeing like what percentage of people are using this code. And it's like very few doctors that are actually using

206

00:49:14.010 --> 00:49:20.489

using this code. And it's not because there is very little on Covid. It's just because either it's not being attributed to it

207

00:49:20.490 --> 00:49:23.670

Monica Verduzco-Gutierrez: attributed to it, or the doctors don't know to use it.

208

00:49:25.090 --> 00:49:39.830

Tara Haele: Returning to the risk. Factors are there age groups that are more vulnerable to Long Covid. And are there certain strains that have been more highly associated with long Covid? And I'll I'll add on to that. Does your severity. Is there any correlation between severity of the covid

209

00:49:39.840 --> 00:49:43.630

Tara Haele: infection, or lack thereof correlate to long covid?

210

00:49:43.880 --> 00:49:44.900

Monica Verduzco-Gutierrez: So

211

00:49:45.160 --> 00:49:49.769

Monica Verduzco-Gutierrez: okay, so first on the severity? Yes, if you have a more severe Covid.

212

00:49:49.850 --> 00:50:11.760

Monica Verduzco-Gutierrez: you're going to more likely have long Covid symptoms. But that might be someone that looks different than someone who had mild disease and wasn't hospitalized. And then we just have a vast, huge number of more people who had mild disease. And so the more long Covid we're gonna see is gonna be in people who had mild disease. It's still not good to be hospitalized, because

213

00:50:11.760 --> 00:50:25.320

Monica Verduzco-Gutierrez: they will, you know, have and be in the lcu cause. Again, we knew any other infection beforehand, or any other hospitalization can give you lingering effects. As far as which strains, probably the earlier strains were worse.

214

00:50:25.500 --> 00:50:43.799

Monica Verduzco-Gutierrez: I think we keep on seeing that in studies. So if you got it earlier in the pandemic Amicron, you know what had more issues. So again, more severe disease that's been getting. And then more percentage of long Covid. But that doesn't mean that it's gone away at all. So it's still

215

00:50:44.150 --> 00:51:10.810

Monica Verduzco–Gutierrez: there and then about what age groups are vulnerable. Probably, if you look at the data like from the Cdc. Or from the household pulse survey, it's kind of actually in that data. It's a bell curve where it's like forties, fifties, thirtys, fortys, fiftys kind of have the most long covid, and a little bit less than the younger and a little bit less in the older. But I think if we're not, maybe looking at it in the right the right way, cause is there, you know, patients answering questions. But then

216

00:51:11.370 --> 00:51:22.579

Monica Verduzco–Gutierrez: I think again, like someone had brought up, it can happen in the older population, maybe just looks a little bit different with worsening of diseases or development of new diseases, or being hospitalized for more things.

217

00:51:23.420 --> 00:51:33.559

Tara Haelle: Leeja, I'm gonna ask you the question that Liz has in the Q. And A in just a moment. But I'm gonna skip ahead first to a question at the end here, because someone else had messaged me about it.

218

00:51:33.580 --> 00:51:45.019

Tara Haelle: What do we know about the biological connections between me Cfs and Long Covid? And I'm curious if there's a differential in the diagnoses there, how much of its overlap? Because you mentioned that people with long Covid may develop me? Cfs.

219

00:51:45.280 --> 00:51:49.579

Tara Haelle: do they? What do we know about that relationship.

220

00:51:50.570 --> 00:51:55.529

Monica Verduzco–Gutierrez: So I think one of the answers is, you know, some people ask is Long Covid just me. Cfs.

221

00:51:55.710 --> 00:52:06.570

Monica Verduzco–Gutierrez: and I think the answer is no, but I think the answer is. maybe some varying degree of it. So the Me. Cfs community has been dealing with, you know.

222

00:52:06.890 --> 00:52:07.870

Monica Verduzco–Gutierrez: having.

223

00:52:08.030 --> 00:52:36.829

Monica Verduzco–Gutierrez: under reporting, under funding, under research for decades and decades. And what? And yeah, fighting and everything else, right and terrible studies. And all these other things. Yeah. And so I think they're learning that a lot of the biological connections are similar, similar as they're starting to do some things like 2 day exercise testing, seeing that there's mitochondrial dysfunction, seeing that there's got dysbiosis, that there's email logic problems. So again, they're seeing a lot of overlap

224

00:52:36.910 --> 00:52:48.139

Monica Verduzco–Gutierrez: in what me Cfs is and what long Covid is, and we know that me Cfs can be infection associated as well. So it can be, you know, triggered by an infection

225

00:52:48.390 --> 00:53:09.240

Monica Verduzco–Gutierrez: way before we had co-size Kobe to it could have been from the flu or from, you know, something else. So I think we're seeing there's a lot of overlap. Hopefully, we're gonna have more studies, you know, from recover, and other such things that are, gonna look and see like which patients who have long covid also meet criteria for me. Cfs.

226

00:53:10.470 --> 00:53:33.230

Tara Haelle: leeja. The question was whether you could talk a bit more about how long Covid has impacted your work as a journalist, and if you're comfortable doing so, how it's impacted the family budget. And just for the record, this question comes from Liz Siegert, who's our health beat leader on aging. And she noted that Lesia was actually a jaws. Health journalism fellow in 2,023. So there was some inside information there, and I would add on to that question

227

00:53:33.230 --> 00:53:45.099

Tara Haelle: because I'm asking a sensitive question. Are there questions that you wish journalists would not ask you? I noticed that you answered several questions in the Q, and a. Saying that your symptoms have not improved, and that there's not much.

228

00:53:45.100 --> 00:54:02.189

Tara Haelle: And I remember reading A article where someone talked about what they wish. People would not ask them about long Covid, and one of the top things was, don't ask me if I'm getting better, because I never am, and I wondered if that was something that the journalists should avoid, or if there is a way to get at that question without asking it in that way. So

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00:54:02.760 --> 00:54:06.229

Lygia Navarro: let me just answer that part. First, because I think

230

00:54:06.870 --> 00:54:34.030

Lygia Navarro: that is more. When people in like people in your personal life ask you I did. There was a twitter threat of about, I think, yesterday or the day before that I chimed in on it's more like if some you know if your friend text you, and it's like, Are you getting better? And you say No, you know, or you just don't answer because it's really awkward, or it traumatizes you, or it depresses you. So in terms of things that I wish I would personally, never.

231

00:54:34.290 --> 00:54:38.889

Lygia Navarro: I just. I just know too much about how the sausage is made.

232

00:54:39.060 --> 00:54:43.580

Lygia Navarro: so not questions not to ask.

233

00:54:44.080 --> 00:54:49.119

Lygia Navarro: I'm not sure I think you should. I think you should. People should use their good judgment on that. And if

234

00:54:49.130 --> 00:54:59.530

Lygia Navarro: and and and tell sources, please feel free to to say that you don't want to answer it to anything that I ask you. Okay, Liz, thank you for asking this.

235

00:55:00.160 --> 00:55:09.519

Lygia Navarro: the jaws fellowship was wonderful. If there's any you know, emerging health reporters or people who are just trying to get into health reporting. Apply next year.

236

00:55:09.700 --> 00:55:25.010

Lygia Navarro: and how God long Covid has impacted my work as a journalist so much. You know, I used to be a field reporter. I did a lot of coverage in Latin America. That was actually what I specialized in covering Latin America before I had a kid and took a a career break.

237

00:55:25.330 --> 00:55:34.119

Lygia Navarro: I was on my cubic when I got sick. So it's been a just just so different. I've had to adapt to figuring out how to.

238



00:55:35.450 --> 00:55:50.279

Lygia Navarro: You know, really create rapport with sources, through video and phone, how to report for fact and for scene, because I'm so used to being able to like paint a scene. And you know I do mostly long form work.

239

00:55:50.430 --> 00:56:15.370

Lygia Navarro: and I can't leave home. I'm homebound, you know. I I'm lucky I haven't left home for a month. I probably won't leave home for a while, because in the cold it really messes up my nerve pain. And sorry. I just can't see the rest of the question now. So I can see it now I can see it. Now it's okay. So it, yeah. And and you know, I'll have keep a I keep a running list about journalists with link of journalism.

240

00:56:15.370 --> 00:56:29.149

Lygia Navarro: Covid cause I want to write something, maybe for a Cjr. Or something about it, because it's it's, you know, there's there's a lot of us out there. There are a lot of us out there, and there's more people out there something that I didn't say earlier that I should have is that

241

00:56:29.380 --> 00:56:53.289

Lygia Navarro: There are a lot of people with long Covid who number one don't realize it, or number 2 will not admit it. People are afraid of losing their jobs. They're afraid of losing their homes. They're afraid of losing everything their relationships. And a lot more. People have long covid that don't realize it or or not recognizing it, I think. Then then maybe people who are diagnosed and in terms of budget. Yeah,

242

00:56:54.260 --> 00:57:08.630

Lygia Navarro: I'm terrified of my future. I I've always been self employed as a journalist. You know I have. No, I have no pension. I have. No, you know, be haven't been paying into social security. Because I live in Canada.

243

00:57:08.710 --> 00:57:24.169

Lygia Navarro: essentially, I started working to help me with my mental health, with long covid, and I can't stop working because we need the money, you know, with interest. Rates haven't gone up and I'm saving for my future care to be totally honest. Because

244

00:57:24.170 --> 00:57:39.240

Lygia Navarro: my kid says, Mom, I wish you wouldn't work so much. And I say, Well, I'm doing that so that you don't have to spend all your money taking care of me. You know, this is actually

making me feel really emotional, because, you know, I'm 45, and I feel often like I'm in my eighties and

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00:57:39.330 --> 00:57:41.160

Lygia Navarro: my future terrifies me.

246

00:57:41.280 --> 00:58:07.779

Lygia Navarro: And yeah, just to answer your question, Liz. And to mention it like my family does live in this very small space which one of the pieces that I wrote recently that Tara included, describes this and so my family is cooped up at 640 square feet, the majority of our time, and because we live in this very expensive city in Toronto and you know all we could afford to buy when we bought a place was a very small

247

00:58:07.780 --> 00:58:14.450

Lygia Navarro: condo with no outdoor space. So what we do is when we can. We do home swaps and

248

00:58:14.450 --> 00:58:26.579

Lygia Navarro: we go to places that houses in the country that have backyards. So my kid could be outside, because between my being homebound and my husband, you know, working more than full time and being

249

00:58:26.790 --> 00:58:36.230

Lygia Navarro: doing everything in our household, my kid otherwise doesn't get outside a lot. And that's that's what I was saying earlier that the you know, long Covid drastically impacts families.

250

00:58:37.280 --> 00:58:52.639

Tara Haelle: That was a perfect stopping point. I. We didn't quite get to every single question, but we got almost all of them, and I'm going to include all the links that have been shared throughout this in the post that I will put up after all of this. Thank you both so much for this time that you've given us

251

00:58:52.640 --> 00:59:16.449

Tara Haelle: I say that to all of the people who come on our webinars. But for you guys, I wanna like put exclamation points after it many times over, because it is a true sacrifice for you to be giving us this time. And you know th th. This is costing you much more than our usual guests

who come on here. So thank you very, very much for sharing your time and your stories and your vulnerability.

252

00:59:18.140 --> 00:59:24.659

Tara Haelle: To everybody else. This will be available. This webinar will be available for recording.

253

00:59:24.690 --> 00:59:44.169

Tara Haelle: we will have this posted on the Hc. Wetj website. Once the recording is ready. Thank you all again, and if again, if you tuned in late we'll have it up. It'll be just a few hours before we have it up. We will continue to bring you webinars on a wide variety of health topics. If you

254

00:59:44.240 --> 00:59:50.840

Tara Haelle: current, if you actually, I am tripping over my words, I'm so sorry I'm focused on all the stories you share this

255

00:59:50.880 --> 01:00:05.019

Tara Haelle: if you sign up for the AHCJ Newsletters, you will hear about all of those webinars and be able to attend future webinars as well. And you can find our past webinars on our website. Thank you for joining us today, and good luck on your stories.