

WHN Voices Magazine

Issue 1: Long COVID

March/April 2026



INTERNATIONAL
LONG COVID
AWARENESS



WHN Voices Magazine is a magazine published by the World Health Network every two months. It's a magazine for the COVID-cautious and the COVID-curious.

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First-year psychology students (as part of Work-Integrated Learning with their university)

This magazine was made to be accessible to dyslexia by including:

- Low contrast text-to-background colours
- Headings and Subheadings
- A Content page
- Pictures
- 1.5-line spacing



Suggestions for inclusivity were found through Dyslexia Scotland, Springfield Business Papers, and the British Dyslexia Association.

With thanks to Sohniya Johal

Editor's Note



It is such a pleasure to welcome you all to the very first issue of WHN Voices magazine! This is a magazine that helps us come together and explore thoughts, emotions, information, and misinformation about COVID-19. It was Yaneer's idea (WHN co-founder), and my first thanks goes to him - thank you for providing such a kind and thoughtful space to talk about COVID-19 in an effective and informed manner. Naomi and Frank have been instrumental to it too, suggesting the themes for each issue, writing articles, encouraging, suggesting, coming along to our Editorial meetings with our wonderful placement students.

And that brings me to one of the most important things about this issue. The vast amount of work has been done by 1st year psychology placement students. Their dedication, creativity, hard work, and imagination really impressed and moved me. It stops me in my tracks to think that these students were children when the pandemic started. I cannot imagine how difficult it must be to spend all these formative, transformative years of your life in a pandemic. Seeing them work with such dedication gave me so much hope for the future; they really inspire me.

Thank you all for everything you did for the COVID-cautious community and we hope to see you again at WHN! As a WHN volunteer, I am so grateful for your help; as one of your lecturers, I am so proud of you! You are in your first year and you are already making a difference in the world.





I love all articles in this issue, but I particularly like the review of a Long COVID resource by Sohniya Johal. There are so many resources about COVID-19 out there, and in this magazine we will aim to review at least one of them in each issue. Another favourite is the anonymous mother's article about Long COVID, along with the comment by the student. Both of these are examples of how magazines can bring people together, people that might not always inhabit the same spaces. As one of the articles in this issue suggests, we need to be able to collaborate effectively; psychology can give us the tools to be able to do that.

There are so many COVID-19 resources out there. And there is also so much misinformation, and noise. In this magazine, we want to pause and highlight important information and resources, and give the space to people with different levels of covid-cautiousness and covid-curiosity to come together and reflect. We need each other. We will revisit the issue of collaboration more extensively in subsequent issues of the magazine, because we truly believe psychology can help us collaborate more effectively. There is so much going on in the world at the moment, genocides, wars, pandemics, and we all have a duty to do our best for communities across the world.

We focused the first issue on Long COVID, to coincide with Long COVID awareness day, 15/03. I don't have Long COVID, but I live my life by it. I am masking always, everywhere, to make sure I avoid COVID-19 infections, because I know repeated COVID-19 infections can lead to Long COVID. My heart goes out to all of you that suffer from Long COVID. Thank you to all those Long COVID sufferers that somehow manage to find the energy to campaign about Long COVID! Becky Ancira Robertson is a great example of that - thank you for all your wonderful work, including the amazing Long COVID Marathons! We see you and we hear you, and we are very grateful for all your work.

We look forward to highlighting your work in this magazine! We want to be Long COVID advocates too. We hope you enjoy our first issue, and please send us articles, art, suggestions, poetry, or even come and join us as editors! Stay safe and read WHN Voices magazine!

Dr Aspa Paltoglou, - Senior Lecturer in Psychology, employability lead, WHN volunteer



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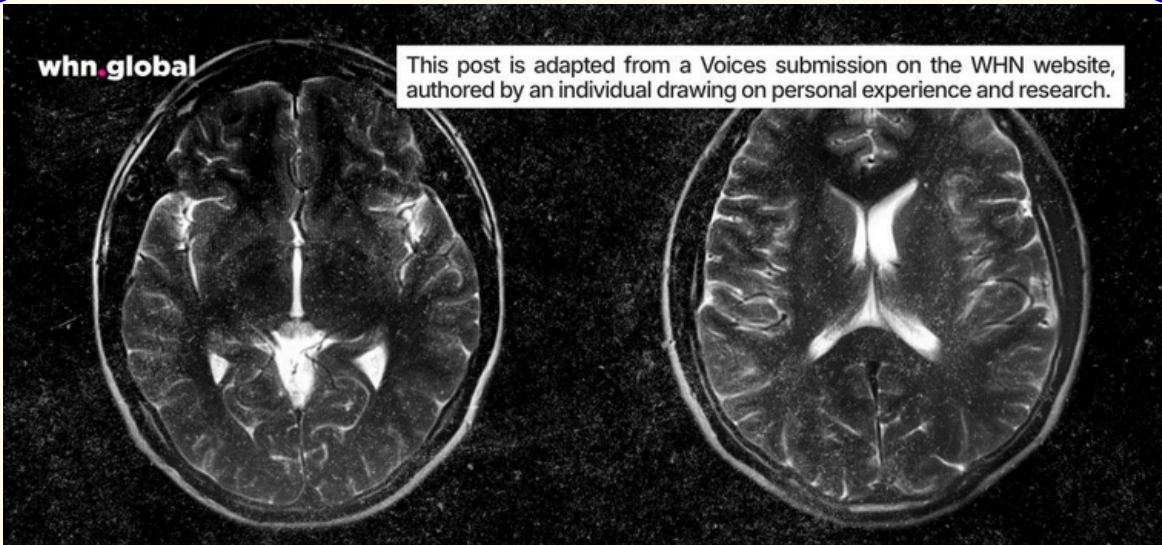
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This post is adapted from a Voices submission on the WHN website, authored by an individual drawing on personal experience and research.



Long COVID is *not* “all in your head.”

Long COVID is a complex, chronic illness with real, measurable physical effects. Yet millions of people are still told their symptoms are caused by stress, anxiety, or mindset — not disease.

The World Health Network is a network devoted to global compassion—working together to inspire collective action through science for a safer, healthier world.

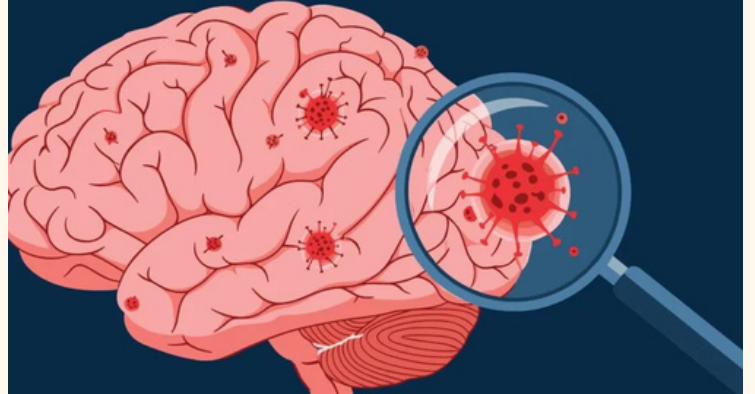
[Get Involved and Make an Impact! - WHN](#)



Long COVID is Not Psychosomatic

World Health Network Article by Mariza Swanson

Long COVID is a complex chronic illness. Its symptoms can be highly inconsistent, and with no diagnostic tests for the disease, it can be difficult to identify and treat. The lack of measurable indicators for Long COVID, combined with its unpredictable nature, can also make it difficult for people to understand the disease. As a result, false claims that Long COVID is a psychosomatic illness – an illness caused by mental factors rather than physical ones – are all too common.



According to one study, 82% of long-haulers have experienced psychologization of their illness – having their illness explained by psychological factors such as stress or poor mental health.³ You can also look at Long COVID groups on social media to see countless personal stories of individuals being psychologized by healthcare providers, family and friends, and the general public. Long-haulers are often told that it's our mental health causing our illness, with our Long COVID symptoms commonly misdiagnosed and misinterpreted as depression or anxiety. Many of us have heard, “it's all in your head.”

The truth, however, is that Long COVID is not psychosomatic.

Research on Long COVID increasingly points to physical factors as the root causes of the disease. Theories on the underlying mechanisms of Long COVID are complex, and while I can't describe them all in one post, I have summarized a few.

These theories include:

- Viral persistence. The SARS-CoV-2 virus or its remnants may linger in the body long after acute COVID-19 infection.^{4,5} This viral persistence may trigger chronic pro-inflammatory responses throughout the body, resulting in long COVID symptoms.
- Viral reactivation. COVID-19 may reduce immune defences, allowing latent viruses (e.g., human herpesviruses and Epstein Barr virus) to reactivate.^{6,7} The re-emergence of these viruses may result in long COVID symptoms such as fatigue.
- Nervous system dysfunction. COVID-19 may trigger pro-inflammatory and autoimmune responses against the nervous system, with Long COVID linked to several autoantibodies that target the brain and its receptors.⁸ This may cause brain damage and disruption to neurological processes, resulting in Long COVID symptoms such as fatigue, brain fog, and dysautonomia.
- Mitochondrial abnormalities. COVID-19 may damage mitochondria, cellular organelles responsible for producing energy.^{9,10} In Long COVID, both the number of mitochondria and the rate of mitochondrial energy production may be affected, resulting in symptoms such as fatigue and muscle weakness.
- Endocrine dysfunction. COVID-19 may disrupt endocrine processes, with evidence of pro-inflammatory and autoimmune responses against the pituitary, adrenal, and thyroid glands in Long COVID.¹¹ This may result in a variety of symptoms, depending on which gland is affected and how.
- Vascular dysfunction. COVID-19 may damage the endothelium (the layer of cells that lines the insides of blood vessels), as well as promote microclotting.^{12,13} This may impair blood flow to tissues and reduce oxygen saturation, resulting in Long COVID symptoms. Page 8

As you can see, there is plenty of evidence indicating that Long COVID is caused by physical factors. To be clear, we still don't know how to determine which mechanisms of disease apply to which patients, with no identified biomarkers that consistently apply to the entire spectrum of long-haulers.^{1,2} More research is needed to fully understand Long COVID. However, enough progress has been made to definitively state that Long COVID is not psychosomatic.

And while it is true that chronic illnesses are associated with increased risk of mental health issues like depression and anxiety,¹⁴ it's often the chronic illness that causes the mental health issue – not the other way around. With mental functioning tied to physical brain function, depression and anxiety in Long COVID may be the direct result of COVID-19's effects on the brain.⁸ Moreover, chronic illness is stressful, especially when it comes to complex diseases like Long COVID. Struggling with this kind of illness will naturally result in some level of depression and anxiety in many people. This does not make them mentally ill – it makes them human.

Additionally, if Long COVID were truly psychosomatic, we would expect standard psychological and psychiatric treatments to alleviate long COVID symptoms. While these treatments can help long-haulers cope with the mental burden of chronic illness, they will not erase their physical symptoms. For example, I struggle with gastroparesis (stomach paralysis) as a complication of Long COVID, and it's depressing when I can't eat properly. Yet, there is no amount of therapy or antidepressants that will cure my stomach and make me feel better after I eat, because the gastroparesis isn't caused by depression – depression is a result of the gastroparesis.

To reiterate, Long COVID is a complex chronic illness of physical origin. It isn't caused by mental health issues like depression or anxiety, and mental health treatments won't cure its physical symptoms. Now, we must stop treating long-haulers as if their mental health is responsible for their illness. Long-haulers' physical health concerns are too often dismissed as psychological, and we need better support. It's crucial to understand that Long COVID is not psychosomatic.

Covid-cautious gardening in Australia

A WHN member is a keen gardener, and we wanted to share with you some of their garden updates! Thank you for allowing us to use these beautiful pictures in the magazine!



March

I think my Golden Delicious apple tree is confused. According to my area, they usually flower in my Spring which is September to November.



April

Bird of
Paradise in
flower

whn.global



“I FEEL LOUSY...
COULD THIS BE
LONG COVID?”

COVID doesn't always end when the infection clears. Lingering fatigue, brain fog, heart strain and other symptoms can signal **Long COVID**—now affecting millions across the world.

[Learn about the 5 pillars of prevention](#)

How Long COVID Becomes Controversial

Article written by a first-year psychology student

According to the Office for National Statistics 1.9 million people living in the UK suffer with Long COVID, many of whom cannot find treatment. Since the early stages of the COVID-19 pandemic, people across the world have reporting symptoms long after their initial infection. This condition is known as Long COVID and includes fatigue, breathlessness, sleep disturbance, memory, cognitive and language impairments alongside with other typical physiological symptoms patients experience with COVID-19 infections. Yet despite growing patient testimony and emerging research, debates continue over how the condition should be understood.

Even to this day, some experts and institutions claim or imply that Long COVID may be largely psychosomatic, implying that symptoms arise from stress, trauma, or psychological processes. There is unequivocal evidence for ongoing physiological dysfunction, which suggests that Long COVID is not Psychosomatic.

Interestingly, Thurner and Stengel (2023) describe Long-COVID as "psychosomatic" not in the sense of it being 'all in the head' but instead as a complex interplay which includes physical, psychological and social factors.

Psychosomatic illness is a legitimate and well-established medical concept as stress can and does affect the physical body, and along with this, the psychological symptoms of Long COVID such as anxiety and depression makes it easy to call it a psychosomatic illness as certain symptoms can be managed by mental health interventions.

However, it is important to understand that a correlation does not equate to cause and effect. By managing the psychological symptoms we are not getting rid of the root cause of Long COVID.

Public health systems operate under intense political, economic, and reputational pressures. Medical doctors are trained to make quick clinical decisions, often under time pressure. Researchers with PhDs, by contrast, are trained for methodological rigour. These are complementary skill sets despite this tensions can arise when there is clinical urgency and scientific uncertainty which can lead to 'deadly mistakes' when both are unable to work together to find a solution.

Psychological phenomena such as the Dunning-Kruger Effect may also play a role which is a well-documented cognitive bias describes how individuals with limited knowledge in a domain may overestimate their expertise. In complex, emerging conditions like Long COVID, overconfidence in early interpretations can delay reconsideration in alternative perspectives which can be ground breaking.

The UK-funded 5 million for the PACE trial, which later faced significant methodological criticism. Whether or not those concerns directly apply to Long COVID, the controversy has left a legacy of mistrust.

Psychological factors may influence symptom severity as they do in many chronic illnesses but this does not negate potential physiological causes.

When it comes to Long COVID, there is sometimes a divide between the patients and medical doctors on the methodology that is to be used to assessing and diagnosing the symptoms of Long COVID. It is sometimes thought as particularly controversial to use the Biopsychosocial model. Some suggest that in practice the 'bio' aspect of the model is overlooked and professionals are sometimes quick to labelling the illness to be psychosocial and thus patients do not feel heard.

Saara Petker suggests "psychological support must be offered with care. If its seen as replacing medical help, it can feel dismissive". However, The Biopsychosocial Model itself advocates for the scientific study of the biological basis of behaviours which includes the brain, nervous system, genetics the impacts of neurotransmitters have on our thoughts emotions and actions. The Biopsychosocial Model does not focus only on the psychological symptoms.

It tries to integrate biological, psychological and social factors. I feel that the biopsychological model should be reclaimed and worked through so that the focus would not be to choose solely on 'biological', 'social' or 'psychological' explanations.

For patients living with Long COVID symptoms, recognition is vital as it allows access to care, support, and social legitimacy so they can rest assured with necessary care without being made to feel as if they are being irrational.



LONG COVID:
EVERY HEARTBEAT COUNTS

FIBROSIS
NECROSIS
PERICARDITIS
MYOCARDITIS
HYPERTENSION
HEART FAILURE
FIBRILLATION
HEART ATTACK
THROMBOSIS
VESSEL DAMAGE
ARRHYTHMIA
And more...

**Every COVID infection can cause damage.
High quality masks can help protect you.**

#LongCovid
#LongCovidHeartbeats
#LongCovidAwareness



whn.global

whn.global/the-unpredictable-nature-of-long-covid/

“If I had to choose
one word to describe
Long COVID, it would
be unpredictable.”

Long COVID doesn't follow a single course. Symptoms
can change in type, intensity, and duration, even within
the same person over time.

The World Health Network is a network devoted to global compassion—working together to inspire collective action
through science for a safer, healthier world.

Can NHS-branded facemasks save lives? | BPS

Read article in [The Psychologist](https://www.bps.org.uk/research-digest/can-nhs-branded-facemasks-save-lives): <https://www.bps.org.uk/research-digest/can-nhs-branded-facemasks-save-lives>

Chronic illness, chronic hunger

Article written by Anaya Mahmood, a first-year psychology student

Millions of people survived COVID-19, only to find that recovery never truly came. More than three years after the global emergency people of all ages are still battling the effects of the infection through the condition of Long COVID: with lasting symptoms of fatigue, brain fog, headaches, muscle pain, and more.

It is a common misconception that Long COVID only targets the elderly, with doctors dismissing many young people's struggles and their symptoms under the assumption that they aren't as badly affected by COVID-19, as highlighted by London School of Hygiene & Tropical Medicine in their '[lived experiences](#)' resources. Therefore, a key aim I wish to achieve through this issue is to make my audience realise that Long COVID is a chronic illness that can happen to anyone at any age. Recognising the reality of Long COVID across all age groups is important when highlighting the social consequences, such as low energy, brain fog, and memory loss.

This chronic illness has left people struggling with daily functioning, and unable to work. When illness disrupts work and income the struggle increases beyond just health, as the lingering shadow of COVID-19 ties into another crisis: food insecurity.



Long COVID is a “substantial public health concern, and its association with health-related social needs, such as food insecurity” according to Lin et al., in a research conducted to find if food insecurity is associated with increased risk of Long COVID. It was found that food insecurity was associated with greater odds of Long COVID; more specifically, there was 73% higher chance of having Long COVID for people experiencing food insecurity. Additionally, unemployment increased these effects, highlighting the importance of health-related support in chronic disease management. This also brings attention to the active struggles of everyday life people with Long COVID go through, battling their chronic pain while simultaneously navigating social and economic pressures that can challenge accessing consistent nutritious food.

Food insecurity is often mistaken for simply hunger or not having enough food. However, the concept of food insecurity with Long COVID is more complex as it goes beyond poverty and personal choices. It includes inconsistent access to nutritious food, unemployment due to reduced working capacity, and healthcare expenses , as evidence suggest that individuals struggling with low incomes and “financial toxicity” are at a greater risk of developing Long COVID. Research by Militao et al., 2022 found that food insecurity potentially correlates with anxiety, depression and malnutrition, which should be taken to account as victims of Long COVID are more vulnerable to these additional factors due to their chronic illness. In addition, recent evidence has shown that food insecurity was “associated with an increased probability of Long COVID” as people who reported food insecurity were 15% more likely to experience long COVID as well as having a “higher probability of experiencing neurological symptoms, pulmonary symptoms, and gastrointestinal symptoms”.

This growing body of research showcases the overlooked relationship between long COVID and food insecurity. The symptoms of Long COVID can make maintaining employment, doing tasks such as grocery shopping and cooking food difficult. This, therefore, worsens both physical and mental health outcomes, creating a cycle of economic hardships due to an illness. Public awareness of this connection is vital as individuals of all age groups and professions need to recognise that Long COVID runs deeper than chronic pain, and that more effective health and social support systems need to be put in place to help those suffering the everlasting effects of the pandemic.

Websites/helplines that offer support for people suffering with long COVID:

- [World health network-what is long COVID](#)
- [Greater Manchester integrated care partnership](#)
- [NHS](#)
- [The Brain charity](#)
- [Groundswell](#)
- [Kirklees wellness service](#)



Covid-cautious gardening in Australia



This is a
banana shrub.
It smells
wonderful!

March



This is a photo
of the lemon
tree taken today.
I'm pleased to
see that it has
grown well in the
WaterUps
planter.

March

Long COVID isn't rare.

**Per the WHO, approximately
15 in 100 people still have
symptoms at 12 months after
contracting COVID-19.**

World Health Network - Science for a safer, healthier world.

Supporting university students with Long COVI

How can lecturers help?



Article written by Sohniya Johal a first-year psychology student

Anne McConway wrote a brilliant [article in Times Higher Education](#) which discusses how educators can make it easier for students who are dealing with the symptoms of Long COVID to continue their studies.

Summary:

The article first highlights that Long covid is now recognised as a disability and is an umbrella term for a variety of health problems that are caused by COVID-19.

Long COVID has cognitively affected many students, and it's important we support them in their studies so that they feel supported and understood. The article then lists many post-Covid symptoms that learners may be suffering from, such as heart palpitations, dizziness, joint and muscle pain, etc.

The writer put together some suggestions on how to be help students living with Long COVID using her own ideas, and suggestions from students who are in the online long covid community. These include:

1. Make sure classrooms are well ventilated.
2. Create a positive, mask-friendly environment.
3. Being understanding if learners can't always attend in person
4. Offering online tutorials, asynchronous course materials, a flexible timetable
5. Avoid pushing them beyond what they can manage, and be aware that what they can do one day they might not be able to cope with on another day



6. Making sure classrooms are wheelchair-accessible

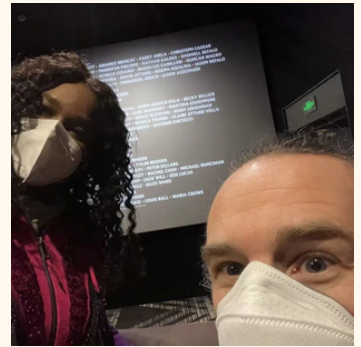
7. Being understanding if students can't manage full sessions

8. Offering somewhere to lie down if needed

9. Providing a low-stress, low-stimulation environment

10. Offering alternative assessment options

11. Providing shortened, accessible course materials and signposting to existing support services.



The article gives practical and achievable suggestions of how to support Long COVID sufferers, which makes it extremely useful to many educators who may be stuck on where to start! It emphasizes that Long COVID sufferers shouldn't feel disadvantaged and spoke about how Long COVID has affected students physical, cognitive and emotional wellbeing. This gives readers a well-rounded perspective on the long-lasting effects of Long COVID.



BU Photography by Cydney Scott

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Long COVID Awareness Month

**Every COVID
infection
adds **risk**, not
protection.**

**Each infection increases
the risk of Long COVID.**

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Follow WHN on [LinkedIn](#) and other platforms!

Cognitive Functioning and Effective collaboration

Article written by Sophie Watson, a first-year psychology student

Cognitive functioning in Long COVID refers to changes in mental processes such as attention, memory, and information processing that may occur following COVID-19 infection, often described as brain fog. These changes can affect daily functioning, independence, and quality of life ([Crivelli et al., 2022](#)).

Recognising these challenges can help others adapt expectations and communication styles, supporting more effective collaboration.

The Rogerian Communication Model is closely linked to effective collaboration because it emphasises empathy, congruence and unconditional positive regard. Unconditional positive regard refers to accepting another person without judgment which helps create a safe and trusting environment for communication.

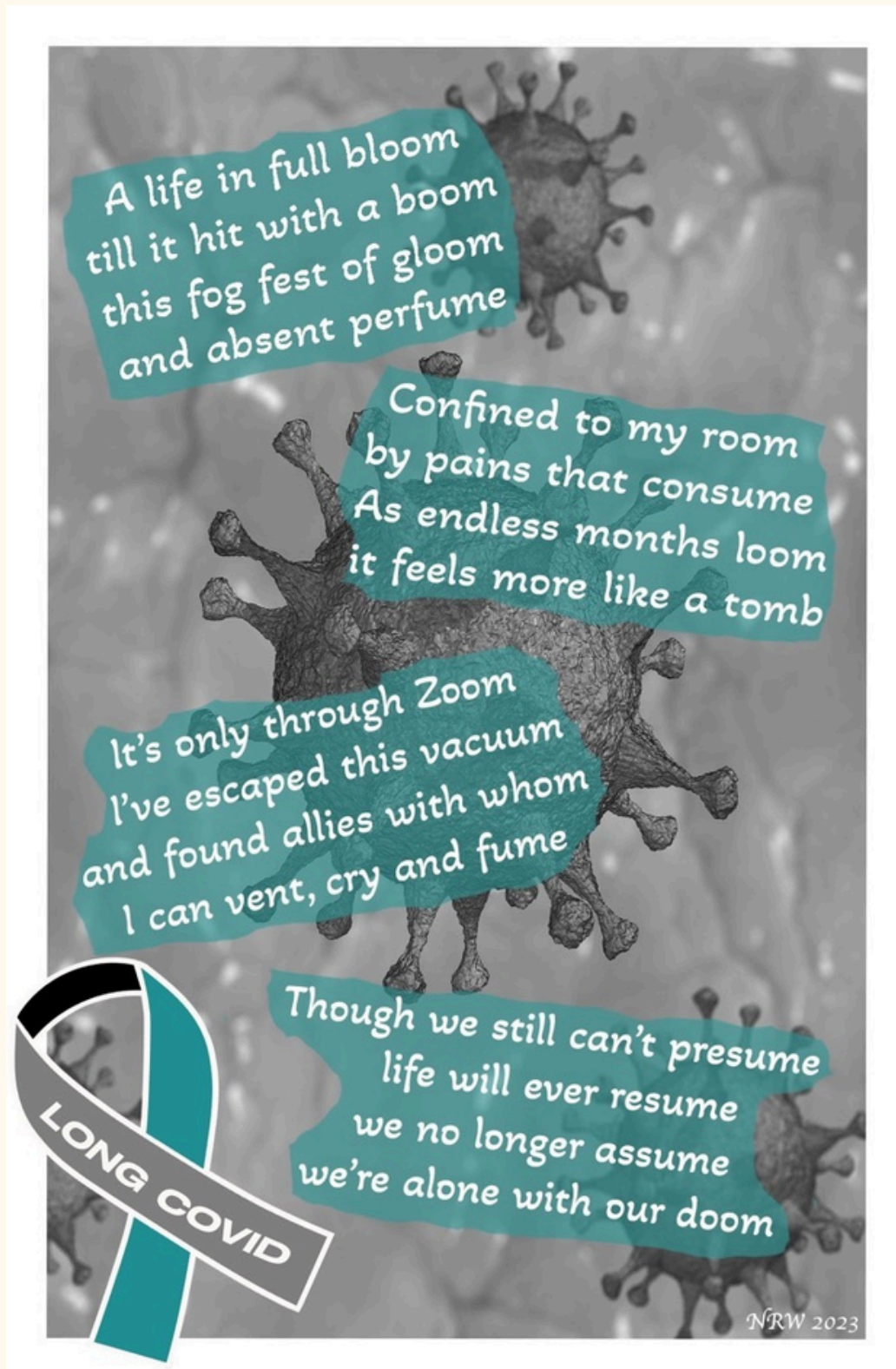
When people feel safe to communicate honestly, mutual understanding, cooperation and collaboration between individuals are more likely to be developed ([Rogers, 1957](#); [Schenk et al., 2020](#)).



Poetry and COVID-19

by Aspa

A very valued friend from WHN had sent me this beautiful, yet melancholic poem. It expresses beautifully the difficulties of suffering from Long COVID.



One day, we held a poetry jam at WHN, where we wrote poems together. This same poet wrote this beautiful poem, which is one of my favourite poems about Long COVID. Although the poem starts with expressing sadness, more than half of the poem is hopeful, and it finishes on a positive note, highlighting the importance of art and community.

Here it is:

**As people who live with Long COVID,
Our fun times are all but eroded,
But here we can write,
Far into the night
With no fear of being misquoted.**

Interestingly, I was working on a poetry workshop with a different group of placement students that were working with a Palestinian university. One of the students came up with these wonderful lines, and it made me think of people that suffer from Long COVID:

Here is a poem:

Poppies are red
olives are green...
you are not alone
you are seen

Please send us your poetry, whether or not it is relevant to COVID-19!

Tell us why it is important for you.

Let us know about your favourite poetry too!

whnvoices@whn.global



The fragmented grammars and daring aesthetics of a caring humanity

by Aspa

A few days ago I came across one of the poems by my colleague Dr Khawla Badwan, Reader in Linguistics at Manchester Metropolitan University, UK. She was mainly referring to her country of origin, Palestine. But her words resonated with me in relation to COVID-19 and Long COVID too. COVID-cautious people that mask are sometimes told that they suffer from health anxiety. Long COVID patients are sometimes accused of being too emotional and not rational or scientific enough, when in fact they often collaborate with scientists and medical doctors and have contributed to scientific advances in relation to Long COVID. We tend to treat cognition and emotion as completely separate, and consider cognition that is without emotion as superior. It is true that sometimes emotion can impair cognition; I certainly have noticed that I am not as articulate when I am *overly* stressed. Similarly, Long COVID is associated with negative effects on cognition, which could lead to 'fragmented grammars and lost lexicon'. But seeing Long COVID patients fighting to be heard, despite the devastating effect that COVID-19 have had on their body and brain, is one of the most inspiring things I have ever witnessed. Khawla invites us to cherish fragmented grammars and lost lexicon and appreciate the care and humanity that can accompany these. Interestingly, emotion and cognition are much more interlinked than usually portrayed, and emotions guide cognition. I feel this is a much more nuanced way to look at cognition and emotion, as opposed to assuming that they separate and that emotion is always a bad influence.

For me, Khawla illustrates that very clearly with her poem and LinkedIn comment:

'Colonial morality has always assumed the inferiority of feelings described as 'irrational'. To feel requires a specific kind of reason—one rich in social knowledge and vocabulary of social critique. To feel is to be more than rational. To feel more fully is to be human.'



Fully

Happy are those
who work with
a language of care
despite the dictates of carelessness.
They hold language
with its broken poetics
and daring aesthetics,
attuning to imperfect rhymes,
disjointed rhythms,
fragmented grammars,
and lost lexicon.

And as they language,
they insist:
*it is not enough to
know and think*

But to think,
know, know more,
feel
feel deeper
and feel more fully



whn global

whn.global/scientific/long-covid-in-children/

Children *can* get Long COVID, and the risks are bigger than most people realize.

For years, many parents, doctors, and policymakers were told that children are safe from COVID-19. Growing scientific evidence makes it clear that this notion is incorrect.

The World Health Network is a network devoted to global compassion—working together to inspire collective action through science for a safer, healthier world.

[Explore resources for kids at WHN, including Kids' Zone magazine!](#)

Personal account on Long COVID by an anonymous Mother

I'm writing this as a Mom, with severe Long Covid, who has watched COVID-19 change my daughter's brain and, with it, so many pieces of who she seems to be on the outside. Before she got sick, she was warm, funny, and full of life; now her frontal lobe damage means her memory, emotions, and empathy don't work the way they used to, no matter how hard she or any of us try. She often can't remember our shared past or feel connected to old photos, and her feelings can flip quickly to frustration & anger or sadness & despair, with very little "in-between." Her ADHD is louder now too, tangled up with inflammation and exhaustion, and I would be lying if I said it isn't heartbreaking and disparaging at times. But every so often, I catch a brief glimpse of the girl I've known and loved for years, and those moments remind me that she is still in there, even if her brain makes it harder for her to show it. I'm sharing these pieces—one for young adults and one for kids—because I'm asking you, as someone who cares about her, to lean into compassion, to offer extra patience and grace, and to remember that what may look like rudeness or distance is really brain injury, not a lack of love.



L
COVID
COVID
COVID
COVID
N
G

**The more times you're infected,
the greater the risk.**

whn.global

Version for 20-year-olds



“She’s still in there.” Please don’t give up on her.

First, I want to acknowledge how confusing and painful it can be to see someone you love change after COVID and brain injury. These changes are not her fault, and they are not a choice; they are the result of real physical damage to the parts of her brain that used to make certain things feel easy or automatic, like empathy, memory, and emotional balance.

What COVID-19 did to her brain:

COVID-19 is not just a “lung virus.” It can inflame and injure the brain, including the frontal lobes—the areas behind the forehead that help with personality, empathy, decision-making, impulse control, planning, and flexible thinking.

When those areas are damaged or have very low electrical activity, people can develop:

- Blunted or unpredictable emotions (quick temper, big mood swings, “all-or-nothing” reactions).
- Trouble with empathy and reading other people’s feelings, even if they want to care.
- Serious memory loss, especially for personal events, photos, and shared moments.
- Difficulty with attention and impulse control, which can worsen underlying ADHD.

These are known consequences of Long COVID and frontal-lobe injury, not personality flaws. In other words: the “filter” and “control center” in her brain are damaged, so her inner intentions and her outward behavior no longer match the way they used to.



Why she seems different?

From the outside, it can look like she is being rude, selfish, or uncaring. On the inside, several things are happening at once:

- Her emotional “volume knob” is broken. Feelings can go from 0 to 100 very fast, without the usual pause to think.
- Her memory “library” is missing shelves. She may not be able to access shared memories that once grounded your friendship, or to feel the same emotional connection to old photos or stories.
- Her brain is exhausted. Chronic inflammation, cognitive fatigue, and mood symptoms make it much harder to regulate reactions, understand jokes, or “meet people in the middle.”
- None of this means she doesn’t care. It means the pathways that express caring—through empathy, recall, nuance, and humour—are damaged.

What hasn’t changed?

Even if she can’t remember 20 years of moments the way you do, those years still shaped her. The wiring may be damaged, but the person underneath—the one who chose you as a friend, who trusted you, who laughed with you—is still there, trying to push through a brain that no longer cooperates.

Those quick flashes where you “see the old her” are real. They are glimpses of a self that is still fighting to come forward, even if only in short bursts.

What does she need from you?

You can’t fix the injury, but you can make a huge difference in how adaptable & safe her world feels:

- Give extra grace. If she snaps, forgets, or seems cold, remember that it’s brain damage, not betrayal.
- Don’t test her love by seeing if she responds “the way she used to.” She may not be able to. Instead, notice the small ways she tries—showing up, answering a text, making any effort at all.
- Speak plainly. Sarcasm and subtle jokes may not land the same; literal humor is easier for her damaged frontal lobes to handle.
- Set gentle boundaries without punishment. It’s okay to say, “I care about you, and I need a break right now,” instead of walking away for good.

- Friendship after brain injury is not about getting the exact same person back. It's about loving who she is now, while honoring who she was, and believing that the parts of her you miss most are still trying to reach you.
- If you can stay—patiently, imperfectly—you're not just “putting up” with her. You're helping her brain-injured self feel less abandoned and less alone in something she never asked for.

If you've read this far, it already says so much about your heart and your maturity. Showing up for someone whose brain has been changed by illness is not easy, and there are no perfect words or reactions—only honest effort and care. Your patience, even when you feel confused, hurt, or exhausted, is a kind of love that most people never have to learn how to give. Please remember that your friend is not choosing these changes, and you are not required to fix them; simply staying, listening, and offering grace when you can is already a powerful act.

Thank you for being willing to try to understand, to adjust your expectations, and to keep seeing the person inside the injury—your presence truly matters more than you may ever know.

Version for 5th graders



“She’s still in there.” A note about your friend’s brain after COVID

Sometimes, when someone gets really sick from COVID-19, their brain can get hurt. This means they might act or feel different for a while, or even for a long time. The part of your brain right behind your forehead, called the frontal lobe, is important for being nice, staying calm, remembering things, and getting jokes. COVID-19 can make this part of the brain swollen and not work as well as before.

What changed?

Because of the damage from COVID:

- She has a much harder time remembering things you did together, even if they were very important to you. Her short-term and long-term memory is damaged
- Her feelings can switch very fast—she might get really mad/frustrated or very sad in a few seconds.
- It is harder for her to understand how other people feel, or to see “both sides” of a situation.
- Jokes and sarcasm that used to be fun might now be confusing, so her humor sounds more serious or very literal.
- These changes are not because she is mean, doesn’t care, or isn’t trying. They are happening because her brain was hurt in a way we can’t see from the outside.

What stayed the same?

- Even if she doesn’t remember all the memories you have, the years you spent together still helped shape who she is. Deep down, she is still the same person who laughed with you, cared about you, and enjoyed being your friend. Those parts of her are harder to see now, but they are still there.
- Sometimes you may see a little “spark” of the old her—a look, a joke, a comment that feels familiar. Those moments are real. They show that the friend you love is still inside, even if her brain is making it harder for her to show it.

How can you help?

- You don't have to be perfect, just kinder and more patient than usual.
- Try not to take her outbursts personally. Remember: it's her injured brain reacting too strongly, not her heart trying to hurt you.
- Be clear and gentle. Say what you mean instead of using hints or teasing.
- If you need space, that's okay. You can say, "I care about you, but I need a break right now," instead of walking away for good. Or, "Let's just agree to disagree and still be friends."
- When you stay patient and kind with her, you are giving her something medicine cannot give: the feeling that she is still worth loving, exactly as she is today.
- If you've read this far, it already says so much about your heart and your maturity. Showing up for someone whose brain has been changed by illness is not easy, and there are no perfect words or reactions—only honest effort and care. Your patience, even when you feel confused, hurt, or exhausted, is a kind of love that most people never have to learn how to give. Please remember that your friend is not choosing these changes, and you are not required to fix them; simply staying, listening, and offering grace when you can is already a powerful act. Thank you for being willing to try to understand, to adjust your expectations, and to keep seeing the person inside the injury—your presence truly matters more than you may ever know.



This piece offers a powerful insight into how Long COVID can affect the brain, and how changes in neurological functioning can reshape memory, emotional regulation, behaviour, and relationships. It reminds us that behaviours which may be misunderstood as personality change are often rooted in brain injury, and highlights the importance of patience, clear communication, and compassionate support in enabling effective collaboration and helping people maintain connection while navigating life after illness.



2026 International Long Covid Awareness

The Impacts of Covid & Long Covid
on the Cardiovascular System



Tagline:

Long Covid: Every heartbeat counts

Hashtag:

#LongCovidHeartBeats

International Long Covid Awareness Day:
March 15

International Long Covid Awareness Month:
March



The Importance of Listening



- A review

Article written by a first-year psychology student

[“The story of Long COVID is the story of patients”, an article by Aleyah Babb-Benjamin](#), draws attention to the issue of societal approach to people struggling with Long COVID. This article made a great impression on me and I would encourage everyone to read it.

The first quote in this blog highlights the tendency we can have to downplay the seriousness of Long COVID. Seeing that the wishes of those experiencing it include simply being believed sheds light on a need for increased public education on the topic, as well as more empathy.

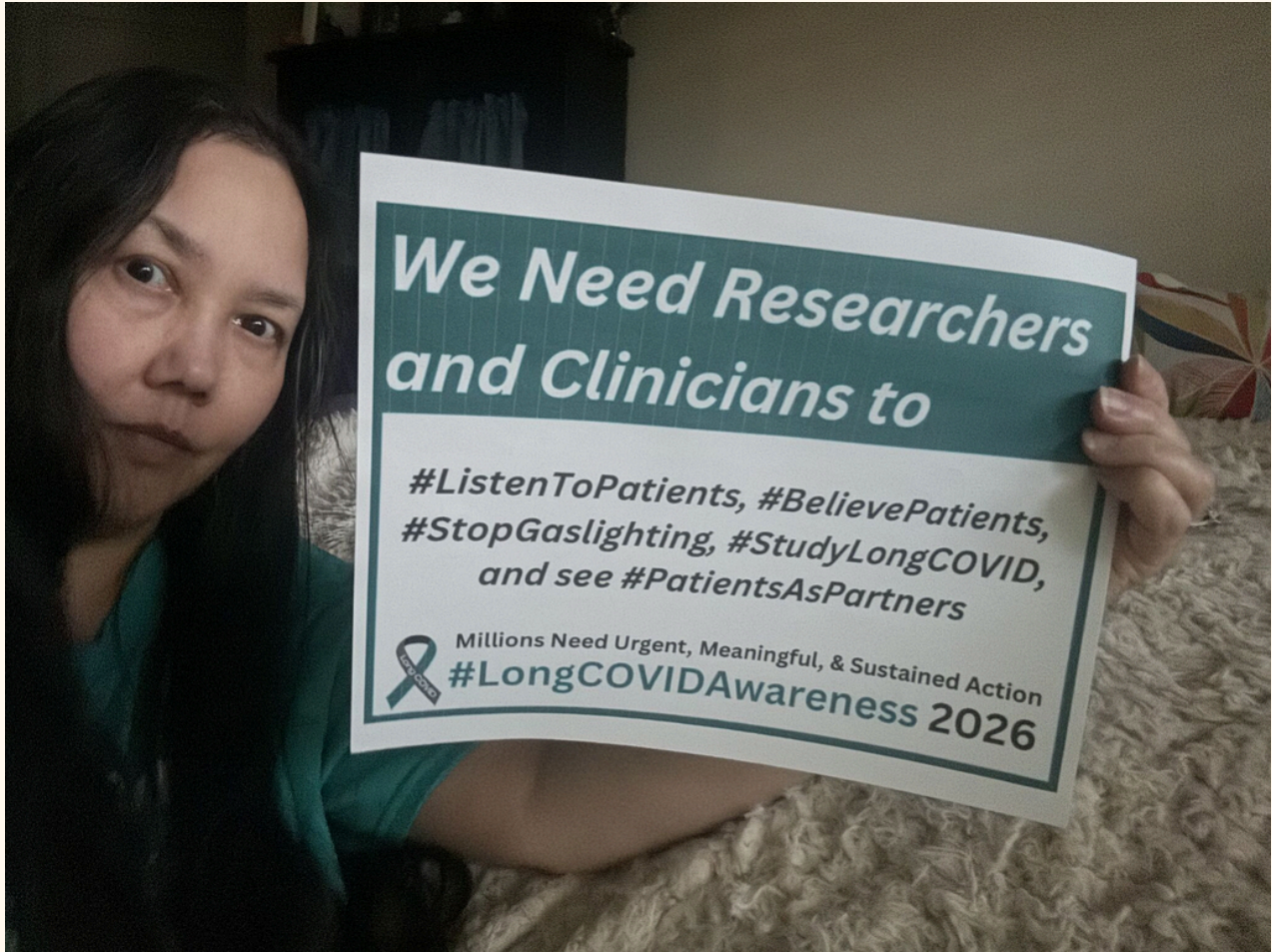
National Voices makes much-needed advances toward a collective improved understanding of the experiences of Long COVID patients in their efforts to include them in the conversation and to amplify their voices. It is equally as crucial that we hear from those actually experiencing Long COVID as it is we hear from medical professionals. We need information from both professionals and patients to have a more complete picture that includes objective information, research data, personal stories, statistics and facts, humanity and compassion.

As individuals, we can make the same advances too, in actively learning about the symptoms of Long COVID and how drastically these can impact one’s life. Along with this, ensuring anyone we know that is struggling with Long COVID feels heard and understood will make their experience a less isolating one.

Long Covid Awareness 2026

I came across the photos by Michelle Miyagi on LinkedIn, and I was really moved by them! She very kindly let me use them in the magazine, so here they are.





We need Researchers and Clinicians to:

Listen to Patients

Believe Patients

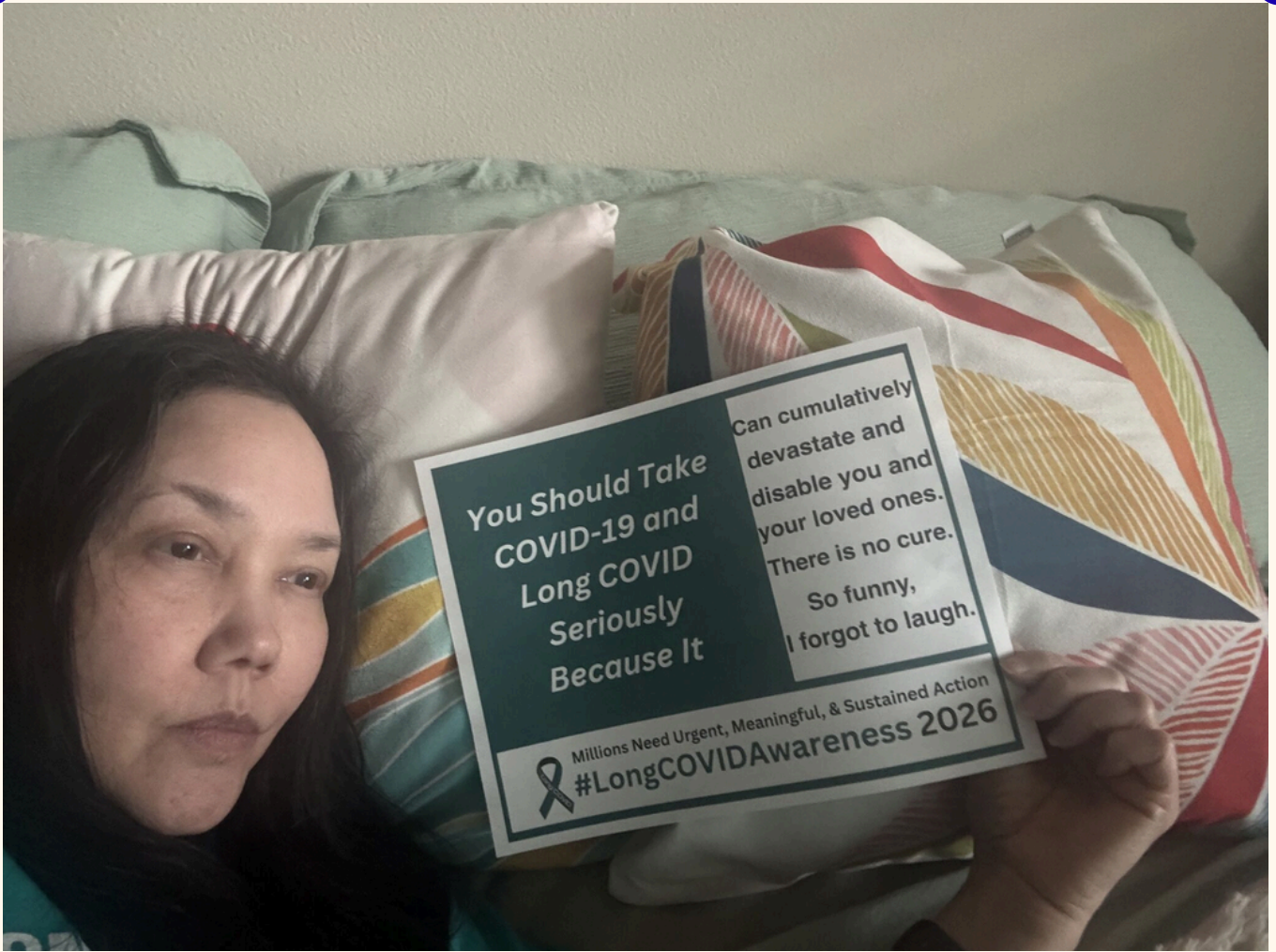
Stop Gaslighting

Study Long COVID

and see Patients as partners.

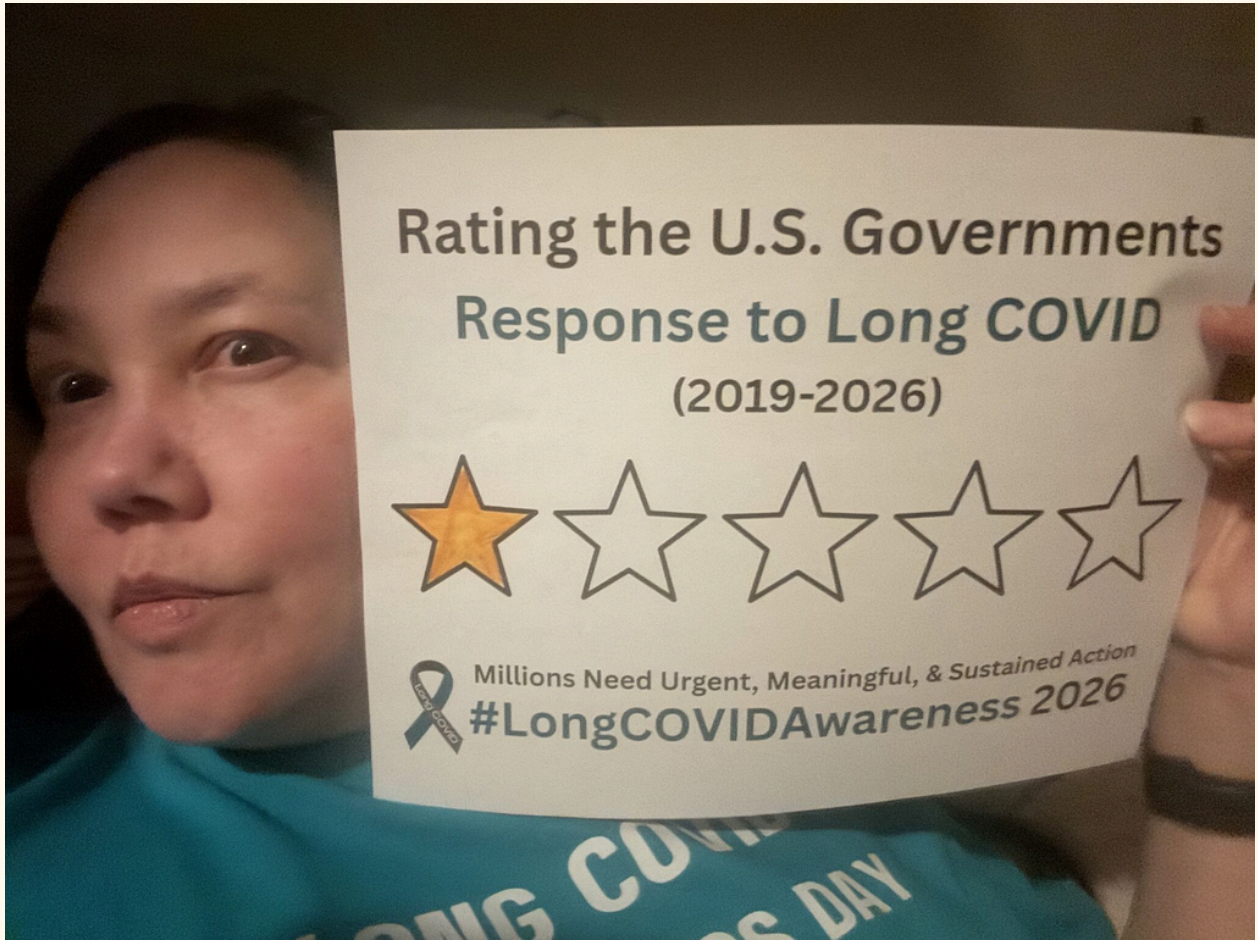
Millions need Urgent, Meaningful and
Sustained Action.

Long Covid Awareness 2026



You should take COVID-19 and Long COVID seriously because it can cumulatively devastate and disable you and your loved ones. There is no cure. So funny, I forgot to laugh.

Millions Need Urgent, Meaningful and Sustained Action
Long COVID Awareness 2026

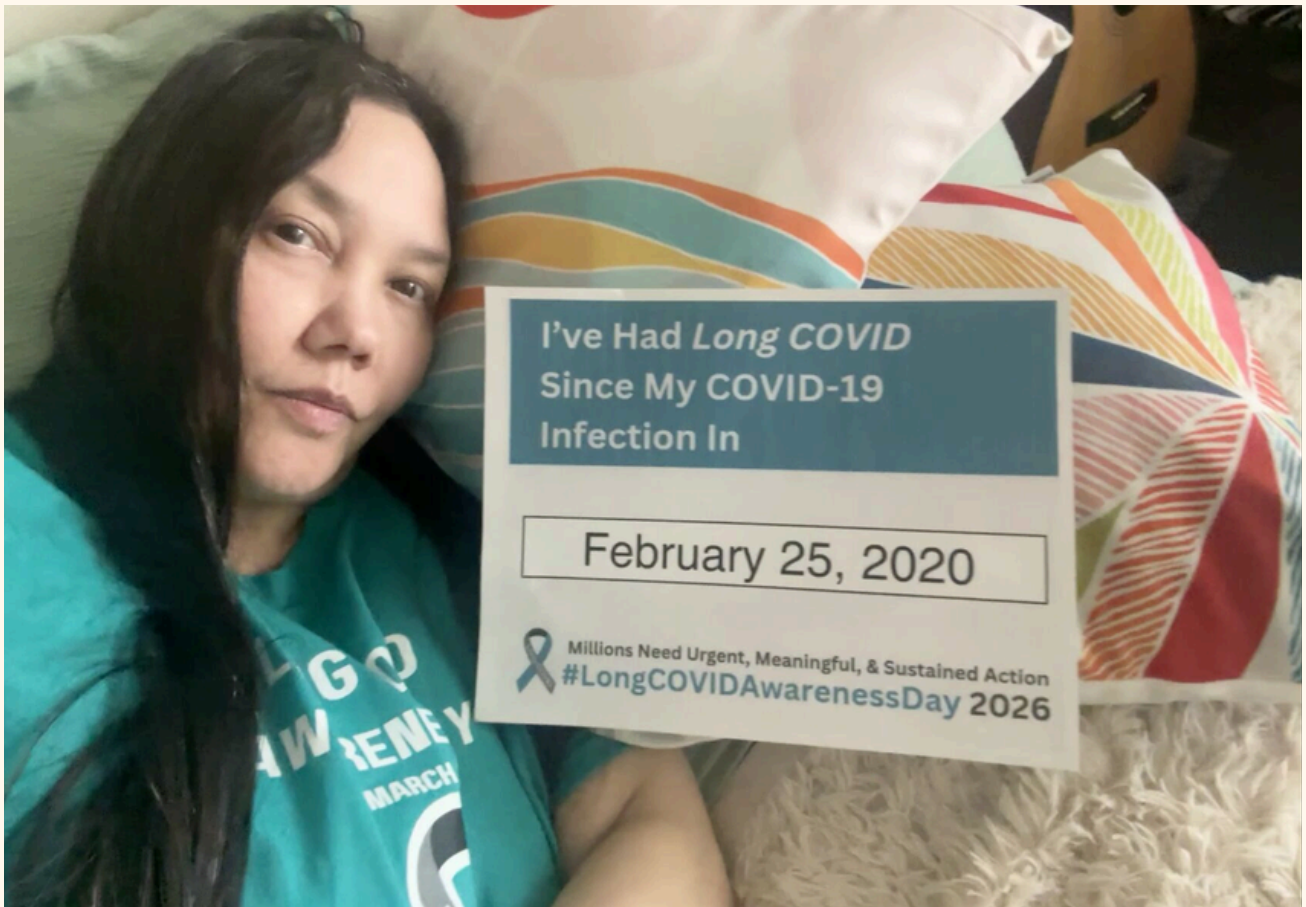


Rating of U.S. Governments' Response to
Long COVID (2019-2026)

1 out of 5 stars

Millions Need Urgent, Meaningful and
Sustained Action

Long COVID Awareness 2026

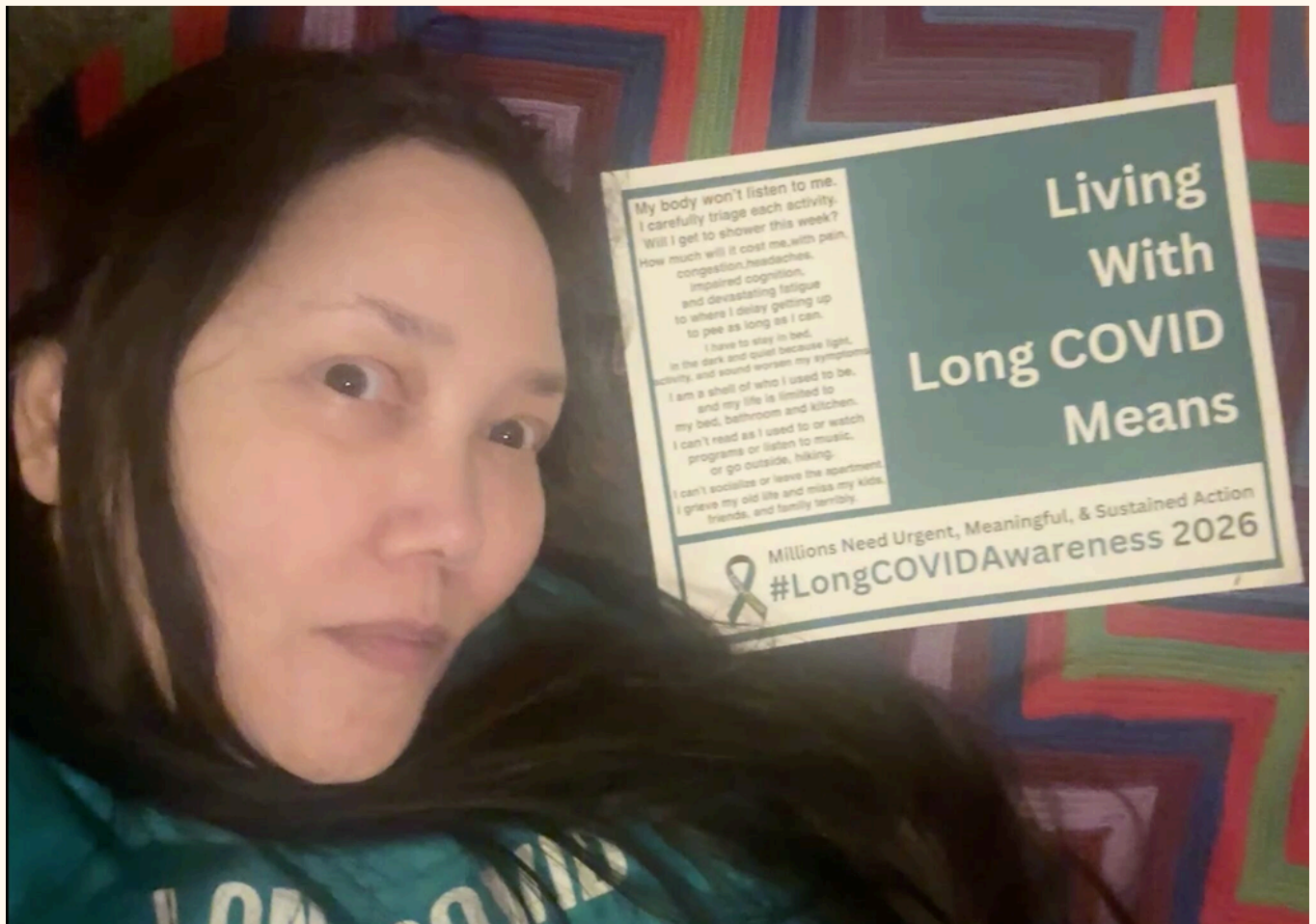


I've had Long COVID Since my COVID-19
Infection in
February 25 2020
Millions Need Urgent, Meaningful and
Sustained Action
Long COVID Awareness 2026



I mask because I follow the science! I don't want to get sicker or die or be the reason someone else does. COVID kills you quickly or slowly, your choice. I have an impaired immune system and COVID damages it and your whole body/brain every time you catch it even if you're asymptomatic. I care about everyone even if they ridicule and don't care about me. I strive to do no harm.

Millions Need Urgent, Meaningful and Sustained Action
Long COVID Awareness 2026



My body won't listen to me. I carefully triage each activity. Will I get to shower this week? How much will it cost me, with pain, congestion, headaches, impaired cognition, and devastating fatigue to where I delay getting up to pee as long as I can. I have to stay in bed. In dark and quiet because light, activity, and sound worsen my symptoms. I am a shell of who I used to be, and my life is limited to my bed, bathroom and kitchen. I can't read as I used to or watch programs or listen to music, or go outside, hiking. I can't socialize or leave the apartment. I grieve my old life and miss my kids, friends and family terribly.

Millions Need Urgent, Meaningful and Sustained Action
Long COVID Awareness 2026

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7 THINGS EVERYONE SHOULD KNOW ABOUT LONG COVID

After nearly six years of COVID-19, too few understand what long COVID really is and how deeply it's impacting lives. It's not rare. It's not "just fatigue." It's a complex, chronic condition changing millions of lives worldwide.

[Swipe to learn the essentials — and why awareness still matters →](#)

whn.global

1. IT'S A COMPLEX, CHRONIC CONDITION.

Long COVID is a spectrum of over 200 symptoms that can affect multiple organs for months or years after infection.

2. IT CAN AFFECT ANYONE.

Anyone who's had COVID — even mild or asymptomatic — can develop long COVID. Risk increases with reinfections.

[Swipe to learn the essentials — and why awareness still matters →](#)

whn.global

3. IT'S NOT RARE.

Nearly 1 in 5 U.S. adults have experienced long COVID — a higher prevalence than diabetes.

4. IT'S DISABLING FOR MANY.

Millions live with severe fatigue, cognitive issues, and organ damage, leaving many unable to work or carry out daily life.

5. IT'S STILL INCREASING.

Each new wave and reinfection adds to the total — and recovery rates remain low.

[Swipe to learn the essentials — and why awareness still matters →](#)

INTERNATIONAL LONG COVID AWARENESS

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6. THERE'S NO APPROVED TREATMENT.

Scientists don't yet fully understand the mechanisms behind long COVID, and no universal therapy exists.

7. PREVENTION IS THE ONLY SURE PROTECTION.

Avoiding COVID — through masking, clean air, and vaccination — remains the only guaranteed way to prevent long COVID.

[Swipe to learn the essentials — and why awareness still matters →](#)

WHN Voices Magazine

Get in touch at
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Issue 2 will be about workplace precautions

[Find out more about how to get involved with WHN](#)