

The seal of the University of Maryland is a large, light blue watermark on the left side of the slide. It features an eagle with wings spread, perched on a shield with vertical stripes. Above the eagle is a lyre. The seal is encircled by a laurel wreath. The text "DOMACI IN MARYLANDIA MUNITUR" is visible around the top and sides of the seal, and "GEORGIOPOLITANUM" is at the bottom.

NASEM Committee on Examining the Definition for Long COVID

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Long Covid Types

- Recovering from intensive care unit (like PICS)
- Severe allergy
- Vascular conditions (visible and invisible)
- Autonomic nervous system dysregulation, like ME/CFS, where multiple symptoms/syndromes may appear and compound one another

Implementation of Care

- Take Patients Seriously
- Confront provider assumptions
- Recognize inequities in population health
- Consider interactions in everyday clinical care

Implementation of Care

- Take Patients Seriously
- Confront provider assumptions
- Recognize inequities in population health
- Consider interactions in everyday clinical care
- Accept the Long Covid diagnosis
- Consult with colleagues when unsure
- Diagnose so people can access health care

Implementation of Care

- Our health system is unequal
- FQHCs are overburdened
- People struggle to receive diagnoses for common diseases because follow up tests are hard to complete & several visits are often required

Implementation of Care

- Long Covid Clinics should not be:
 - Switch boards
 - Specialist negotiators
 - Exhausting patients
 - Lacking in coordinative care across subspecialties

Implementation of Care

- Long Covid Clinics should be:
 - Holistic
 - Revitalizing
 - Elongated visits with periods of rest and calm
 - Places where patients can receive comprehensive care from one clinical visit (as opposed to several)

Dr. Alba's Concerns

- Specialized care must meet patient needs
- People don't understand Long Covid, including healthcare workers
- People do not feel safe in medical spaces
- Patients experience various forms of bias
- Context matters

Final Comments

- Long Covid Clinics must be **people-centered**
- Recognizing **patient knowledge** and multiple pathways to healing
- Recognizing **provider unfamiliarity with Long Covid**
- Acknowledging Long Covid presents in **different ways in different people**
- Providing an **integrative team** in one place
- **Disability accommodations** are crucial



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