



Being Alive

Evolutions in Being P.O. Box 4008 Chelmsford, MA. 01824 Eibeing.com 978-256-0438

“Long COVID as reported in the Boston Globe”

Many of you know I have suffered with Long Covid, this article explains it best!

A doctor watches his 28-year-old daughter suffer from long COVID. He clings fiercely to hope.

Researchers now recognize eight different trajectories after COVID infection; some are severely ill months later.

By Felice J. Freyer

For Samantha Crausman, each day begins with a tiny reservoir of energy. Every activity — eating, listening, even thinking — drains that pool, forcing her to calculate how to expend it.

If I talk to my parents now, will I have the energy to wash my hair later?

She follows a rigid routine and rarely leaves her bedroom. Any extra exertion can lead to the dreaded “crash,” when she falls into [a deep fatigue](#) that immobilizes her for days.

Crausman’s symptoms began four years ago, after she contracted [COVID-19](#). She’d returned home from Florida to Rehoboth, Mass., to live with her parents during the pandemic. She planned to soon move to New York to launch a career in entertainment.

Now she’s 28, trapped in an existence that seems to shrink with each passing year, her young life stalled.

As the world has moved on from the pandemic, some 20 million Americans — most of them women — continue to suffer from a variety of COVID-19 symptoms, especially brain fog and fatigue. The majority of people recover from an infection within weeks, but one in 10 still have symptoms three months later, a condition that has come to be known as [long COVID](#). More than 80 percent of those who were suffering at three months were still sick 12 months later, according to one recent [study](#). (CONTINUED ON PAGE 6)

HAVE A HEALTHY BREAKFAST!

But what does a healthy breakfast look like? And is there a way to make it fast and easy, as well as tasty?

RECIPES AND MORE...

https://foodrevolution.org/blog/breakfast-bowls/?frn_source=sfmc&frn_medium=email-blo&frn_campaign=blo-26-&frn_content=email-breakfast-bowls-article-&j=400000&sfmc_sub=220854170&l=137_HTML&u=6331698&mid=514008241&jb=1050

What is Long Covid?

Scientists just found a microscopic reason for the exhaustion of long COVID.

Researchers have identified unusual, microscopic structures lurking in the blood of patients that could be driving symptoms like brain fog and chronic fatigue.

These structures are known as microclots. While a typical blood clot might be large enough to cause a stroke, these are tiny, persistent accumulations that are just big enough to block the smallest blood vessels, known as capillaries. This blockage can prevent oxygen from reaching vital tissues and organs. In a recent study, patients with long COVID had a nearly 20 fold increase in these microclots compared to healthy individuals.

But the researchers found something even more unusual. The microclots were physically embedded with neutrophil extracellular traps, or NETs. These are sticky, web like structures made of DNA and enzymes that white blood cells spit out to trap invading pathogens. In a healthy body, NETs appear, do their job, and dissolve. In long COVID patients, they seem to stay stuck, acting like a structural mesh that makes the microclots much harder for the body to break down.

This interaction creates a stubborn, "thromboinflammatory" environment. Because these sticky webs are so distinct, an AI agent was able to identify long COVID blood samples with 91 percent accuracy. This is a massive breakthrough for a condition that has been notoriously difficult to diagnose with standard medical tests.

The discovery suggests that long COVID is not just a lingering malaise, but a measurable physical state involving dysregulated blood chemistry. If scientists can target these NETs and microclots, it may offer a clear path toward treating the underlying cause of the disease rather than just managing the symptoms.

Read the study:

"Circulating Microclots Are Structurally Associated With Neutrophil Extracellular Traps and Their Amounts Are Elevated in Long COVID Patients." Journal of Medical Virology, 2025.

7 Common Symptoms of RSV in Older Adults Plus, how to recognize if a mild infection is turning severe

By. Rachel Nania,

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It's the time of year when COVID-19 and [flu](#) are top-of-mind for many. But there's another highly contagious respiratory virus that spreads in the fall and winter months, and similar to [the coronavirus](#) and influenza, this bug can be downright dangerous for older adults.

It's called RSV, short for respiratory syncytial virus. And while it's commonly thought of as an illness that affects babies and young children, RSV sends as many as 160,000 U.S. adults ages 60-plus to the hospital each year, and kills as many as 10,000 older Americans annually, according to data from the Centers for Disease Control and Prevention (CDC).

7 Common RSV symptoms in older adults

1. Congestion
2. Cough
3. Fever
4. Lack of energy
5. Mild headache
6. Runny nose
7. Sore throat

FOR MORE INFORMATION:

<https://www.aarp.org/health/conditions-treatments/rsv-symptoms-older-adults/?cmp=EMC-DSM-NLC-OTH-DLY-247401-320001-9983190-NA-02112026-TheDaily-MS1-NA-BTN-C-Health&encparam=DbPoeRDQoK0ndchowfXklvaPMzutWffEI7lWSVrJ3rg=>

Know the Warning Signs of Elder Fraud and Online Scams

Presented by Back Cove Financial

Just browse the latest true crime documentaries on your preferred streaming network; you'll see that people of all ages and income levels are vulnerable to financial scammers. Unfortunately, as we age, certain factors put us at greater risk. Social isolation, recent loss of a spouse or close family member, diminished cognitive abilities, and accumulated wealth can make seniors especially attractive to fraudsters.

According to the FBI, there was a 84 percent increase in losses reported by victims over age 60 in 2022 compared with losses reported by the same age group in 2021. To keep yourself and loved ones safe from scams, ask yourself these questions before you transfer money.

Am I being asked for a payment up-front to receive funds in the future? Advance-fee scams promise that if you pay a sum of money now, you'll receive a much larger amount in the future. Of course, the victim of this scam will never actually receive the promised funds. This can take different forms, such as in lottery or romance scams. In one common scenario, for example, the scammer claims to have an inheritance in an individual's name, but states that taxes or fees need to be paid to a government entity or entities in order for the victim to receive the inheritance.

Is there an urgency attached to the request for funds? Government agencies, well-known companies, and banks don't typically ask for immediate money transfers. If you find yourself being rushed to provide cash as soon as possible, start with the assumption that the request isn't legitimate. One way to do this is to call the institution back at a phone number you've used before or that you find on its website, not the contact information in the request.

Don't give out personal information or verify an authentication code to anyone who called you, regardless of who they claim to be or what phone number appears on your screen. Even if the urgent request seems to come from a close friend or family member, you'll want to call that person to verify their identity and confirm the need for money.

Does the method of payment make it impossible to recover your funds (if necessary)? If you're asked to send money by mailing cash, gift cards, or prepaid cards, or transferring bitcoin, those are all red flags. Once such funds are sent, they can be very difficult, if not impossible, to get back. Another sign of a scam might be a person requesting money and instructing you to pay a third party.

For example, a fraudster may claim to be from the IRS but ask you to mail cash to an individual at a residential address, claiming the person is an attorney for the IRS. A con artist in a romance scam might ask for funds to be sent to someone they claim is a personal assistant or an accountant. Involving a third party makes the transaction harder to trace.

Does this transfer raise any alarms with your financial advisor? If someone contacts you and says you owe them money and the rationale isn't clear to you, contact your financial advisor as a trusted resource to help you determine whether the request is valid.

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If you answered “yes” to any of the above questions regarding a request for money, there’s a chance you could be the victim of a scam. Depending on your specific situation, consider taking these steps:

- Stop communicating with the requestor immediately.
- If you did send any checks or wire transfers, contact your financial institution and ask if they can stop payment or recall a wire transfer.
- If you sent payment through the mail, contact the carrier service you used to report the fraud and ask if they can stop delivery. (A tracking number is helpful in this type of scenario.)
- Contact your local police.
- Report the incident to [ic3.gov](https://www.ic3.gov) (the FBI) or the Federal Trade Commission through their online reporting portals.
- Change your email and online banking passwords.
- Initiate a credit freeze through the major credit bureaus.
- Stay on high alert for subsequent scams. Once a person becomes a victim of fraud, other criminals might target the same individual from a different email address or phone number.
- If you continue to get fraudulent calls and emails, consider changing your email or phone number.

We hope to be surrounded by people we can trust. But senior and online scams are unfortunately on the rise. Your best protection against elder fraud and online scams is to be aware of warning signs; talk to loyal family, friends, and advisors about financial issues; and thoroughly vet any party requesting funds from you.

This material has been provided for general informational purposes only and does not constitute either tax or legal advice. Although we go to great lengths to make sure our information is accurate and useful, we recommend you consult a tax preparer, professional tax advisor, or lawyer. Third party links are provided to you as a courtesy and are for informational purposes only. We make no representation as to the completeness or accuracy of information provided at these websites.

All the best,

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(CONTINUED FROM PAGE 1)

It's a sickness that limits a person's life to varying degrees — some can work but forgo other activities; others [have to quit](#) or work part time.

The first sign came when Crausman, who'd always been energetic and athletic, couldn't keep up with her parents while walking, her legs leaden with fatigue. When her parents took her apartment hunting in the suburbs of New York, she retreated to the car to rest after a few blocks.

Soon, severe gastrointestinal problems caused her to lose 20 pounds. Once medication and dietary changes mitigated that problem, other symptoms became apparent: brain fog, sensitivity to light and sound, the inability to stand for any length of time, and those “crashes,” known as post-exertional malaise.

During the first year of her illness, Crausman could walk down the driveway and manage a staircase, even swim a little in the pool out back. The second year, she needed a wheelchair. Now, she rarely goes out at all. About a year ago, when Crausman could no longer climb the stairs to her bedroom, her parents blocked off a section of their living space and built a room for her on the first floor.

Much of her time is spent in what she calls “aggressive rest.” Focusing her eyes on written words or television brings severe headaches. Music she once enjoyed feels like an assault of noise her brain can't process. She dons noise-canceling headphones and an eye mask, and lies still, perhaps daydreaming or letting her brain go silent. Sometimes she listens to audiobooks.

“It is a good day when I can open my curtain at dusk and see the outside world, or when I can play with our dogs for a while,” she wrote in an email. The family owns two Lakeland terriers, Stella and Luna. “But in the back of my mind, I know I'm one good ‘crash’ away from losing all of that, from no longer being able to tolerate the light outside my window even at dusk, the noise and activity of two dogs, or the screen on my phone.”

Crausman is not able to accept visitors or even do a phone interview. Instead, she shared aspects of her life in emails and audio recordings.

Long COVID is a complex illness, with some [200 possible symptoms](#) and effects on virtually every organ system, ranging from palpitations to difficulty breathing to digestive distress.

Dr. Ziyad Al-Aly, a clinical epidemiologist at Washington University School of Medicine in St. Louis and one of the leading researchers of long COVID, estimated that out of every 100 long COVID patients, “a handful” are homebound or unable to work. Because so many people — an estimated 400 million around the world — have long COVID, that adds up to a lot of severely disabled people.

Women are more likely than men to develop long COVID, with those between 40 and 54 at highest risk, according to [recent research](#). This may be because of differences in women's immune systems and hormones.

There's evidence for several theories about long COVID's causes: The virus hides in tissues after seeming recovery. Inflammation spawns microclots that damage organs. Dormant viruses from earlier infections are reactivated. Auto-antibodies attack the body. Or — more likely — an intermingling of more than one of these.

As a result, patients' experiences vary. A [recent study](#) from the federal RECOVER, or Researching COVID to Enhance Recovery, initiative identified eight trajectories following COVID infection.

These included the 5 percent who, like Crausman, had persistently severe symptoms. There were also those whose symptoms gradually improved and those who seemed to recover from the initial infection but fell ill a year later. For each category, the mechanism driving illness is likely to be different and so is the likely treatment, said the study's senior author, Dr. Bruce D. Levy, executive vice-chair of the Mass General Brigham Department of Medicine.

Levy wasn't expecting such diversity. "I was surprised that there were eight," he said.

The RECOVER program survived the Trump administration's cuts to medical research, after pushback from advocates, but the Office for Long Covid Research, which coordinated research efforts, [was shut down last year](#).

While individual researchers are doing their best, Al-Aly said, the nation lacks a coherent strategy for addressing long COVID.

And it's not over — people are still getting long COVID today. The risk has diminished, perhaps as a result of vaccination or different viral strains. Those infected in March 2020 had a 10 percent risk of long COVID. That has dropped to about 3.5 to 5 percent, with those who were not vaccinated or who had severe illness more likely to be affected.

Still, Al-Aly cautioned, each time someone is infected, the risk of long COVID remains.

"Even if you dodged the bullet before one time or two times or three times, it doesn't mean you're gonna keep dodging the bullet every single time," he said.

'Fighting to be heard'

Fearing that Crausman could get worse if she had another COVID infection, her parents restrict their lives to prevent exposure.

"We continue to live like we did during the pandemic," Rob Crausman said. N95 masks whenever they leave the house. No guests. No dinners out. Ordering groceries online for pickup. Rob Crausman sees his patients only by telehealth.

When their older daughter, Amanda, a medical student in Philadelphia, wants to come for a visit, her father drives down to test her for COVID before she leaves. If her test is negative and she comes to the house, he will continue to test her every day, using a handheld PCR machine that he ordered from Germany, which provides more accurate results than the store-bought rapid tests.

Crausman, 62, was at a crossroads professionally when his daughter got sick. He had just sold the urgent care centers he'd founded, and was ready for the next chapter. He wasn't planning the semiretirement he eventually had to choose, working part time as a telehealth provider to people in recovery from addiction.

Crausman said he is fortunate that he's in a position to devote himself fully to his daughter. He has used his knowledge and connections to try every treatment that had evidence of possibly working. He sent a blood sample for testing in Germany, and found she had a high level of auto-antibodies, which attack certain receptors throughout the body. He started her on a prolonged course of the antiviral Paxlovid. Her experience was later written up [in a case series of 13 patients](#). Some got better. Samantha Crausman "crashed" and had to stop the drug after 10 days.

The same thing happened when she tried monoclonal antibodies, which [eased post-exertional malaise in some patients](#), possibly by clearing lingering fragments of the virus. She traveled to Boston for another treatment that seemed to hold promise — injecting the anesthetic lidocaine into a cluster of neurons in her neck. This procedure had been used to treat PTSD and anecdotally had helped some long COVID patients. Not only did that fail to yield any benefit, the experience left her immobilized for months, and she never fully recovered.

“We have tried more things than I can count that worked for others or were suggested by small research studies, and at best, they haven’t made her worse,” Rob Crausman said.

She did experience subtle benefits from low-dose naltrexone, which reduces brain inflammation, and immunoglobulin injections, which can quiet autoimmune responses.

As Samantha Crausman sought care in the early days of her illness, she was often met with befuddlement.

“I was fighting to be heard by doctors who didn’t care about COVID and had never heard of long COVID. (‘What did you say? *Lung* COVID?’ — a direct quote from a provider),” she wrote in an email, describing the first year of her illness.

“They didn’t believe I was as sick as I claimed, and they’d say all the things that don’t make sense for people with energy-limiting illnesses. ‘Go for a walk,’ or ‘do Tai Chi,’ but I have exercise intolerance and deteriorate when I push myself.”

Rob Crausman is a lung specialist who for a decade ran the Brown-affiliated residency training program at a Pawtucket, R.I., hospital. He’s also the former administrator of the Rhode Island medical board, a former hospital chief medical officer, and cofounder of a string of primary care and urgent care centers. After practicing medicine in so many different settings, he never imagined his profession could so completely fail his own child at her time of greatest need.

“I’m profoundly disappointed,” he said.

To this day, he gets well-meaning advice from physician friends who show surprising ignorance about his daughter’s condition.

“If I have one more person tell me that she just needs to do yoga, I will lose my mind,” he said.

As Samantha Crausman got sicker and showed no signs of recovering, her friends drifted away. She made new ones online in the community of fellow patients. That community led her to conclude that in addition to long COVID, she had ME/CFS, which involves severe fatigue, exercise intolerance, and unrefreshing sleep. Like long COVID, ME/CFS is triggered by a viral infection.

A portion of long COVID patients — estimates range from [4.5 percent](#) to [around half](#) — also have [the symptoms of ME/CFS](#), but it’s not exactly the same illness because it is sparked by a new virus.

ME/CFS also has no cure, but some people benefit from treatments, such as drugs to address the nervous system problems, and they learn how to conserve energy and pace themselves, said Dr. Lucinda Bateman, founder and medical director of the [Bateman Horne Center](#) in Utah, which focuses on the study and treatment of ME/CFS.

“Gradually they learn how to tame the illness a little bit, or come to some kind of terms with it, and find a rhythm where they can maintain with more stability,” she said. “But that’s not the same as being cured.”

The Bateman Horne Center added a long COVID clinic in 2021. Long COVID has drawn heightened attention to what are called “infection-associated chronic illnesses,” and that will reap benefits for patients with ME/CFS, Bateman said.

“It’s definitely expanded the numbers of scientists and clinicians who are involved and committed,” she said.

For long COVID patients, the illness can mean major life changes. Jessica White, 35, a patient in New York City, stopped working full time and plans to step aside from her role as CEO of an AI start-up, because long COVID has sapped her energy. She’s earning a master’s in biomedical sciences, which involves working in a long COVID lab. And she’s participating in clinical trials.

“When you’re a patient, science never feels fast enough,” she said.

Still, White feels hopeful. “There are many more treatments on the horizon that I’m really looking forward to trying this year,” she said.

White also serves on the board of the [PolyBio Research Foundation](#), a Medford-based nonprofit that started in 2018 to study the role of infections in promoting chronic disease, and soon pivoted to long COVID.

PolyBio is launching a program to develop and validate tests that would establish the root cause of an individual’s long COVID symptoms. Such diagnostic tests would enable pharmaceutical companies to target studies of new drugs to the people most likely to benefit.

Once they’re available, “I think you’ll see massive engagement by the pharmaceutical industry in this space,” said Amy Proal, PolyBio CEO and research program director.

Meanwhile, Samantha Crausman endures day by day.

“I have periods of time where looking towards the future is so daunting, and I realize just how much I have lost,” she writes in an email. “In those moments, reflecting on how small my life is brings immediate tears . . . How much longer can I survive like this? How many more years *do I want* to survive like this? There is so much I wish I could do, and so much still left to lose.”

Alicia Crausman, her mother, describes the family as being “in a waiting period with no real end in sight.”

Her father clings fiercely to hope. He takes Samantha’s navy-blue Volkswagen Jetta for a spin once a month to keep it functioning so one day she can drive again. He obsessively follows the long COVID and ME/CFS research occurring around the world, and remains encouraged by where it’s headed. Medical science, after all, has a history of producing results.

When he was an intern during the dark, early days of the AIDS epidemic, a friend was diagnosed with HIV, and expected to die.

“And you know what?” Rob Crausman said. “That friend has lived a happy life and is still doing wonderful things to this day.”

He wishes the same for his daughter.

Edgar Cayce

Saturday, February 21

"On any question that arises, ask the mental self - get the answer, yes or no. Rest on that. Do not act immediately. Then, in meditation or prayer, when looking within oneself, ask - is this yes or no? The answer is intuitive development."

ECRL 282-4

Wednesday, February 18

"That you think, that you put your Mind to work upon, to live upon, to feed upon, to live with, to abide with, to associate with in your mind, THAT your soul-body becomes! That is the law. That is the Destiny."

ECRL 262-78

Tuesday, February 17

"Where the heart is, the mind will be enjoined. The treasures of the heart are sincere desires used as a channel to manifest that which is set as the ideal in the mental and the spiritual self."

ECRL 140-2

Monday, February 16

"If you would have friends, show yourself to be a friend to others. If you would have love in your life, it is necessary that you be LOVELY to others."

Edgar Cayce reading 2030-1

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