

University at Buffalo School of Social Work presents
The inSocialWork Podcast Series
Long COVID and the Implications for Social Work
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Prof. Peter Sobota [00:00:10] Hi everyone, and welcome to the inSocialWork podcast from the University at Buffalo School of Social Work. I'm Peter Sabota. It's good, as always, to have you along. Just as the COVID pandemic exposed the cracks and disparities in many facets of our society, including health care, governments, education and other cultural aspects. Long COVID is continuing the trend. Our typical responses will not likely be good enough to meet the challenges made real by the thousands of people who are experiencing long or long haul COVID. At this point, it seems like we don't know what we don't know. When it comes to long COVID. The Household Pulse Survey has given us a pretty good sense of long COVID prevalence, although it's clearly rising and also thought to be widely underreported. But this and other data and one covid's very existence continues to be dismissed by politicians, researchers, and even some health care professionals. Once again, we are back to the social determinants of health territory. As long COVID continues to disproportionately disrupt the lives of certain people. These disparities, the inability or the unwillingness of our government leaders to pass long COVID legislation, the lack of long COVID clinics, the need for advocacy and education related to workplace accommodations, paid sick and family leave and expanded disability benefits are all waiting for the attention of social change agents. Today, our guest, Jazmin Graham, Alesha CW, will tell us what she knows. She will describe her own experience with long COVID. Educate us about what long COVID is and isn't and discuss the implications for social work, practice, social action and interventions. Jazmin Graham, L.C. S.W. is a supervisor at Texas Oncology. Jazmine Graham, welcome to inSocialWork.

Jazmin Graham [00:02:20] Thank you. I'm so excited to be here today and be able to speak with you.

Prof. Peter Sobota [00:02:24] Yeah, we're glad to have you. So how about this? There's always a person behind the topic, right? So let's let's maybe start this way, if we might briefly, because we we want to get to the other things we had kind of planned to talk about. I'm curious, how did you find your way to the social work profession? And then finally and more currently, how did you find yourself? Interested in focusing on one cockpit. Do we start there?

Jazmin Graham [00:02:58] Yes, of course.

Prof. Peter Sobota [00:03:00] Let us have it.

Jazmin Graham [00:03:01] My journey into social work with kind of unconventional. I was working for the Boys and Girls Club in Fort Worth one summer as a coordinator of a program. I don't even remember the program, to be honest with you. But I was in between that like, stage of I'd gotten my undergraduate degree in advertising and public relations. Yes.

Prof. Peter Sobota [00:03:23] Yeah. Interesting.

Jazmin Graham [00:03:25] Interesting, Right. I was unable to really find a job in that vehicle. And so I was working at the Boys and Girls Club just as a summer coordinator and ran into somebody that was also working there, but was getting ready to enroll at the local university to get her master's in social work. And so she started talking to me about it. And first question to her was, Do I have to take the degree or the gym? And she was like, No. And I said, Great, because I'm not a great test taker. But she started talking to me about

the two different tracks. And so at this particular school, there was mental health, medical, social work, I believe, and. I think there was a track for like child.

Prof. Peter Sobota [00:04:11] Children and youth, maybe.

Jazmin Graham [00:04:12] Yes. But it was broken up into micro and macro practice. And so in my mind, I wanted to go into direct practice one day and be a counselor. And so I wrote this admissions essay and he got in. And the rest is history.

Prof. Peter Sobota [00:04:32] The rest is history. I'm not so surprised. I mean. Advert What was it? Advertising and.

Jazmin Graham [00:04:37] Public relations.

Prof. Peter Sobota [00:04:38] I mean, it's all about relationships and so it's so short. So I actually, you know, that makes perfect sense to me. It's probably good training.

Jazmin Graham [00:04:47] Yes. Especially like for communication and being able to build rapport and Yeah, kind of censor yourself for a different population. Right. And then documentation as well. I think it really helps me with that. And so I graduated from there and I got my first job in medical social work is that I had a pile of debt and everybody was like, Well, if you want to make a decent income, you need to go into medical, social work. And so I worked at an incident clinic in Dallas, which really laid the foundation for my career because I was the only social worker in the clinic. And it covered primary care, which was the internal medicine for OBGYN, and then they had sub clinics. So they did a lot of work with people with blood disorders. And so I was a baby social worker in this big clinic, not really sure what I was doing, but I was charged with running our medicine program, which helped the patient get medications for free from the big pharma companies. And so it was myself and two volunteers that I oversaw and lots of patients. And yeah.

Prof. Peter Sobota [00:06:06] I love your untraditional path. This is this is awesome.

Jazmin Graham [00:06:10] It was difficult. But looking back, yeah, it made me the social worker that I am today. Mm hmm. Which kind of parallels with how I ended up on this long COVID journey, right?

Prof. Peter Sobota [00:06:21] Yeah. Yeah. So obviously, I mentioned in the introduction that, you know, you have long COVID, so when you want to say more.

Jazmin Graham [00:06:32] Yes. So COVID hit for me. I'll say 2020 is when I recall my job at that time at the Dallas VA saying I could no longer go out in the field to see veterans. In the nursing homes and adult day care facilities because of this terrible illness that they didn't know a lot about. And so I just remember in March feeling like, what is happening? What does this mean? I almost felt kind of like Y2K, like the end of the world, but we weren't really sure if it was going to be the end of the world. But a lot of doom and gloom and stay at home. And so that. My husband stayed at home as well. Our daughter, I think, was around two, two and a half. And so we hunkered down and I thought that that was going to keep us safe. This was before the vaccine had been released. So we wore masks. We ordered food in. We ordered groceries pick up. So I was, you know, like I said, playing it safe. November rolls around in 2020 and I start feeling, you know, sick. But at the time around flu season, though, I just chalk it up to maybe it's the flu or bad sinus

infection. And I think what really gave me pause and my husband paused was that I wasn't getting better. And I started running really high fevers. So he took me to an emergency room. In the town next to where we live. And they did confirm that I had COVID because I think first I went to the CVS drive thru and that confirmed I had COVID. And so then there was really nothing that they were doing at that time other than telling you to take Tylenol and over-the-counter made.

Prof. Peter Sobota [00:08:19] Right.

Jazmin Graham [00:08:19] So I did that. But I have other chronic illnesses like asthma and hypertension. And so it was exacerbating my asthma and my blood pressure was running really high and I was continuing to have really high fever. So I went to the emergency room. They told me, yeah, you have COVID, there's nothing we can do. And they discharged me from the emergency room.

Prof. Peter Sobota [00:08:43] Oh, brother.

Jazmin Graham [00:08:44] I came back home. I called a friend who was actually working in hospice at the time. I wasn't at hospice appropriate.

Prof. Peter Sobota [00:08:52] But felt. I'm glad you could laugh about this now.

Jazmin Graham [00:08:56] Yes. Yeah. So I went to a hospital downtown Dallas and was seen there and immediately admitted I was told that I had COVID pneumonia and that it had settled in the bottom of my lung, but it was only on one side. And so I was admitted to the COVID floor and I was told I was the only person that was not on a ventilator. Though.

Prof. Peter Sobota [00:09:25] Wow.

Jazmin Graham [00:09:26] I didn't need a ventilator, thankfully, but I was very, very sick. I don't remember ever being that sick. And I was very scared. The nurse and the doctors came in to talk with me, but even the social workers called like into the room. They did not come into the room to speak with me. So I was very isolated. And I remember my husband dropping me off because they wouldn't allow him in the emergency room with me. And I didn't know if that was going to be the last time I saw him because I wasn't sure what was going to happen. And so, like I said, I was admitted and I want to was there five days because my lab work was all wonky. I needed that special medication, remdesivir, that they gave President elect at the time. And remember my husband saying, don't let them put you on a ventilator and don't take any of the I.V. medications they give you. And I'm like, well, what am I here for? Like, what do you want? This be monitored? But yeah, it was a very scary time. And so then I was well enough to be discharged. And so I went home.

Prof. Peter Sobota [00:10:35] And.

Jazmin Graham [00:10:36] My one of they they discharged me with maybe some steroids for a few days and sent me to follow up with my primary care doctor. And so I did that. And I want to tell you, Peter. I was never the same.

Prof. Peter Sobota [00:10:50] So you never had a period where you felt, quote, like. I had I mean, I had COVID in July. Believe it or not, I waited until July of this year to get Coleman and. You know, a week later, I felt. Five days. Six days, I felt better. And. But you never felt better.

Jazmin Graham [00:11:13] No. Hmm. My respiratory system healed, right. And I was able to breathe better and I wasn't running fevers. But mentally, I've not been the same. And so what happened was I ended up following up with my primary care doctor because I was having a lot of brain fog. And not remembering things like the name of my child. Not being able to find my car when I parked in a parking garage. I was unemployed at the time, but just looking for a job, not feeling like I would be able to complete an interview and land a job because I couldn't find the words that I wanted to say or. Remember what I was talking about. And so I was very concerned. And then I've always suffered with clinical depression, but my depression worsened in a way that I really can't describe because it was almost like grief as well as depression, because I. The life that I had before Cobain. You know, we all grieved during COVID. I don't know why I said during because we're still dealing with it now. I just grieved the jasmine that I was before I contracted COVID, and I didn't know how I was going to be able to continue to work once I got a job or carry out my duties as a mother and a wife. I needed a lot of support. And then I started having problems physically where I would get very faint when I would go from sitting to standing or laying down to sitting up. Mm hmm. And so I had to go to the doctor about that. And they diagnosed me with pot syndrome, which is postural orthostatic tachycardia syndrome. And so to me, you know, my heart rate just would shoot up and down. Which would cause me to feel like I needed to faint or I would faint. And so they said that was a result of COVID as well. So I ended up doing physical therapy, speech therapy and occupational therapy, post-COVID. And that was like four or five months after being discharged from the hospital. And I attended a support group through the entity that I was getting at and other people who had worse symptoms than I did.

Prof. Peter Sobota [00:13:47] Or people who are having worse symptoms.

Jazmin Graham [00:13:49] Nice. Debilitating to the point where they were trying to figure out how they, you know, could apply for and be approved for disability.

Prof. Peter Sobota [00:14:00] Yeah. I want to talk with you about that later. Yeah. Wow. You know, I don't even know what to say. You know, I was going to ask you. I'm embarrassed to say this now. I was going to ask you, you know, when you got COVID, were your symptoms. Did you kind of get off easy? Were they severe? Well, I think you've answered that question. I'm going to defer to you today because I really don't feel like I have expertise here whatsoever. But I have read that many people who have a mild bout of COVID, you know, some sniffles and maybe a couple of days of cough end up with long COVID quite frequently. But it sounds like you had and never stopped.

Jazmin Graham [00:14:46] Well, and I think to your point, it's very troubling for me because, like I said, I didn't need to be on a ventilator. I was still walking and talking, you know, up until being admitted to the hospital. I never stopped walking and talking, let me say that. So my symptoms to me were very mild in comparison to other people who were on ventilators or.

Prof. Peter Sobota [00:15:08] Wow. Yes. Yeah.

Jazmin Graham [00:15:09] No, don't recall their hospital stay at all.

Prof. Peter Sobota [00:15:12] Mm hmm.

Jazmin Graham [00:15:13] When I discharged, I expected that. Okay, You know, I'm well enough to go home, so I'm going. Okay. And life is going to resume and, you know, the sun will shine and everything will be okay. And I will say everything has gotten okay over time, but I'm still just not. Jasmine. Pre cope.

Prof. Peter Sobota [00:15:41] And you know, the comments you made about grief and. You know, loss and depression. I mean, that makes perfect sense to anybody who's paying attention to. I'm going to ask you about disability and things like that later. But I also you kind of really piqued my interest because, you know, you're not. Just a COVID patient. You like you said, you're a wife and a mom and a daughter and a social worker and a jazzman, and all of that is touched by what's happening to you. Yeah. Thank you for telling us that experience. And yeah, let me ask this. I'm glad you're smiling. You know, shift gears just a tiny bit.

Jazmin Graham [00:16:37] Yes.

Prof. Peter Sobota [00:16:39] Sure. I'm really curious about this. And you've touched on it just barely. But can you talk maybe just a little bit about what kinds of experiences you've had with medical and health care professionals as you have tried to especially navigate the long COVID thing? Because the Kobe thing, I think most people can get their arms around at this point. But I think the long COVID thing is way more complicated. But I'm curious. I'm curious to what you have to say.

Jazmin Graham [00:17:15] I will say that I've had a great experience. Navigating health care with long COVID. I think that that is due to the fact that I went through UT Southwestern Medical Center here in Dallas, which is a teaching hospital, but they have just so many different departments. And I had a wonderful primary care physician who actually left the system and moved to California recently, but he really plugged me in. So they developed this whole department for long haul COVID. And so essentially he sent a referral over to that department, and they got me connected to a social worker. They got me connected to the physical therapist, occupational therapy, speech therapy, and it was all in one place.

Prof. Peter Sobota [00:18:07] Wow.

Jazmin Graham [00:18:08] So I would go to my appointments and I had everything at my disposal in one place. They were really on top of it. And what I appreciate it is as a social worker, we know that people become more noncompliant when they have to navigate different systems. I mean, it was all at one place. It was easy for someone who was already struggling with brain fog or maybe physical disability, you know, walking to all of these different places to try to get services just was not feasible. When I say they thought of everything that a patient may need, they thought of everything a patient may need. I think that they must have had staff dealing with long COVID that able to also help create this system. But my experience with them was awesome. I think where I struggled after that was over with having to start over with a new doctor who I love and appreciate.

Prof. Peter Sobota [00:19:06] Mean like your primary care person you mean.

Jazmin Graham [00:19:09] And having to explain what I'd already gone through, what I'd been told, trying to remember everything.

Prof. Peter Sobota [00:19:16] Yeah.

Jazmin Graham [00:19:17] It was difficult. But also having this fear of Am I believable? Does this make sense? Are they going to think that I'm pain medication seeking or am not wanting to go to work? So I want you to sign off on FMLA or whatever. And that wasn't my experience at all. But because of who I am, a black woman and the issues that I'm encountering, you know, physiologically and mentally, those were things that gave me pause when trying to find another provider and continue to seek help because it's still not over for me, unfortunately.

Prof. Peter Sobota [00:19:58] Whoa. Well, a couple reactions to all of that. First of all, we just did a podcast with with a researcher who studied the experiences of middle class black women as they saw health care. It was extremely eye opening. And you just spoke to it. My other thing was when I asked you that question about your experiences. I did not expect you, quite frankly, to give me the answer that you did. So I'm thrilled that you somehow walked into that system, because that sounds to me like one of the solutions, you know, when we get to talking about that. I'm thrilled, but I admit that I'm surprised.

Jazmin Graham [00:20:48] Yeah.

Prof. Peter Sobota [00:20:48] Get in. Before I ask you another question, I wanted to ask you just one more before we move in there. Let's just say that that system was there and it was wrap around and that sounds like what we're shooting for. And you found it. However, I mean, I don't know you that well, but I would also argue that you are not your typical, quote patient. I mean, you have a background in health care. You're a social worker. You know, you are. I'm guessing I don't know if you're an empowered patient and probably not a patient who will automatically defer. You know, you're going to ask questions. Is that fair? Do you think that shaped your experience at all?

Jazmin Graham [00:21:38] Yes.

Prof. Peter Sobota [00:21:39] Because that has implications for people who don't have what you have.

Jazmin Graham [00:21:43] Yes, exactly. So if it were my husband, let's say, going through all this and I was not a social worker and I had no health care background, it would have been very difficult. One, I think that it's hard to prove that things that are going on with people outside of COVID are COVID related, right?

Prof. Peter Sobota [00:22:06] Mm hmm.

Jazmin Graham [00:22:07] And so then you have that whole piece and chasing that rabbit down the whole, you know, what is this? Is it related to COVID, this, that and the other? But outside of that, also, we don't live close to where this medical center is at all. And that's another barrier to care that I recognize is just being able to access it, whether that's physically or financially. And so.

Prof. Peter Sobota [00:22:36] And you are able to. Right. I mean, that's. Yeah.

Jazmin Graham [00:22:40] Yes. But as you said, also being able to ask questions. What resources do you have? Am I eligible for these resources? They covered by my insurance, though. Yes, you're absolutely right. I know how to navigate the system and I didn't need

any assistance navigating the system. However, if I had been someone else without prior knowledge, it may have been very difficult for them.

Prof. Peter Sobota [00:23:07] And for many folks know the reality that you've got this place that gets it right, that gets the whole package might not be accessible because it's simply finances. And, you know, I mean, that's that's a reality. Okay. So you have had wonderful experiences, it sounds like. Yeah. With with health care professionals. And okay, this is the last one directly about you. And then I promise. I feel like I'm kind of interrogating you here.

Jazmin Graham [00:23:41] But while you're playing.

Prof. Peter Sobota [00:23:43] It, can I ask. You know, we left the story, I think, in November of 2020 yet. How are you feeling lately? Currently.

Jazmin Graham [00:23:56] I've had a lot of issues post COVID and I can't say that they are COVID related.

Prof. Peter Sobota [00:24:02] Okay.

Jazmin Graham [00:24:04] But after finishing like physical therapy and all of that, I, I drank the Kool-Aid and I got on the Ozempic high to lose weight. And I did lose weight. And I've kept some of it all, but I've had problems with my weight fluctuating up and down since COVID. I feel like I never really got over the brain fog, but I've learned to deal with it and have to accept it. And so I tell people, you know, ahead of time I struggle. Sometimes with finding my words or it takes me a little bit longer to process. Also on that same vein, I think my depression has worsened.

Prof. Peter Sobota [00:24:51] Worsened.

Jazmin Graham [00:24:54] Sent parade. Because I'm a I'm a different person and. During this time, It heightened my anxiety to the point where. There was a lot of dissension in my household about vaccinations and. But whether or not everyone should be vaccinated in our household. And then I was a crazy person. Almost no like. Disrobe before you step through the front door, you know, wipe everything down. I mean, if I would have worn a hazmat suit to go grocery shopping, I would have at one point because I was just on high alert about.

Prof. Peter Sobota [00:25:37] I mean, it doesn't sound it doesn't sound crazy to anybody who went through what you went through and, you know, continue to. Yeah. Yeah. But it but again, you're being incredibly frank and thank you. You're welcome. Because I don't think this is what people get. I don't think they. Yeah. Now let's talk about Jasmine, the social work professional. So obviously, this must be tricky because you have your own experience, although what have you been learning, for example, from. What long COVID has been doing to the people, you know, and clients. I'm sure there are similarities, but I can imagine, you know, there is nuances and individual experiences as well.

Jazmin Graham [00:26:29] But yeah, I think that for me as a social worker within Disney. Sorry. That's okay for me is also excellent has been eye opening is. The amount of patients that think that whatever they're dealing with medically is just an extension of something that they already have. Like, they don't find the relation between COVID and diabetes or COVID and their cancer diagnosis. They're not seeing it as it having the ability

to exacerbate what you already have. And because it's not always a new diagnosis or illness, it's hard for people to really understand that COVID is masking itself in other ways, you know, and it could be causing your chronic illness to be exacerbated or cause a whole new illness that you never dealt with. Mm hmm. So because they don't see it that way, they don't ask questions to their providers.

Prof. Peter Sobota [00:27:35] Or make the connections, I think. Is it fair to say that some providers are making those connections?

Jazmin Graham [00:27:42] Yes.

Prof. Peter Sobota [00:27:43] Mm hmm.

Jazmin Graham [00:27:44] I see people. I was even doing this for a while, you know, circulating through urgent care. Or emergency rooms because, you know, they think that they had a patient whose heart was out of control. I can't remember exactly what the diagnosis was. Sorry. That's the brain fog setting in. Yeah, he was in and out of the hospital and she was the high utilizers. So then I had to call her as a social worker to see what we could do to keep her from utilizing the emergency room so much. And one time I called her and she was so short of breath and unable to really communicate with me, I had to call 911 to her home. And so she ended up needing a heart procedure. And I believe that they finally realized that her COVID diagnosis prior had exacerbated her heart condition, and they'd never put the two together. I mean, she just kept going to the emergency room. And so I'm not clinical, so I can't tell people, hey, this could be related to COVID. But, you know, I did ask probing questions and asked her to communicate those answers to her provider to help, you know, come to some sort of conclusion or just at least look into it because it just wasn't making sense why she wasn't getting better.

Prof. Peter Sobota [00:29:09] Yeah. And. Yeah. Wow. You know. It feels like we're kind of in, to me, at least in familiar territory. It's fair to say that we don't know what we don't know when it comes to long COVID through really the state of affairs. Like we need Operation Warp, whatever for long-covid like we had with COVID as well, it seems to me. But it just feels to me like we're in familiar territory in that we don't have like long COVID doesn't have a checklist of or a clear diagnostic test or criteria, right? We can't do a blood test per say. And of course, there's also this piece of lots of overlapping pre and co-morbidity, right, that you said is not always sorted out or even even it doesn't occur to people that they might need to sort this out. So I'm thinking of of things like, for example, that we have gone down the road with chronic fatigue syndrome, Epstein-Barr virus, Lyme disease even.

Jazmin Graham [00:30:21] Was.

Prof. Peter Sobota [00:30:22] And you alluded to this earlier, that people they start to talk, you start telling them what's happening and they make a bunch of assumptions, most of which are not compliments or are suspicious. So I don't know how that came out, but this feels familiar to me. And I'm just wondering if you agree and how does that complicate almost everything for people seeking care for Long-covid?

Jazmin Graham [00:30:48] Yes, I agree wholeheartedly. And it does complicate. Because it's like, which came first, the chicken or the egg, right?

Prof. Peter Sobota [00:30:56] Yeah.

Jazmin Graham [00:30:57] You find yourself. Just trying to navigate what you already are dealing with medically, but then trying to understand. When COVID when you had it if it. Was the same time like this. I can't even find my words right now. But you hit the nail on the head for me in that, for instance, for myself, I have hypertension. You know, my blood pressure has been up and down since I was 27. I turned 39 last week. So that's 12 years of me being told by doctors I need to be medicated. I'm going to have, you know, fluctuations and what those side effects are. So imagine when I'm starting to feel faint and my pulses look up and down, I'm like, Oh, well, this might just be an extension of my hypertension. I don't know.

Prof. Peter Sobota [00:31:52] Dismissive. Yeah. Mm hmm.

Jazmin Graham [00:31:53] And so then it gets to the point that I'm like, okay, I'm going to go to the doctor because I fainted at the store, you know? But if it hadn't gone that bad, I would have just kept dealing with it. And that's what I'm used to doing. And that is what many people are doing, is just dismissing it as, okay, well, this is just, you know, the same thing I've been dealing with. It's just worsened right now for whatever reason. But they're not looking at the big picture. They're not able to connect the dots. And that's what's so scary about long COVID, in my opinion.

Prof. Peter Sobota [00:32:26] Yeah, And, you know, unfortunately, we have this large trove of data that. Doesn't suggest the documents that women are treated when they seek care. They're treated as hysterical.

Jazmin Graham [00:32:41] Yes.

Prof. Peter Sobota [00:32:42] Again with your social work hat on. What would you say is and isn't available in the current environment for people who have long COVID? What are what systems do you feel? Obviously, you spoke earlier about that gem of a system, but I know that's not the case everywhere. It's certainly not I don't think I can't think of anything comparable here in western New York. So what are the things that are there and are not there? That would be helpful for people with long COVID and especially in systems that like you just got finished seeing are not terribly sensitive to the needs.

Jazmin Graham [00:33:23] Yes, I think that what is available are a lot of siloed services that I like.

Prof. Peter Sobota [00:33:31] I was afraid you're going to say that.

Jazmin Graham [00:33:33] You know, well, you can go here and you can get this service here, but there's no comprehensive anything anywhere. You know, luckily for me, there was a system in place where I could get all the services that I needed during my recovery. But what I think is missing across the board are community agencies, and that's where the people are in the communities that help them navigate what to do next, help them connect the dots. You know, I would love for there to be an organization that does patient navigation where people, you know, are able to have a one stop shop where they're connected with a social worker. That tells them, well, what's available here where you live are these things. And if you need something outside of that, you have to go these places. But before that, a thorough assessment is missing.

Prof. Peter Sobota [00:34:37] Hmm.

Jazmin Graham [00:34:37] And I think that is where we're missing the ball. Because the people with long COVID aren't even being assessed for long COVID. We're not finding out that we have rate until major events have occurred that may have been able to be avoided altogether. I think that even in 2023. Providers and hospital systems are still discharging patients with. Okay. You've been treated, you know. Or doctor's offices. Well, you're no longer testing positive for COVID. You're good. Yes.

Prof. Peter Sobota [00:35:13] You're finished.

Jazmin Graham [00:35:14] Yeah.

Prof. Peter Sobota [00:35:15] Yeah. Is there a.

Jazmin Graham [00:35:17] That.

Prof. Peter Sobota [00:35:19] You're kind of blowing my mind here a little bit, because I know I know personally a number of people who have long COVID. And pretty much state. It's almost like they got together and talked because they they talk about meeting with health care professionals. And this is why I asked you earlier that that question about yours. But. Their experiences with health care providers as they get to a certain point. And for example, physicians kind of throw up their hands and say, I don't have anything to offer you about this and, you know, I can help you manage your symptoms, but I can't give you I mean, let's face it, we don't have evidence based practice, prolonged COVID at this point. So, yeah, that's it's ringing true. So here's something that I read. I read a statement that I think it was something like there are ten times more people who have long coded than who have died from COVID. No. If that's true. And that's probably an underestimate because of all the reasons you just got finished talking about, that seems to me like a massive. Problem now and going into the future. And it seems like our response. Has been pretty weak.

Jazmin Graham [00:36:45] Yes.

Prof. Peter Sobota [00:36:45] To be gracious. I would think, for example, that we're going to have to change society is going to have to change, just like we changed, for example. Over time with the AIDS epidemic.

Jazmin Graham [00:37:03] Yeah.

Prof. Peter Sobota [00:37:04] I mean, we finally kinda got it. Eventually. Sorta. I'm thinking about moving forward with a massive amount of the population involved with a long haul, but without a viable understanding or treatment. What kind of environment? I mean, think about this. Think about the impact on the economy and on families and on children. And like you and your, you know, your spouse, everybody. What kind of. Workplace protections and accommodations. And now let's talk about disability benefits are going to be needed. Because what we have in place now, I don't think is going to cook the rice for most people now.

Jazmin Graham [00:37:53] We're going to have to have a major overall. She's even in 2023. So I had my my child in 2018. And at that time, I believe where I worked, we only got six weeks of leave. Yeah. And then, of course, after I quit, they get three months of leave. But we're going to need something like that, in effect, where people because you can't just.

Get over COVID or test negative Friday and return back to work on Monday. It's not working like that anymore for people.

Prof. Peter Sobota [00:38:28] Yeah.

Jazmin Graham [00:38:30] So there there's have to be some type of protections.

Prof. Peter Sobota [00:38:33] Yeah. And at my understanding and again, my understanding is limited. We are not doing so great. What is. Is it the I believe it was called the COVID 19 Long Haulers Act or something similar to that. It was legislation in Congress. I don't think it's gone anywhere.

Jazmin Graham [00:38:58] I think it fell flat.

Prof. Peter Sobota [00:38:59] It fell flat? Yeah. Okay.

Jazmin Graham [00:39:01] Yes.

Prof. Peter Sobota [00:39:01] So. That's not a good sign.

Jazmin Graham [00:39:05] No.

Prof. Peter Sobota [00:39:07] Also, again, I'm going to defer to you if you know, is if you're going to get SSDI. That's a involved process.

Jazmin Graham [00:39:17] Yes.

Prof. Peter Sobota [00:39:18] And is there something like you have to be kind of really kind of debilitated for almost like a year?

Jazmin Graham [00:39:27] There there is a certain time frame, I believe. And that I mean, for people with long COVID, we don't have that kind of time to wait for this is you need to get a few hundred bucks or a few thousand dollars. I mean, people are losing homes left and right over medical debt without law obeyed. So I can't imagine getting COVID, which you don't contract through your own fault.

Prof. Peter Sobota [00:39:57] Right.

Jazmin Graham [00:39:58] You know, though, it's unexpected. It's not something that you're like, oh, on Tuesday at 2 p.m., I'm going to have COVID and I'm going to be out till Friday. And so you get that and then you expect to recover in the timeframe that your after visit summary from the doctor said, you know, you've done everything. Taking the over the counter medications or prescription medications and you think it's done Well, a lot of people try to resume normal activities of daily living shortly after that. It takes a while for you to notice you're not the same or you're having issues. They don't pop up for everybody immediately. And so what happens is you go back to work and you're working and your supervisors and managers are seeing you do your work and they're expecting, you know, whatever tasks that you're assigned to be completed in a timely manner with quality. And you might be able to do that for a little bit. But what happens month three when these symptoms of long COVID start to kick in and you swarming all this time? So then it becomes a performance issue at work instead of medical issue?

Prof. Peter Sobota [00:41:06] Mm hmm. Yes. I was going to ask you, but I think this is the point to just talk about it and see it that, you know, kind of like. You know, what's the role of social work as a profession and as individual practice? You know, why should why should social workers, for example? Especially maybe folks who haven't been directly affected by long COVID. Why should they feel they need to be aware and why should it matter to them? But I think you're providing some really good answers about why that is. I mean, there are workplace rights and economic justice rights. That I we don't seem to be moving toward in any kind of practical way. I mean, I was joking when we you know, we had this warp speed project to develop a vaccine. This is the next crisis. Yes, we're in it. In many ways.

Jazmin Graham [00:42:07] And it's important for social workers to, you know, stay abreast of this and begin to not only research, but advocate for patient advocacy.

Prof. Peter Sobota [00:42:18] That's what I was thinking. I mean.

Jazmin Graham [00:42:20] I didn't think that this would happen to me. And so that's the other reason why I think it's important for all social workers to get on board is because you don't know. And it may not be you. It could be a loved one. It could be a colleague that you're having to cover for that you've been asking, well, when are they coming back to work? Mm hmm. It may not directly impact you now, but eventually we all will be impacted by long COVID in some way.

Prof. Peter Sobota [00:42:48] And social workers, you know, we're going to encounter, regardless of setting, you know, our clients, their families, our coworkers, and and in maybe entire organizations impacted by long COVID. We don't even seem yet to have. The insight to ask the right questions that would truly involve completing a wonderful bio, psychosocial and spiritual assessment which we preach right in our in our profession, person and environment. So there seems like there's tremendous opportunities regardless of how directly you're affected or not.

Jazmin Graham [00:43:28] Yeah.

Prof. Peter Sobota [00:43:29] By this. And you know, I've also I just want to pick your brain about this. I mean, anybody who tries to go to a restaurant nowadays or even travel, like if you want to fly somewhere, there are all these shortages of workers. And a lot has been made of a, you know, the great resignation and that people got fed up. I don't deny that. I've certainly heard anecdotally about some of that. But I just wonder how much of this is due to the long lasting impact of COVID and long COVID. I would bet that it's equal if not if not more so. So how do we engage those people in productive lives where they benefit and contribute to our economy? I think we need to make major change.

Jazmin Graham [00:44:24] I agree. And I think that we're going to have to work with, you know, workforce development. I know vocational rehab counselors because a lot of people are going to have to realign or readjust the industry. They you know, we're working in there. They're not able to do that line of work anymore. Or they need accommodations to continue in that that path that they were in. And so I think that we as social workers are going to be the ones that are going to be doing the program development for the changes that need to occur.

Prof. Peter Sobota [00:45:02] Yeah, the the opportunity for playing the educator and advocacy role just seem. Like a responsibility. Not even a choice. In this day and age. So

we are getting close to the end of our time here. Boy, this is this is zoomed by here. This is fascinating. So let me just raise this one and see what happens. As we know and as we learn every time it happens over and over, people in the broader society who are already disenfranchised always suffer the most when broad systemic issues like COVID affect our society. So we're talking about COVID now. We're talking about long COVID. If I may. Do you believe that there are implications? For racial and economic justice. Responses, just for starters, related to long COVID.

Jazmin Graham [00:46:10] Yes, I do. And I think that we've spoken about a couple of them. But on the broader spectrum, I think that people in the bipoc communities. People that belong to lower socioeconomic classes are going to suffer greatly because they're already overlooked. They already are distrustful of medical, you know, services and providers and. A lot of times they seek help when it's too late. And so. And maybe it's not. They seek help. When it's too late, it's offered too late. And so as a result of that, I think that social workers, again, are going to have to rise up and advocate for these populations to get assessed. To help them change their perspective that perhaps this isn't an it's an extension of what I've already been diagnosed with. This could be long COVID, because there's also a major educational piece that's missing within this population, about long COVID. They don't even. Some of them don't even know that exist. They don't they've never heard of it. You know, and then there's been a lot of misinformation related to COVID so that this.

Prof. Peter Sobota [00:47:33] Is that's another podcast.

Jazmin Graham [00:47:35] Yeah, exactly, Peter. I just complicate the even more. And so I think that this is another opportunity for not only social workers, but people that are hyped up about social justice and helping Disenfranchised, which I really don't like that word, but yeah. Brain fog. Sorry I couldn't come up with.

Prof. Peter Sobota [00:47:59] I used it.

Jazmin Graham [00:48:01] So.

Prof. Peter Sobota [00:48:02] Yeah. Well, I think you've gone a long way to helping social workers know about long COVID and in the most personal and even in the most. Professional expertise weigh.

Jazmin Graham [00:48:19] Thank you.

Prof. Peter Sobota [00:48:20] Yeah. You know. It's been really kind of eye opening. And you know, your story is. You know your story. It's a gift. Thank you. On behalf of everybody who listens to this. And then that, coupled with the expertise that you have as a social worker, and that whole perspective has been interesting, alarming and and helpful. So, Jasmine, thank you for taking the time and thank you for talking with us. It was an absolute pleasure.

Jazmin Graham [00:48:55] Thank you. The pleasure was all mine, and I just appreciate being given this gift, an opportunity to speak and hopefully. Enlightened, somebody that is wondering what is going on with me or my loved one. So thank you.

Prof. Peter Sobota [00:49:12] I think we're the better for it. Thanks again to Jasmine Graham being so sure Crew is our chair in all things tech guru Steve Serman, Nick

Desmet, our graduate production assistant editor extraordinaire and guest coordinator.
Say hi, Nick.

Jazmin Graham [00:49:30] Hey, everybody.

Prof. Peter Sobota [00:49:32] And I'm Peter Snowden. We'll talk again soon, everybody.