

WHN Voices Magazine

Issue 3

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WHN Voices Magazine is a magazine published by the World Health Network four times a year. It's a magazine for the COVID-cautious and the COVID-curious.

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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



Vaccines have transformed public health for many years now. Like any intervention, they come with some risks, usually very small, and there are some misconceptions around them — we hope to dispell some of them in this issue. Why shouldn't we vax and relax? When will we get a COVID-19 vaccine that would allow us to do so? What were you reading when the COVID-19 pandemic started? So many questions to ponder, some of these are discussed in this issue. We are delighted to have received some submissions that will appear in subsequent issues, keep sending them in!

Aspa

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5 Pillars



Masking

Level 1:
Well-fitted N95 respirator.

Level 2:
P100 Elastomeric full facepiece respirator, or half facepiece respirator with goggles.

Level 3:
PAPR combined with source protection worn underneath (e.g. 3M PAPR with N95 respirator).



Air Quality

Level 1:
ACH of 6 using a combination of ventilation and HEPA purification.

Level 2:
ACH of 12 or higher using a combination of ventilation and HEPA purification — OR — Using a goal oriented strategy including CO2 measurement and adjustments to ensure target CO2 levels and air cleaning.

Level 3:
Analyzing air flows and implementing localized air filtering to prevent transmission accordingly using aerosol density reduction and source control.



Social Distancing

Level 1:
Maximize distance between people and de-densify spaces.

Level 2:
Hybrid virtual/remote with limited in-person operations that are limited in density, along with boundary control between zones.

Level 3:
Fully remote operations and/or separate isolated spaces for all on-site work.



Surveillance/Testing

Level 1:
Symptomatic and twice weekly surveillance testing with NAAT or RAT test.

Level 2:
Daily testing with NAAT.

Level 3:
Twice daily testing with NAAT.



Vaccination

Mandate up-to-date COVID vaccination



Debunking Misconceptions: The Importance of Context in Assessing COVID-19 Vaccine Risks

by WHN Media Critique Team

A recent article has sparked concerns over the safety of COVID-19 vaccines, citing a study linking them to potential adverse effects such as myocarditis and Guillain-Barré syndrome (GBS). It's understandable that such a slanted article would cause concern among people, and it's essential to examine any potential risks associated with vaccination. However, it's equally important to keep in mind that vaccines undergo rigorous testing before being approved for use. While it's crucial to examine any potential risks associated with vaccination, it's equally essential to put these risks into perspective and consider the broader context. So, let's dive into this reanimated debate on vaccination and the important context in which it stands.

First and foremost, any evaluation of vaccine risks must also consider the risks associated with contracting the virus itself. Numerous studies have demonstrated that the risk of developing adverse events such as GBS, myocarditis, or Acute Disseminated Encephalomyelitis (ADEM) is significantly higher following SARS-CoV-2 infection compared to vaccination. This fundamental point cannot be overlooked when discussing the safety of vaccines.

If individuals are dissuaded from getting vaccinated based on these findings, they should logically also be persuaded to take other preventive measures such as wearing masks, ventilating indoor spaces, using air purifiers, testing regularly, and avoiding crowded settings. After all, if the concern is about potential heart and brain damage, COVID-19 poses a far greater threat in these regards than the vaccines themselves.

Furthermore, recent data underscores the significant discrepancy in the likelihood of experiencing neurological events following infection versus vaccination. Studies have shown that the chances of experiencing a neurological event following acute SARS-CoV-2 infection were up to 617 times higher than those following COVID-19 vaccination. This stark contrast highlights the substantial benefits of vaccination in mitigating the risks associated with the virus.



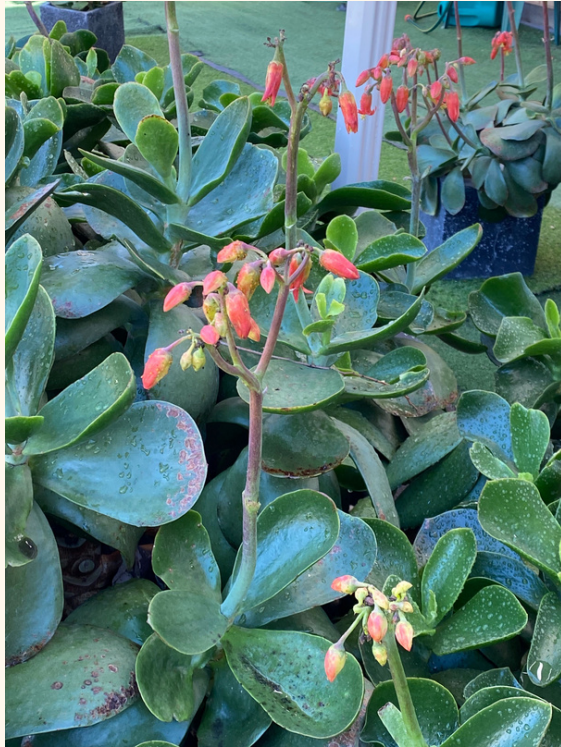
It's essential to consider the relative risks of heart or brain issues associated with vaccination compared to infection. Previous studies have indicated that the risk of myocarditis following vaccination is approximately 1 in 100,000, whereas the risk following COVID-19 infection is estimated to be as high as 1 in 10. As referenced in a [recent journal article about the largest multicountry COVID study](#) addressing myocarditis risk among the vaccinated, "[Patone et al.](#) estimated extra myocarditis events to be between one and 10 per million persons in the month following vaccination, which was substantially lower than the 40 extra events per million persons observed following SARS-CoV-2 infection period." These statistics clearly illustrate that the risk of experiencing such adverse events is orders of magnitude lower with vaccination than with natural infection.

In conclusion, while it's crucial to thoroughly investigate and address any potential risks associated with COVID-19 vaccines, it's equally vital to consider the broader context and weigh these risks against the risks posed by the virus itself. The safety and efficacy of vaccines are evaluated in clinical trials involving thousands of participants, and regulatory agencies carefully review the results of these trials before granting approval. Moreover, it's worth noting that the risks associated with COVID-19 are far greater than the risks of the vaccines. COVID-19 is a highly infectious disease that has caused severe illness and death in millions of people worldwide. In short, vaccination remains one of the most effective tools we have in combating the spread of COVID-19 and reducing the associated risks of severe illness and complications. Making informed decisions based on comprehensive risk-benefit evaluations is essential in safeguarding public health and moving towards a safer future for all.

Last reviewed on December 23, 2024

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!



This is the succulent I grow. It flowers just now, and it's the middle of Winter here.

July



The flowers attract birds too, as I spotted this afternoon.

whn.global

Paraphrased from David Brasure's WHN blog post, "**COVID Is Different.**"
Read the full article at whn.global/covid-is-different.

COVID is different.

SARS-CoV-2 behaves differently from the viruses most of us grew up with. And treating it like "another flu" is costing people their health.

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

Ebola and Conflict

August 7, 2026

Authors: Umama Mohsin, Benjamin Onyango, Yaneer Bar-Yam

The Ebola outbreak and response in the Democratic Republic of Congo (DRC) are taking place in the northeast of the country, where armed conflict and strong economic forces affect daily life and make the outbreak hard to control. The main driver is competition among armed groups to profit from mining. Here we review the historical and economic context and what it means for the response effort.

The conflict in the northeast DRC is driven by two forces: long-standing ethnic conflict and competition over minerals. Tensions between the Tutsi and Hutu groups predate the end of Belgian colonial rule in 1960. At the same time, the DRC is one of the world's largest mining countries, and the east in particular holds gold, tin, tantalum, tungsten, and diamonds that armed groups compete to control. The main groups include M23/AFC, ADF, CODECO, and various Mai-Mai/Wazalendo militias, operating alongside the Congolese army and foreign and regional actors, mainly in Ituri, North Kivu, and South Kivu. [\[1\]](#)

While the conflict is long-standing, it escalated sharply in 2025. Renewed fighting in the east, especially in North and South Kivu, has forced large population movements, while insecurity, looting, and access restrictions have disrupted aid and basic services.

Artisanal mining is the livelihood for hundreds of thousands of people in eastern DRC and contributes to the region's economy. But the work carries serious health and occupational risks, especially where it is not formally regulated. Miners are exposed to chemical hazards such as mercury poisoning, biological pathogens such as cholera and malaria, and physical and psychosocial risks. Efforts by the authorities to promote safer practices run into socio-economic and administrative barriers. [\[2\]](#)

Hygiene and sanitation are also poor. Inadequate water supply, a lack of toilets, and improper waste management have led to recurring infectious diseases in these communities. The problem is compounded by the shortage of proper health facilities and by the constant movement and displacement driven by insecurity, trade, and conflict.

Together, these conditions create an environment in which infectious disease outbreaks are common and much harder to detect and control.

Eastern DRC is also the site of one of the world's largest displacement crises. Years of conflict have forced large numbers of people from their homes into displacement camps. These are settlements where families who have fled violence live, often for long stretches, relying on aid for basic needs rather than traditional community structures. Families face disruption in their daily activities, including reduced access to essential services, marketplaces, and work. [\[3\]](#) These camps are concentrated in Ituri, particularly around the city of Bunia, and across North and South Kivu, part of a displacement crisis affecting more than 900,000 people in the region. Many live in crowded conditions with limited water, sanitation, and health care, which leaves them vulnerable to infectious diseases. [\[4,5,6,7\]](#)

Ebola outbreak

The Ebola outbreak is where the violence and mining threads come together. The same corner of the country holds mobile mining communities, large displaced populations living in camps, and daily life disrupted by conflict, a combination that may be a worst case for a deadly outbreak. People move frequently between mining sites, markets, camps, and home villages, so the virus travels with them, and the contacts of any infected individual are scattered and hard to trace. Crowding, poor sanitation, and minimal health care result in rapid and undetected disease spread, while insecurity and mistrust of outside responders, as well as weak community ties for mutual support, keep the sick from being found and treated. Each of these conditions is hard on its own; together they make Ebola far harder to detect and control than in a stable community setting.

The camps show this most starkly. Reuters reports cramped conditions, with hundreds of people at times sharing a single toilet and open defecation common, which is especially dangerous for a disease transmitted through bodily fluids. [8] Clean water and hygiene are scarce, and combined with fear of infection, lack of medical advice, and mistrust of aid groups, they make daily life not just difficult but deadly. [3]

UNHCR has warned that the current Ebola outbreak poses a significant threat to displaced communities, [9] and reports indicate that contact tracing has been limited. [10] The healthcare system was already strained before the outbreak and now struggles to keep up with the spread. The result is a fast-growing outbreak with mounting deaths, already the third largest on record, and threatening to grow much larger.

This newsletter has focused on the background: the conflict, the mining economy, and the displacement that shape the setting of the outbreak. Future updates will provide more details about the outbreak response and how it can be successful.

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SAARS- CoV-2

The S stands for SEVERE.

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Six Years and Six Winters Without Getting Sick

David Brasure
on January 01, 2026



I haven't been sick since 2018.

No flu. No colds. No COVID. Nothing.

Same for my wife. Same for my son. Six winters. Six holiday seasons. While people around us got hammered by one infection after another, we stayed healthy.

There's no secret.

We wore masks, everywhere.

Not those baggy blue surgical masks that leave gaps the size of freight trains around your cheeks. Not the limp cloth things that might as well be made of tissue paper. Real respirators. N95s and KN95s that actually seal to your face and filter the air you breathe.

Here's what they don't tell most: There's a significant difference between a mask and a respirator. A surgical mask is just fancy fabric that catches, well, spit. An N95 has an electrostatic charge that grabs particles and holds them. Think about rubbing a balloon on your head and watching your hair stick to it. That's the science working to keep viruses out of your lungs when you breathe, instead of letting them waltz right in.

I know a nurse. Seventy-three years old. She worked in a busy family practice through the worst of the pandemic. Small exam rooms. Sick patients all day long. She wore an N95 every single shift until she retired last year.

Guess what? She never caught COVID.

People want this to be complicated. They want it to be about genetics or expensive supplements or some elaborate wellness routine they can sell you. Most of the time, it's not complicated at all. If a virus spreads through the air, the air you breathe is where the battle happens. A properly fitted respirator changes everything. Can't take vaccines? Mask up. Immune system issues, well now you have an option, for many viruses.

Once I found masks that actually fit my face (Dräger X-plore 1950 for me), the discomfort I'd imagined just wasn't there. I can talk, walk, shop, and travel without constantly fiddling with straps. Half the time I forget I'm wearing one until I catch my reflection somewhere.

But here's the real reason I keep doing it.

Millions of people are living with Long COVID right now. They're carrying damage to their hearts, blood vessels, brains, and immune systems. For them, another infection isn't just a week in bed. It's another step toward disability. More pain. Another organ system pushed past its breaking point.

They can't afford to get hit again.

When I put on a mask, I'm not just protecting my family. I'm breaking transmission chains that could lead straight to someone whose body is already hanging by a thread. The cashier at the grocery store. My neighbor. The person standing behind me in line whose immune system can't take another round.

We've normalized getting sick. People shrug and say everyone's down with something this month. Everyone caught the latest bug going around. That's one way to live, I guess.

Another way is to admit we have tools that work. Simple tools. Effective tools. Tools that can cut your risk of infection dramatically.

My family chose the second way.

It's not heroic. It's not perfect. It's just looking at what repeated infections do to people and deciding that wearing a piece of filtered material over my face in crowded spaces is worth it.

You want to know how we've gone six winters without getting sick?

That's the answer. We wore real masks for ourselves and for all the people who can't survive another hit.

The science works. The question is whether you're going to use it.

Last reviewed on January 1, 2026

"Oh please
take it off.
I can't see
your smile."



Safer Travel

Summer and Winter

Travelling can be made safer.

Travel *always involves some risk*, but there are many practical steps you can take to reduce your chances of catching COVID-19 and other infectious diseases. These infographics give you simple, step-by-step guidance for safer travel. They are organized into summer and winter travel.

For access to infographics, see [here](#)

For more detailed information, see our [travel guidelines](#)

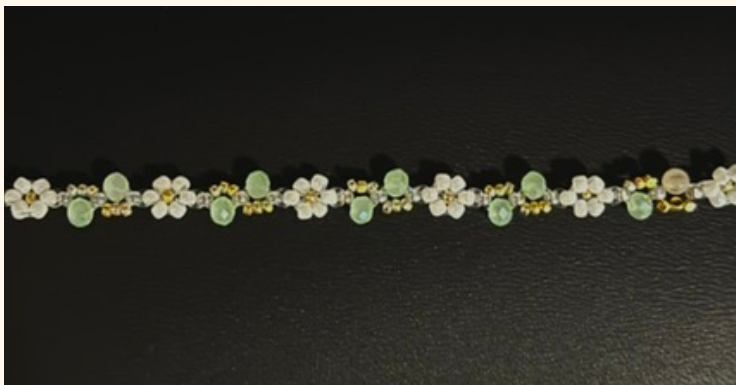
A COVID-cautious Hobby: DIY and Crafting

by Sohniya Johal

Since the COVID-19 pandemic started, many have taken onboard indoor, individual hobbies, such as DIY and crafting. Personally, I fell in love with bracelet making and DIY flowers made from pipe cleaners. With these hobbies, I can stay covid cautious, while still having fun and being apart of a community online; its also very useful for gift giving!

Crafting these creations also helps lower screen time, and it could become a source of income if you decide to sell your creations online.

Lastly, you have the satisfaction of a physical product you created from scratch that lasts forever.



Here is a picture of a bracelet I made recently from scratch following one of many YouTube videos online!

Here is a picture of my bouquet of flowers made entirely out of pipe cleaners! I used tutorial videos on YouTube and TikTok and each flower roughly took only 5-10 minutes!



31 Reasons to Add Remote Participation or Live-Streaming (Zoom or other video platforms) to More Meetings in New York State, and Everywhere.

A list written for New York State, but can easily be adapted to any area.

by Stuart



The Problem:

Many Public Meetings are still “In Person Only - No Remote Participation Allowed.”

The Solution:

Remote participation (Zoom and other video platforms) & YouTube are FREE, and any smartphone can Live-Stream.

The benefits are enormous, and include: 1) Safety 2) Accessibility 3) Environmental 4) Economic

The Trend:

All 50 state legislatures now Live-Stream; states like VT, MA, and IN now require Live-Streaming.

Hospital: Public Health & Safety

1. Sick & Contagious: Don't force sick residents to attend in person and risk infecting others.
2. Elderly: Many taxpayers cannot safely travel to physical meeting locations.
3. Disabled or Unhealthy: Travel is often physically impossible for certain constituents.
4. Immunocompromised: For 25% of Americans, "In Person" meetings represent a genuine health hazard.

Applicable Laws

5. Negligence: Refusing requests to Live-Stream may fail the "reasonable care" standard.
6. Climate Smart Communities Pledge: NY local governments (416 to date) pledged to reduce gasoline usage.
7. Municipal Ethics Rules: Remote participation saves taxpayer funds on travel reimbursements.
8. ADA Modernization: While the 1990 ADA predates the modern web, new legislation aims to require digital access.

Social Factors

9. Military Service Members: Supports troops stationed away from home to stay connected.
10. Employed: Many cannot take time off work for mid-day or early evening sessions.
11. Caretakers: People caring for children or the elderly cannot leave home easily.
12. Travelers: Residents traveling for work should still have a voice.
13. Snowbirds: NY residents away for winter still pay taxes and deserve access.
14. Safety & Gender: 90% of women cite time and place as key factors in community/work participation.

15. Economically Challenged: Removes the barrier of travel expenses. 16. Transportation Challenged: Helps those who don't own vehicles or cannot drive.

17. Rules of Decorum: Avoids arbitrary or discriminatory in-person enforcement.

18. Journalism Support: Simplifies the role of local news in an era of disappearing coverage.

Economic & Environmental:

19. Personal Savings: IRS calculates car expenses at 67 cents per mile.

20. Public Fund Savings: Dramatically reduces employee travel expenses.

21. Caregiving Costs: Residents save on childcare or respite care.

22. Geography: NY covers 54k sq miles; Montauk to Niagara is a 9-hour drive.

23. Terrain: 3,800+ mountains make winter/night travel dangerous.

24. Extreme Weather: Increasing rain, flooding, and ice storms make travel risky.

25. Air Quality: During wildfire smoke events, "Stay Inside" orders conflict with in-person requirements.

Public Employment & Branding

26. Recruitment: Remote work options are the #1 most desirable job benefit.

27. Employee Longevity: Protects the health of public officials, reducing turnover.

28. Public Engagement: Increases community interaction with local government.

29. Trust: Transparency is the antidote to falling public trust.

30. Community Branding: Failing to stream makes a town look "backwards" to investors and tourists.

31. Combatting Misinformation: In an era of AI and social media "fake news," Live-Streaming lets the public see the unfiltered truth.



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Mastering the art of science communication and masking in the time of COVID-19

Kayli Jamieson (She/Her)
Long COVID Research Fellow | MA in Communication |
Science Communicator



I'm so ecstatic to share that I successfully defended my MA thesis recently and passed with no revisions! 🎉 This event held so much symbolic significance to myself and the Long COVID community members I aim to center and represent. I never could have predicted getting infected and developing Long COVID very early in my grad school journey--a positionality that informed my approach to this work, but almost hindered me from physically being able to reach this academic finish-line. It is therefore deeply meaningful that I've regained enough capacity in recent years to contribute Long COVID perspectives to academic literature and carry out Knowledge Mobilization outputs.

The title of my thesis is 'Manufacturing Consent to the "End" of a Pandemic: The Biopolitics of "Immunity" and Long COVID'. My thesis bridged the disciplines of media studies and health sciences, and analyzed the discursive choices used by Canadian newspapers about COVID-19 and Long COVID risk to certain population groups, particularly in temporal ways. (Spoiler alert: overall, my dataset from March 2022-July 2024 discursively placed the pandemic in the past-tense and downplayed Long COVID). Importantly, I asked people living with Long COVID about their perceptions of these representations and coverage choices, and how they would like it to be improved. It was fascinating for me to engage deeply with discourses of "vulnerability", "immunity", and vaccine messaging.

I'm so grateful to many in the Long COVID community who encouraged me every step of the way, and for witnessing this milestone with me.

I absolutely could not have done this work without my incredible committee who invested time and energy to read my immense manuscript of 180+ pages (before references)! Thank you to my thesis supervisor Dr. Ahmed Al-Rawi, Committee member Kaylee Byers, PhD, and Examiner Dr. Elyse Amend for the thoughtful feedback and engagement with my research. Much gratitude to Dr. Adel Iskander for chairing.

Thank you to the colleagues, friends, mentors, and support circle that supported me online and in-person yesterday! I'm looking forward to when the thesis manuscript is made publicly available online.

Aspa: It's always such a joy to see students graduating!

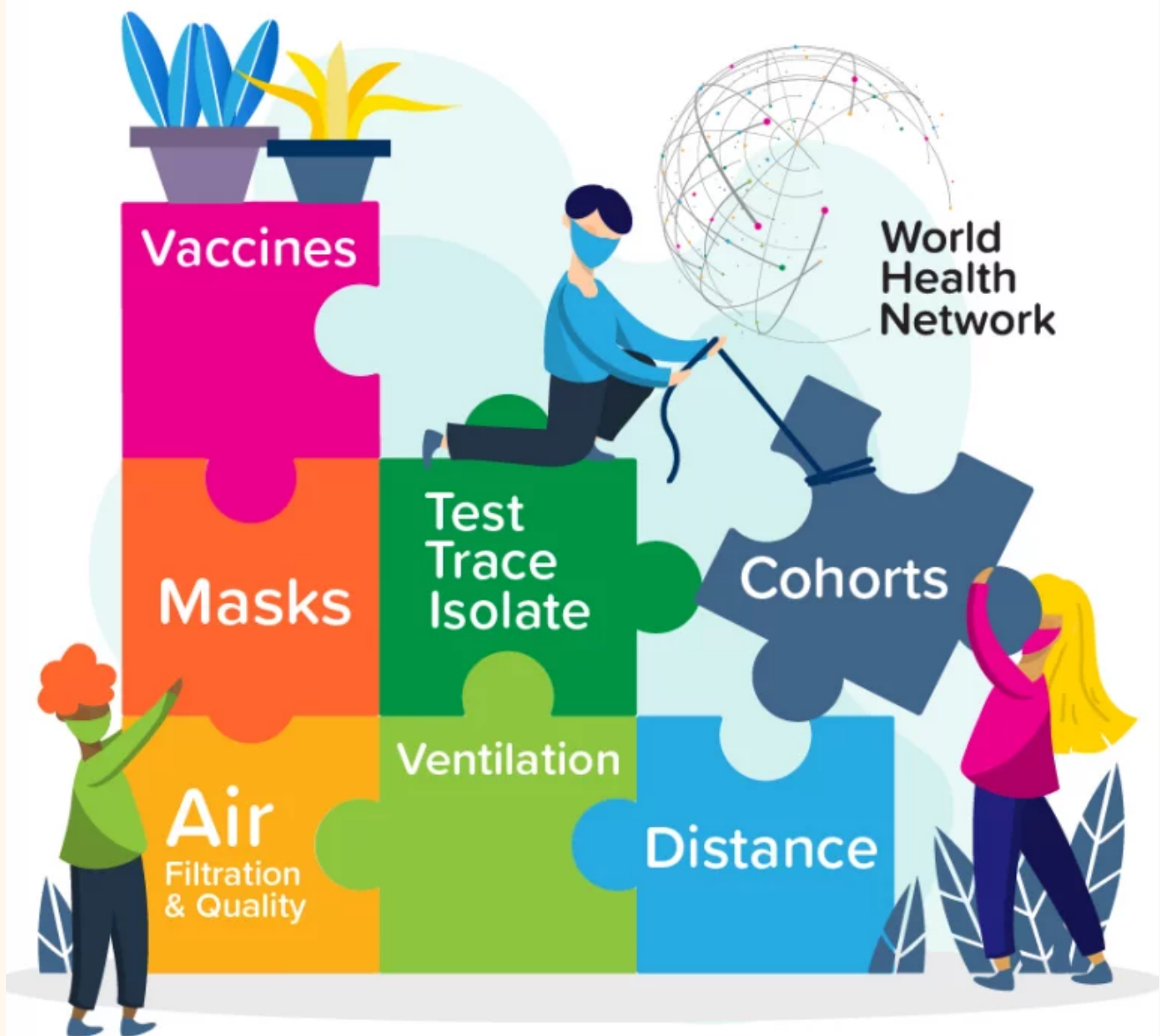
It's an even greater joy when these students wear a respirator. I came across Kayli's LinkedIn message and photos and I jumped for joy. Obviously I was sad to see that she is suffering from Long COVID, but I was overjoyed she was wearing a well-fitted mask to avoid further reinfections, and worsening of Long COVID. I was also so delighted to see her supervisors, family and friends masking with her too. I have only included this beautiful photo of her here, and her joyful message.

Congratulations Kayli from everyone at Voices, volunteers and readers alike! We are so proud of you for everything. Thank you for masking! Your compassion, knowledge and thoughtfulness in public health gives everyone so much hope.

We wish you all the best in your career!
Please come back and write again for Voices!

Did you graduate while wearing a well-fitted respirator? We'd love to hear from you!
whnvoices@whn.global

Working together to end the pandemic.



Learn more at worldhealthnetwork.global

Nobody is immune from Long COVID

Long COVID awareness
marathon memories

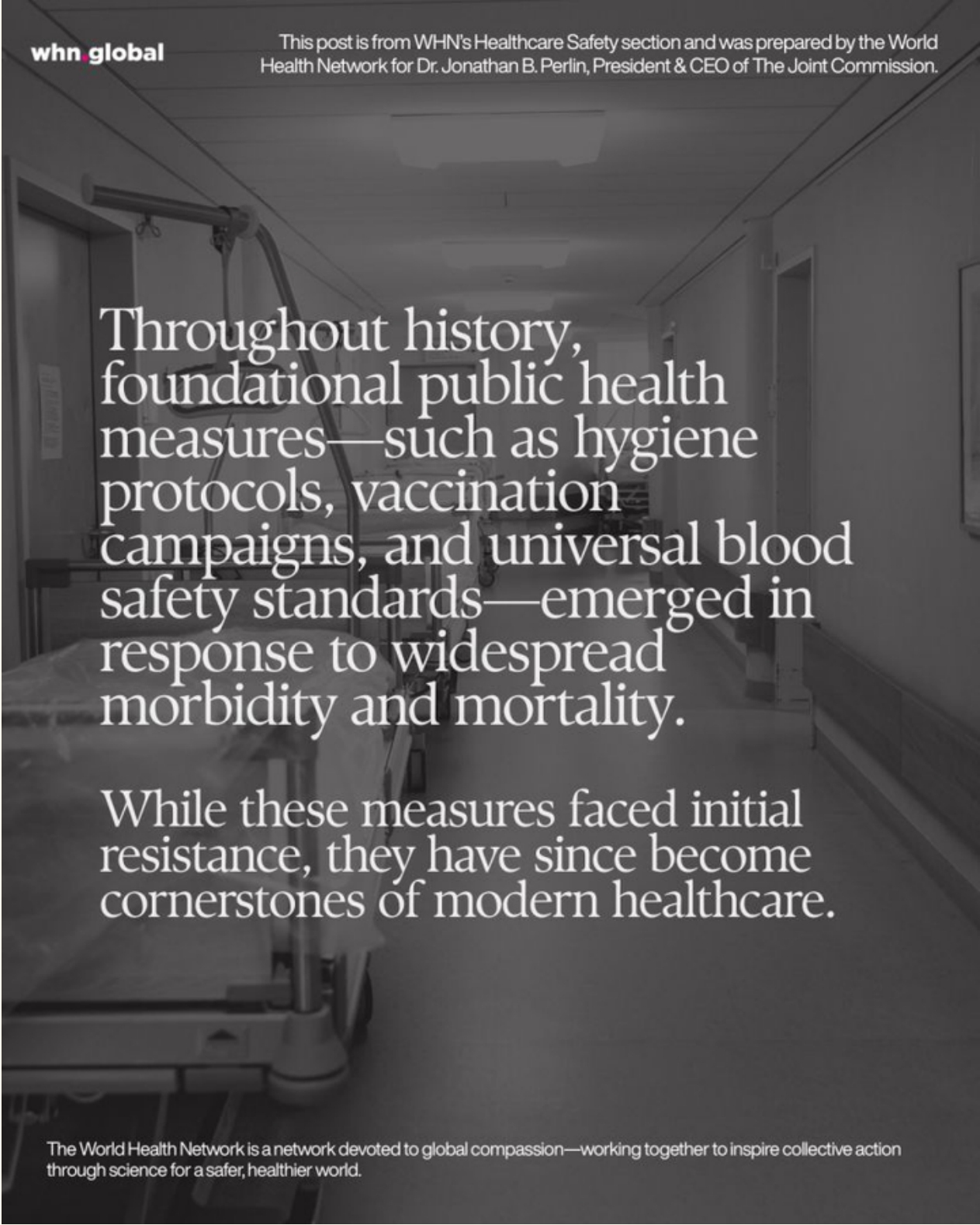
by Becky

Morgan Fairchild has been a visible advocate for Long COVID awareness, lending her voice to the cause for The Long Covid Awareness Marathon Space on March 15, 2026, organised by Becky Ancira Robertson.

Morgan Fairchild LCAD PSA.mov ▼



Her participation helped bring more attention to the ongoing challenges faced by Long COVID patients and the need for greater public understanding and support.



whn global

This post is from WHN's Healthcare Safety section and was prepared by the World Health Network for Dr. Jonathan B. Perlin, President & CEO of The Joint Commission.

Throughout history, foundational public health measures—such as hygiene protocols, vaccination campaigns, and universal blood safety standards—emerged in response to widespread morbidity and mortality.

While these measures faced initial resistance, they have since become cornerstones of modern healthcare.

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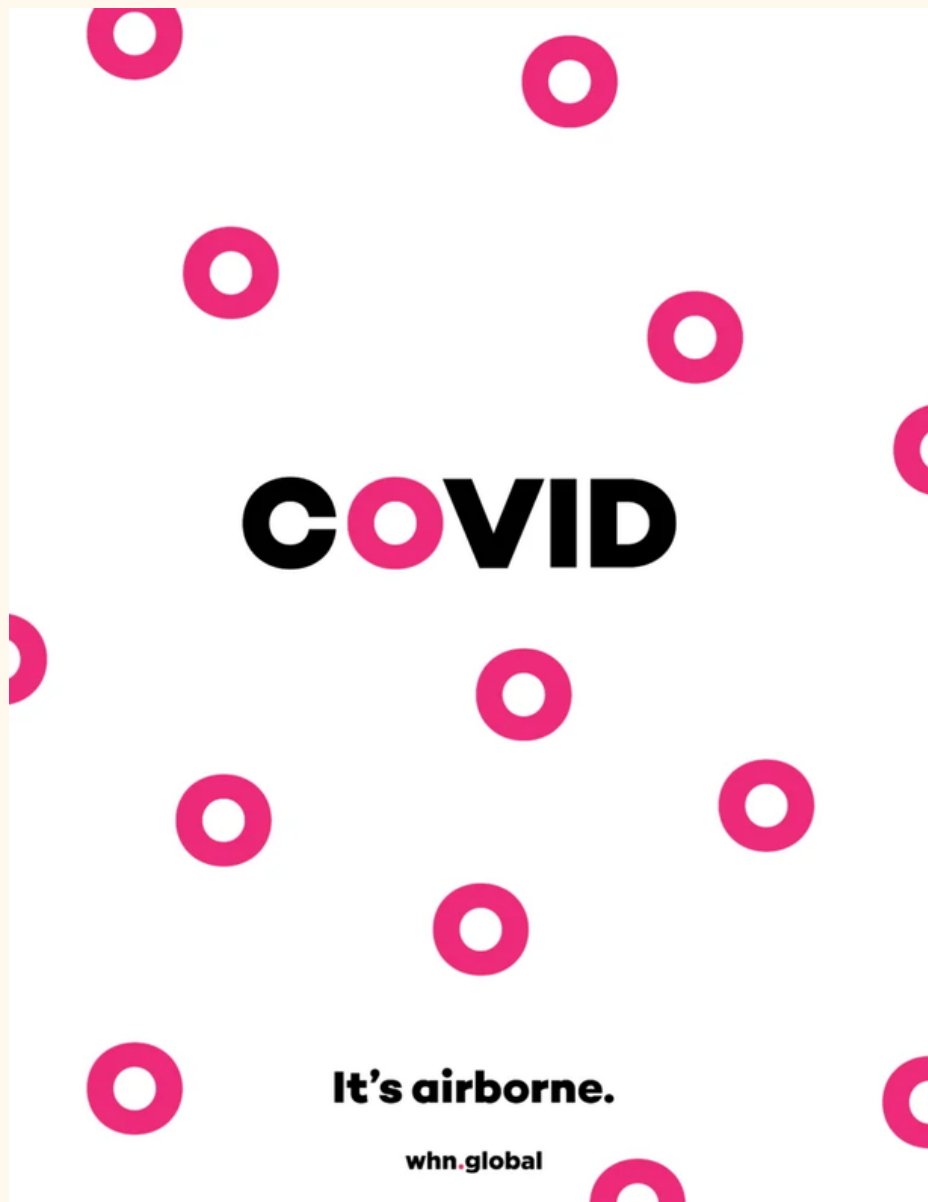
Professor Deborah Luptons' reflections



While scrolling on LinkedIn, I am so often impressed by Professor Lupton's reflections. She very kindly agreed to allow us to use these reflections for our magazine. Aspa

Why do I mask up in indoor spaces? Because I am in the prime of my academic career and want to keep my brain power and my excellent health for as long as possible to continue doing what I love as well as I can. It means I can meet with colleagues and team members, see exhibitions, socialise, give talks and run workshops and I keep myself and everyone else safer from deadly and disabling airborne infections.





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