Keri Alley
Glenburn
LD 1688

“Good afternoon, Senator Bailey, Representative Mathieson and honorable members of the Health Coverage, Insurance, and Financial Services Committee. My name is Keri Alley, I live in Glenburn, and I am writing to testify in favor of LD 1688.

I was diagnosed with Long Covid in August of 2023. Since that diagnosis, I have also been diagnosed with an increasingly long cascade of comorbid diagnosis including Ideopathic Hydrocephalus, Dysautonomia, Tachycardia, Fibromyalgia, and a non-cancerous Pituitary Adenoma. I had none of these conditions or the myriad of symptoms associated with them prior to being sick with Covid-19. Almost 2 years later and I am still encountering new symptoms and seeing new specialists for additional diagnosis.

I am very lucky that I have a Primary Care Provider who is not just a Long Covid believer, but someone who has done independent research and worked with a handful of others with Long Covid. But my experience with specialists and referral doctors has not been as positive. Many of them do not even believe that Long Covid is real and so refuse to discuss how it is impacting the condition I’m seeing them for. In addition, they often prescribe things like exercise and “pushing through” as a way to lessen symptoms. However, with Long Covid, those recommendations are more likely to make things worse.

Many infection-associated chronic conditions include a symptom called Post Exertional Malaise, or PEM. PEM effectively means that your body has a delayed over-reaction to any form of exertion including physical, mental, emotional, spiritual, and social exertion. Over-exertion and repeated PEM can cause permanent damage. As an example from my life; prior to Christmas the first year I wrapped lights around the interior stairwell of the house, made my bed, brought in groceries, and pulled my bed away from the wall by a foot. 2 days later I couldn’t lift my arms for over a week and have permanently lost arm strength. Even basic physical therapy on a weekly basis proved to be more than my system could handle and recover from.

Most of the helpful information I received about how to manage and live through these conditions have come from the chronic illness community, not from medical professionals. In addition, because the constant and constantly changing symptoms I have been unable to return to work; having physicians who don’t understand the special needs of this population have made it difficult to get good documentation for my long term disability claim, and SSDI application.

Having more doctors and nurses with a basic understanding of infection-associated chronic conditions will significantly help those of us who are trying to find our way in a “new normal” of post-infection chronic illness. I urge you to vote in favor of LD 1688. Thank you for your time.