
BHC CONNECT

WINTER
2024

A newsletter from your friends at Bateman Horne Center of Excellence



A look at what's inside...



In the News

Thank You

A Call to Action

Events

Team BHC



In the News

Mentored by Research Director Dr. Suzanne Vernon & Research Manager Candace Rond, we are proud to have had two of our youngest team members, Bella Rond and Luke Collings, present at the Symposium for Promoting the Advancement of Research Knowledge in ME/CFS (SPARK ME) and attend Advancing ME/CFS Research: Identifying Targets for Intervention and Learning from Long COVID, both on the NIH Campus in Bethesda, Maryland.

At SPARK ME, our team members presented on UPTIME (a digital biomarker for ME/CFS) and participant recruitment for ME/CFS and Long COVID research studies. In addition to sharing, they were able to watch presentations from other researchers and learn about a variety of topics ranging from grant-writing and building an ME/CFS research career, to identifying metabolic markers, to the development of new diagnostic tests.

It was a great opportunity for everyone to learn from each other and work together to advance the diagnosis and treatment of ME/CFS and Long COVID.

Co-Chair of the NIH Research Roadmap Working Group, Dr. Lucinda Bateman, presented a research summary of specialties working to better understand and treat ME/CFS and Long COVID from the perspectives of Immunology, Virology, Metabolism, Genetics, and Neurology. Additionally, there were presentations on the state of ME/CFS and Long COVID research, comparing the two conditions, and initiatives to improve this research.

Advancing ME/CFS Research



NIH ME/CFS Research Roadmap Webinar Recordings



Provide Your Feedback on the Research Priorities

The National Board for Certification in Occupational Therapy has recognized our care partner, Amy Mooney, MS, OTR/L.

The Innovation Awards honor creativity, dedication to quality patient care, and inspiration in the field of Occupational Therapy, all qualities of Mooney.

Bateman Horne Center is proud to call Mooney our care partner. She participates in weekly BHC treatment planning conferences and recently lectured at our Long COVID & Post Viral Syndromes ECHO on Pacing for PEM, where she shared expertise and helpful times to improve quality of life for all patients.

“

“Thank you NBCOT for this incredible opportunity to share my experiences caring for patients with Myalgic Encephalomyelitis and Long COVID related ME.”



”

Amy Mooney, MS, OTR/L
Private Practitioner at OT4ME

[Click Here for ECHO Presentation](#)

Myalgic Encephalomyelitis is not a rare illness.

AP ASSOCIATED PRESS



“

**I see You!
I believe You!
& You are not alone!**

”

Hannah Powell, Certified Health Education Specialist & Advocate, Living with ME

Chronic fatigue syndrome is not rare, says new CDC survey. It affects 3.3 million U.S. adults

PNEW YORK (AP) — Health officials on Friday released the first nationally representative estimate of how many U.S. adults have chronic fatigue syndrome: 3.3 million.

The Centers for Disease Control and Prevention's number is larger than previous studies have suggested, and is likely boosted by some of the patients with long COVID.

Long COVID is broadly defined as chronic health problems weeks, months or years after an acute COVID-19 infection. Symptoms vary, but a subset of patients have the same problems seen in people with chronic fatigue syndrome.

“We think it's the same illness,” Dr. Yellman said. But long COVID is more widely accepted by doctors, and is being diagnosed much more quickly, he said.

“When I go to the ER or to another doctor's visit, instead of saying I have chronic fatigue syndrome, I usually say I have long COVID,” Powell said. “And I am believed almost immediately.”

[Click Here for the Full Article](#)

National PEM Screening & Treatment Presentation

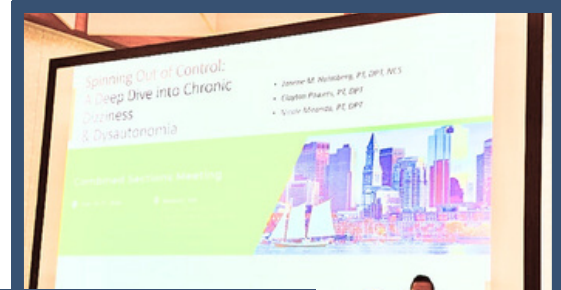
Bateman Horne Center care partner Clayton Powers, DPT, presented at the National Physical Therapy Association Conference held in Boston, Massachusetts on chronic dizziness, screening and treatment for patients with PEM, ME/CFS, and Long COVID-related ME.

He is working with the COVID Long Hauler Clinic at The University of Utah and Workwell Foundation on a research study to assess the effectiveness of using wearable devices for activity pacing. Participation recruitment will begin in the next couple of months.

Additionally, Powers is working with Tahlia Ruschioni, BHC Education Director, & Brannon Richardson of Glematic Road Pictures to produce new patient education videos.



Clayton Powers, PT, DPT



[Click Here: Therapy for Patients with PEM](#)

Emerge Australia CEO Anne Wilson interviews Bateman Horne Center of Excellence Founder & CMO, Dr. Lucinda Bateman

IMAGINE PODCAST



With a passion for stakeholder engagement, social justice and working collaboratively to achieve business outcomes, Anne Wilson is committed to increasing awareness, investment and improved services and support for those with ME/CFS in Australia.

Dr. Lucinda Bateman is a distinguished clinician, researcher, and educator. A product of the esteemed Johns Hopkins University Medical School, Dr. Bateman has always placed the patient at the centre of her practice. Her philosophy is clear – just because a condition is unknown or unexplained does not mean the patient should receive anything less than thorough and compassionate care.

Listen to this informative podcast where Wilson & Bateman discuss their shared passion for the diagnosis, management, research, and education benefiting those affected by multi-system chronic complex diseases (msCCD).

Anne Wilson
CEO
EMERGE AUSTRALIA

Lucinda Bateman
Founder & CMO
BATEMAN HORNE CENTER

[Click Here to Listen to the Podcast](#)

Continuing Medical Education with BHC

MYALGIC ENCEPHALOMYELITIS

MEDICAL EDUCATION

34 States

Unique Countries 17

23 Different Disciplines

MERC With the support of Open Medicine Foundation, the Medical Education Resource Center has grown its educational footprint around the globe.

Bateman Horne Center
RESEARCH | CLINICAL CARE | EDUCATION

This past year, our medical education programs, led by Tahlia Ruschioni, reached 17 unique countries, 34 states, and 23 different disciplines.

With the dedicated support of OMF, the Medical Education Resource Center, known as MERC, has extended its educational footprint around the globe reaching specialties of Cardiology, Dermatology, Emergency Medicine, Endocrinology, Epidemiology, Family Medicine, Gastroenterology, Genetics, Infectious Disease, Internal Medicine, Microbiology, Neurology, Neuropsychiatry, Occupational Therapy, Obstetrics & Gynecology, Pain Management, Anesthesiology, Pediatrics, Pharmacology, Physical Therapy, Psychiatry, Rheumatology, Speech Therapy, Virology, Home Health, Skilled Nursing, and Public Health.

2023 Highlights

- Long COVID & Fatiguing Illness Recovery Program ECHO
- UMass Chan Medical School Grand Rounds
- Association for Utah Community Health
- MEAction & Patient-Led Research Collaborative Panel
- Medical Education Seminar with Israel Ministry of Health
- University of Utah Health CEO & Medical Director Forum
- National Nurse Practitioner Symposium
- Annual Nurse Practitioner and Physician Assistant Conference
- Home Health & Hospice Association of Utah, Idaho, Nevada
- Long COVID & Post-Viral Syndrome ECHO with University of Utah Health
- Central America Long COVID ECHO
- California Physical Therapy Association Conference
- ILC Foundation of Canada: Ehler's Danlos Conference
- Dartmouth Hitchcock Medical Center Grand Rounds
- San Diego Health Centers
- UMass Chan Medical School Annual Neuroimmunology Conference
- Medscape
- VuMedi

When we bridge the distance between disease awareness and changes in practice, we will begin to see a direct impact on patient lives.

Let us embody the transformative change we wish to see in the world.

Mahatma Gandhi

Our 2024 commitment remains steadfast in harnessing the collective wisdom of global leaders to propel medical education forward and cultivate a network of empathetic and well-informed healthcare professionals. Your continued support is invaluable in furthering our cause. Now is the time for action.





“These patients ARE in your practices, rural and urban. They need to be heard, and they need your care.”

We can help you, so you can help them.”



JENNIFER BELL, APRN, FNP-BC

Over the past 28 years, Bell has predominantly served in rural primary care settings in Maine and Hawaii. Surprisingly, her experience in rural healthcare has proven to be an ideal foundation for handling post-infectious fatigue syndromes. Working in areas with limited specialty practices, sometimes across different islands, taught her the importance of robust assessment and management skills across diverse areas of medicine. She developed a systematic and patient-centric approach to addressing complex illnesses, emphasizing attentive listening and forming true partnerships with patients to comprehend their concerns.

Conditions like ME/CFS, FM, and Long COVID present intricate challenges that demand a comprehensive strategy and a close collaborative relationship with patients – skills refined during her tenure in rural medicine. Given the absence of a single specialty covering these illnesses, primary care and internal medicine emerge as the optimal providers. However, effective care is contingent on generalists being well-informed about these conditions.

A central goal of BHC is to educate primary care and internal medicine providers about post-infectious fatigue syndromes, recognizing the vital role these healthcare professionals play in caring for patients facing such complex conditions.

Bell holds the position of clinic manager at BHC, where she serves as an adept mentor. She is often sought after for consultations by the media and actively contributes as a case study presenter for the Long COVID & PVS ECHO series produced by Education Director Tahlia Ruschioni in partnership with University of Utah Health.



Your generosity directly funds:

- Clinical Research
- Medical Education
- Community Outreach



ME/CFS Inpatient Study Findings – Our Statement

Since the recent release of the NIH intramural publication detailing findings from the ME/CFS Inpatient Study, there has been a whirlwind of impassioned commentary.

While we harbor mixed sentiments about the paper, we've committed professionally to maintaining an open mind, clear perspective, and collaborative spirit with all stakeholders contributing to the field. Our nonprofit endeavors to embody these principles as well.

Not too distant in the past, ME/CFS was largely overlooked by the NIH. However, there has been a notable shift in this stance.

Over the past decade, we've witnessed significant strides, including the establishment of a dedicated NIH home for ME/CFS within NINDS, two evidence-based literature reviews, a new clinical case definition, five years of extramural funding for collaborative research centers, a heightened recognition of patient experiences, and the integration of ME/CFS knowledge and language across DHHS.

Plans were set for an ambitious intramural inpatient study of ME/CFS, which commenced enrollment in 2016. Unfortunately, the study's completion was derailed by the pandemic, achieving less than half of the projected enrollment. Nonetheless, the extensive data analyzed by over 75 scientists culminated in the recently published data-dense paper.

We are grateful to the volunteers and research staff whose dedication facilitated data collection; and to the patients who risked their energy envelopes, their time, and their health to serve this comprehensive study, which will serve as a foundation for future studies.

But, no study is perfect. In our opinion, this one fell short by not including enough patients who are moderately to severely ill. That happens frequently in ME/CFS research, and was probably amplified by the travel, rigor and duration of the study.

Studying only early-stage, post-infection ME/CFS, may also be an important reason the findings don't fully reflect the larger population of people chronically ill with ME/CFS.

We were particularly dismayed by use of the term "effort preference" as an explanation for the origin of fatigue when the authors subsequently go on to suggest that their data and other published data substantiate dysregulation of autonomic nervous system functioning and changes in metabolic pathways that could more readily be implicated, if not fully understood, in contributing to overall fatigue.

We were, additionally, disappointed at the lack of emphasis or evaluation placed on post-exertional malaise in this particular study. As we all know, PEM (or PESE) is a distinct and debilitating physiological phenomena that differentiates ME/CFS from other fatiguing illnesses and that can be measured (approximately) via 2-day CPET testing. PEM is not a mere "discomfort" or "symptom" for patients, and its representation and implication as a subjective symptom in this study is not in accordance with our data or practice.

Additionally, we must recognize that the pandemic has significantly augmented our understanding of post-viral syndromes compared to almost a decade ago when the ME/CFS inpatient protocol was conceived.

Fortunately, apart from the inpatient study, there's an exciting initiative underway known as the NIH ME/CFS Research Roadmap.

[Click here to learn more about the project and to provide your input.](#)

This is a year long project to bring together teams of scientists, clinicians, and people with lived experience, to brainstorm the most important aspects of ME/CFS, review the literature, and recommend what might be the "roadmap" ahead for ME/CFS research, especially research that can lead to effective treatments.

We appreciate the time and energy you invested in reading our message.

Please understand that we genuinely care and are diligently striving to advance timely and accurate diagnoses and treatments for pwME, long COVID, and related illnesses.

Yours truly,

Lucinda Bateman, MD & Brayden Yellman, MD

Actively Recruiting Long COVID Studies

Bateman Horne Center is conducting two clinical trials studying long COVID.

First, the long COVID drug trial is testing whether a combination of celecoxib and valacyclovir reduces fatigue and other symptoms in women with long COVID. BHC is recruiting participants between the ages of 18-65.

The combination of celecoxib and valacyclovir may inhibit herpes virus activation and replication. In the study, two different doses of valacyclovir, in combination with one dose of celecoxib, will be tested.

Eligible participants will be compensated \$100 for the screening visit, \$10 weekly for survey completion, and \$50 for all subsequent in-person visits.

Another long COVID study is a medical food trial, testing oxaloacetate, an energy metabolite, which holds a key place in the TCA cycle also known as the Krebs cycle - the cycle that is essential for the generation of energy in our cells.

This clinical trial will study the effects of oxaloacetate on improving fatigue in long COVID patients.

Eligible participants will be compensated \$50 for each in-person visit. At the end of the study, participants will be provided with a 45-day trial of oxaloacetate, if they are interested.



STILL SICK AFTER COVID?

Click below to see if you are eligible to participate in research.

[Click here for the details of each study and to express your interest in participating.](#)

Long COVID can destroy your ability to exercise. Now we know why.



As a new study shows, the answer lies in some long COVID sufferers' muscle damage and their bodies' ability to make energy.

BY RACHEL FAIRBANK



This study "actually shows the damage" to the body that is being caused by post-exertional malaise, says Lucinda Bateman, a physician at the Bateman Horne Center, who specializes in treating patients with ME/CFS and long COVID.

As Dr. Bateman notes, this includes showing "the inflammation, the damage, the scarring, the clots," which are all found in the muscles of long COVID patients. Researchers also found differences in the activity of the mitochondria - the body's microscopic energy factories- following exercise. The suggested response to PEM: **pace yourself.**

[Click Here for the Full Article](#)

Approaching Complex Chronic Illness: A Personal Retrospective

Clinical Conundrum

Friday, 4:30 pm. You have been double-booked more than 7 times this week. Three of your patients are hospitalized and another is on the way to the ER following her visit with you. Administrative tasks are piling up and you are behind on your notes for the day. And then there is that nagging headache... You rub your forehead and enter the next patient room.

The patient has turned off the lights and is lying flat on the exam table. She is wearing sunglasses and earplugs despite the darkness of the room. You introduce yourself, ask a few preliminary questions, and are deluged with pressured speech relating a “pan positive” review of systems. She cannot seem to give a focused or complete answer to any of your questions.

Many of her symptoms do not add up. How can she have an allergic reaction to sunlight? How could Tylenol keep her awake for three days straight? How is she gaining weight if she is “vomiting everything she eats?” How can she feel normal some days and then not even manage to dress herself the next day? You skim over her lab work from her previous physician. Remarkably normal...

It is abundantly clear that this patient is suffering and is deserving of compassion, but you can't help thinking that perhaps she is not in the right place. Where do you even start? Are you missing some “zebra” diagnosis here? Could someone as ill as she claims to be really appear this normal on physical exam and have no remarkable laboratory findings? Is there some attempted secondary gain here, such as a plan to achieve disability benefits? She does seem particularly anxious and desperate in her approach. Might the patient be served better with behavioral health and social services?

You do your best to reassure the patient that nothing is wrong and make some earnest suggestions, though perhaps the stress of your week colored your delivery. She trudges out the door, despondent, frustrated, and in disbelief. We've all been there. You help a lot of people, but you just can't help everyone...

Reality Juncture

I found myself thinking and acting in this exact manner more times than I care to admit. I fancied myself a strong clinician, dealing in evidence-based medicine and relying on data-driven decisions. My bedside manner seemingly exceeded that of many of my peers. And yet, with this patient, and many like her, I failed to make the positive impact on her life trajectory that I was empowered to make in that moment.

It was only when I chose to leave a position as a rheumatologist and join a non-profit Center of Excellence specializing in ME/CFS (myalgic encephalomyelitis/chronic fatigue syndrome) that I came to truly appreciate all of the missed opportunities I had squandered with similar patients over the years.

Great Expectations

This new position tasked me with managing a complex multisystem illness in which few randomized control trials had been completed and which even fewer of my physician colleagues had ever appropriately studied at any level of their medical training (I sure hadn't).

The pathophysiology driving the multitude of odd symptoms in those with ME/CFS was only modestly understood at best, and I frequently interacted with other health care providers who did not even believe in the existence of the illness due to its absence of clearly identifiable laboratory or imaging biomarkers.

Wouldn't I feel uneasy, even fraudulent, claiming to offer that I could effectively operate as a physician treating this mysterious illness in such circumstances? Wouldn't it be easier to just ask someone more skilled or experienced than I to help these people? Could these people even be helped? What was the role of a physician in interfacing with ME/CFS?



BRAYDEN YELLMAN, MD

MEDICAL DIRECTOR
ME/CFS MEDICAL EDUCATION CURRICULUM ADVISOR

Board Certified Physician in Internal Medicine
& Rheumatology

Since joining BHC in January of 2019, Dr. Yellman has meticulously evaluated complicated new patients, each requiring 4-6 hours of intense initial evaluation and subsequent follow-up care. He has also adopted and consults with many long-standing BHC patients.

An active collaborator and content creator for medical educational programs, Dr. Yellman develops and presents curriculum to educate medical providers in recognizing, diagnosing, and managing ME/CFS, FM, LC, and co-existing conditions. Dr. Yellman is a tireless educator, volunteer, and leader in causes for his community and profession.

Approaching Complex Chronic Illness: A Personal Retrospective

Basics Redux

I was thrown in the deep end and expected to tread water. The inherent discomfort of something new led me to return to skills I had perfected in my medical school, residency, and fellowship training... listening, asking questions, and making connections. I abandoned all illusions of being in a position of expertise and instead asked to be taught. With this group of patients, I did not need to have all the answers.

Remarkably, in taking this approach, I ultimately found that I had implicitly provided these suffering people more validation and more compassion than they had previously found in years of navigating the complexities of the healthcare system. This validation alone could impart a profound impact upon these patients' lives. I came to believe that this impact was often of greater magnitude than the slight, but evidence-based shifts, I might make in my former rheumatology patients'; morbidity, mortality, or data-driven functional outcomes.

And that was just the beginning...

Metamorphosis

I continued to listen, to hone-in on more nuanced questions, and *patterns began to emerge*.

Patients would repeatedly report the same poorly understood and seemingly outrageous symptoms to the point that it became clear that *these symptoms were undoubtedly part of a similar and definable pathophysiological process*.

Origin stories of how patients used to be well and used to function before becoming ill began to meld together, suggesting similar genetic and environmental risk factors, that when triggered or physiologically stressed, ultimately promoted onset of full-blown illness.

And then I started offering symptomatic treatments.

Perhaps I knew very little about ME/CFS, but I could appreciate that anyone who could not sleep more than three hours per day would ultimately benefit from longer duration, deeper, and more restful sleep. I had done that before in other patients, why couldn't I do the same for those with ME/CFS? Could effective treatments for fibromyalgia perhaps help mitigate the similar types of pain my patients were reporting, even if this were clearly only scratching the surface of the entire illness spectrum?

In offering such simple but compassionate symptom-based treatments, I found my patients embarking much farther on a journey towards treatment than they had yet experienced since falling ill, no matter how minor these adjustments appeared to me.

Even simple interventions such as these began to peel back the symptomatic layers of this onion of an illness, and gradually, in combination with significant literature review, a clearer picture of the upstream and driving pathophysiology began to coalesce.

Mindful Attentiveness

Just 30 months after embarking on this provider journey, I am considered by many other physicians and patients alike to be a national expert in clinical management and treatment of ME/CFS

Am I a brilliant clinician or insightful researcher? Undoubtedly not. I do not have all the answers. I have, however, amassed a collection of knowledge, experiences, and both failed and successful clinical interventions that has given me the tools to perform at this expert level for the patients whom I serve.

I believe I have only come to this point in my career through humility, through rededication to the art of history taking and physical exam, through patience, through persistence, and most importantly, through learning to *truly listen to patients*.

Delivering the Promise

I cannot help but feeling that, somewhere along the way, our profession may have lost sight of what it means to be a physician.

The Hippocratic Oath never obligated us to fully understand the pathophysiological nuances of everyone's illnesses or require that we be free of gaps in knowledge, or absent of shortcomings.

We did not promise to always possess surefire cures and treatments, and yet it now seems as though exuding anything but a complete command of all maladies and medicines has become a scarlet letter, a point of embarrassment, or a sign of weakness or incompetence.

No, our oath was of a different kind, and required only that we pledged to *act on a patient's behalf*, to the best of our knowledge and capabilities, and to assist to the degree that we could (either through our own knowledge or that of a colleague's knowledge) to provide care.

Care may, of course, come in the form of life-saving treatments or surgeries, or in prevention of chronic illnesses by managing risk factors. *But care, at its core, simply implies compassionately offering whatever we can to those patients whom are suffering*.

Audacity to Engage

The next time you find yourself in that office, exhausted and worn, sitting across from our aforementioned patient, or perhaps one of the hundreds of thousands of emerging cases of Post-Acute Sequelae of COVID-19 (PASC) or "long-COVID" as it is colloquially known, I implore you to let go of your preconceived notions about what you can offer him/her. *It is ok to spend the visit just listening, learning, believing, and validating*. In fact, it just might be the most powerful thing you do for someone that entire day.

Though I can assure you these efforts will ultimately build a foundation on which you can construct a more solid treatment plan (you have the skills and just need a bit of courage), the simple act of committing your best to that patient could, alone, ultimately figuratively, as well as literally, save their life.

A Personal Retrospective written in August of 2021
by BRAYDEN YELLMAN, MD

Excellent ME/CFS & Long COVID Medical Education Resources for Sharing

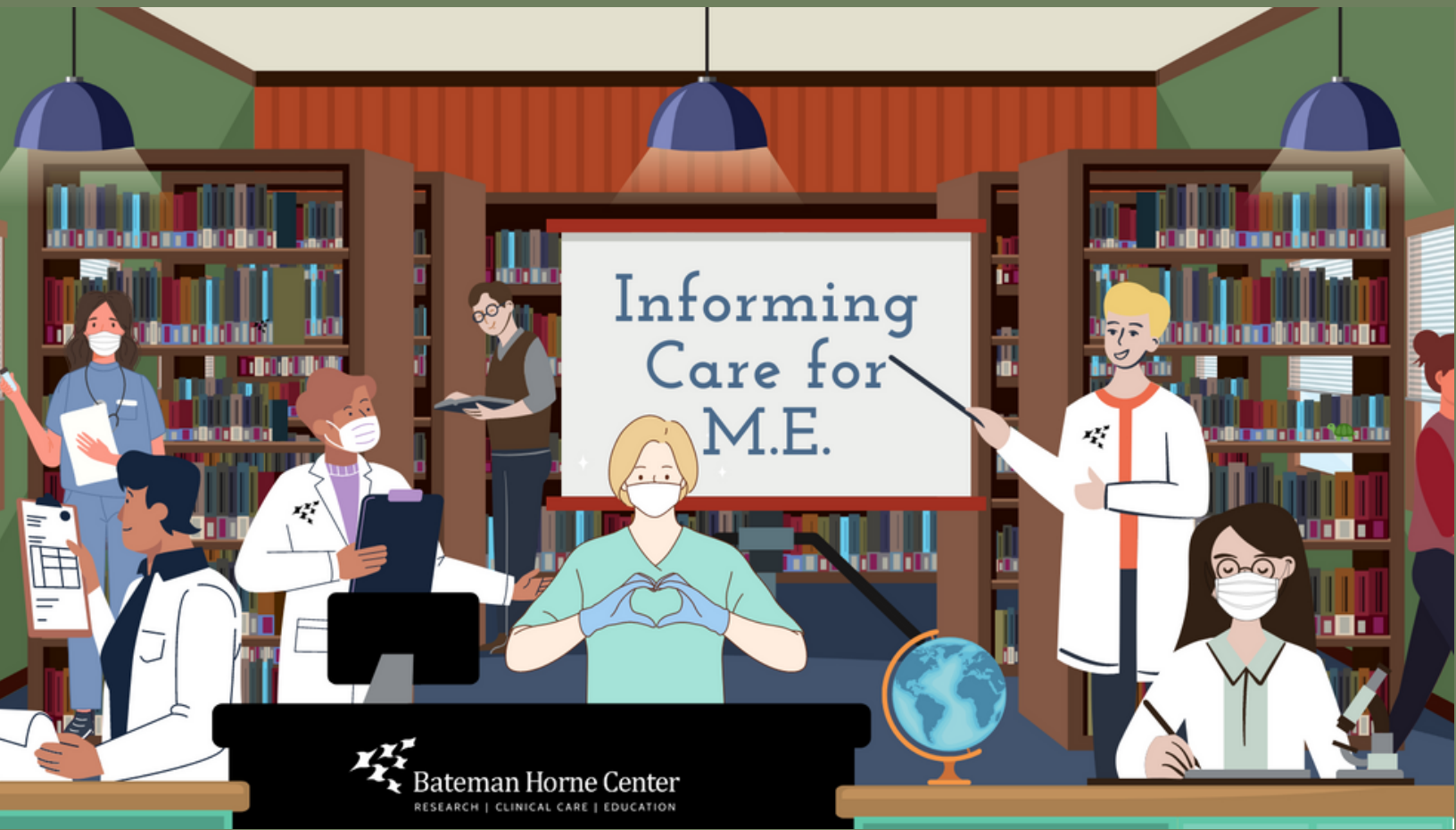


Diagnostic

Treatment

PT & OT

Lectures



 **Bateman Horne Center**
RESEARCH | CLINICAL CARE | EDUCATION



Thank You!

In 2023, the BHC community rallied and secured \$1.17 million dedicated to medical education and research!

We extend our heartfelt gratitude for your generous contributions, which fuel our mission to propel research forward and enhance accessibility to informed care in each patient's medical community.

Each person affected by ME/CFS, fibromyalgia, long COVID, and associated conditions deserves healthcare professionals equipped with the latest scientific knowledge for accurate diagnosis and effective strategies. Your financial support is instrumental in bringing this vision to life.

With gratitude,

Angela Linford

P. S. Your contributions support us in our ability to create shareable resources such as this informative video presentation by expert ME/CFS caregiver and advocate Galen Warden.

I hope you find it helpful and consider sharing it with your networks. It was such a pleasure working with Galen to produce this MERC presentation.

[Click here to watch the full presentation & share with your loved ones.](#)

How to be a **DEMANDING DIPLOMAT** as a severe ME/CFS caregiver

Presented by Galen Warden

Produced by Angela Linford



Bateman Horne Center
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We are thrilled to announce the newest member of our esteemed team!



Bateman Horne Center

RESEARCH | CLINICAL CARE | EDUCATION

MELANIE HOPPERS, MD

Join us in welcoming warmly Dr. Melanie Hoppers, a highly accomplished professional, who will contribute to our vibrant environment encompassing clinical research, medical education, community outreach, and clinical care for multi-system chronic complex diseases.

Board certified in internal medicine, Dr. Hoppers brings a wealth of expertise, and we look forward to the positive impact her skills and dedication will have on our shared commitment to excellence in healthcare.



I have always harbored a passion for the practice of medicine, driven by a fervent desire to make a meaningful impact in both Internal Medicine and Pediatrics. This led me to pursue training in both specialties, starting my journey in acute care while simultaneously navigating the responsibilities of family life. As the years unfolded, I felt compelled to expand beyond the constraints of acute care, culminating in the co-founding of a multidisciplinary clinic. This pioneering venture seamlessly integrated acute and primary care, occupational health, physical therapy, and wellness coaching. Assuming the role of Chief Medical Officer, I endeavored to shape a healthcare environment that prioritized comprehensive well-being, intertwining my commitment to patient care with a vision for holistic healthcare.

My journey took an unexpected turn when a family member was struck by ME/CFS, putting me into the role of a caregiver navigating the healthcare system. Despite exhaustive searches, the lack of healthcare providers knowledgeable about ME/CFS became glaringly evident.

Faced with the task of seeking answers, I discovered The Bateman Horne Center. Through their resources and mentorship, I gained invaluable insights into the management of ME/CFS. Immersed in an environment where every member is not only educated about the disease but also deeply compassionate, I witnessed firsthand the transformative impact of dedicated care.

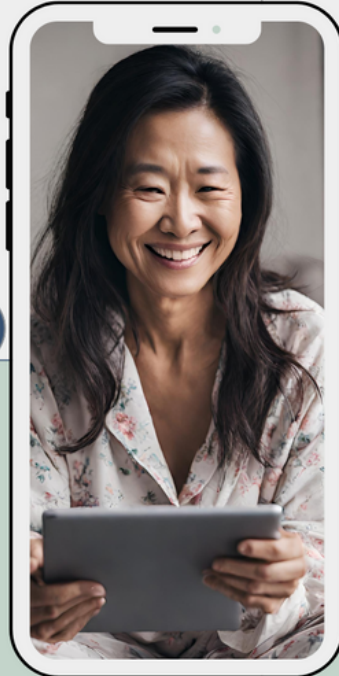
What distinguishes the Bateman Horne Center is its holistic approach to ME/CFS, coupled with a steadfast commitment to patient care, research, education, and advocacy. Recognizing the disparity between patient numbers and available providers, they have endeavored to equip other healthcare professionals with the necessary tools to address the complex needs of ME/CFS patients. It's through their foresight that countless individuals, have found hope and help beyond their clinic.

My experience with BHC has been transformative, instilling in me a profound sense of gratitude and a desire to pay it forward. The realization that many individuals continue to grapple with ME/CFS without access to adequate care motivates my desire to extend the same lifeline that was given to me. Joining The Bateman Horne Center allows me the opportunity to do this in an environment where those efforts can be best utilized.

Melanie Hoppers, MD



Online Supportive Community



All Are Welcome

Receive detailed recaps of each session.

Join us as we navigate complex, chronic illness TOGETHER.

Our online events are designed to include people with ME/CFS, Fibromyalgia, Long COVID, and co-existing conditions as well as supporters and loved ones.

Twice monthly Support Groups are led by a licensed professional with personal experience navigating life with complex chronic illness. Each session includes a topic and guided discussion. Monthly Lunch & Learn events feature a presentation by a volunteer and community building conversation.

We understand that you might not be feeling well and encourage you to participate at your level of comfort. There is no pressure to speak or be on video. If you're able and want to join, please come as you are. We strive to foster an inclusive and accepting environment for all.

Event reminders, including registration links, are sent by email the day prior to each event.

If you have friends, colleagues, or patients who might benefit from our resources and/or support groups, we appreciate your efforts in connecting us.



Crisis Support

- Thoughts of suicide
 - [pg. 24 of the BHC Crash Survival Guide](#)
- National Suicide Prevention Line
 - Dial 988
 - Call 1-800-273-8255
 - Visit online: <https://suicidepreventionlifeline.org/>
- Vibrant
 - Call 888-692-9355
 - Text "Well" to 65173
 - Visit online:
 - <https://www.vibrant.org/>
 - <https://safespace.vibrant.org/en/>
- Warm Line
 - not for crisis, but when you need a listening ear
 - Call: 833-773-2588
- MyStrength, a free online tool
 - Visit: <https://web-ui.mystrength.livongo.com/go/udhs/utahdhs>
- BHC Crisis Resource Page
 - <https://batemanhornecenter.org/outreach/crisis-resources/>

Medical Education & Research Events

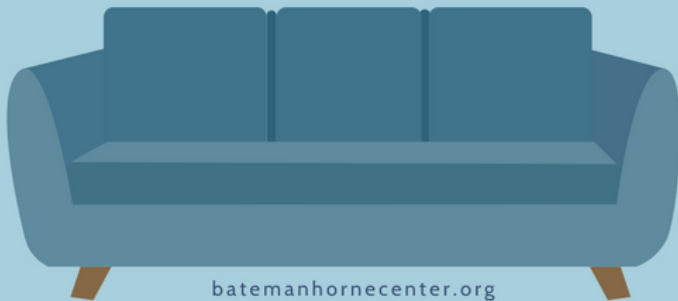
ME/CFS
LONG COVID
msCCD



Research
Education
Community



Where you're always welcome, and
there's always a seat saved just for you.



batemanhornecenter.org

Watch for upcoming notifications, event invitations, resources and recordings, including:

- NIH ME/CFS Research Roadmap
- Long COVID & PVS ECHO Series
- Worldwide ME/CFS Lectures
- New Tools for Patients, Caregivers, and Healthcare Professionals
- New Clinical Trials
- Educational Videos
- CME Opportunities



Watch for upcoming event invitations and recaps, including:

- Caring About Our Caregivers: Challenges, Solutions and Resources
- Navigating the Complex Healthcare Industry: Using Awareness and Self-advocacy Skills to Get What We Need
- What Does All of this Mean? Creating Purpose Out of the Chronic Illness Experience
- "I Get Knocked Down, but I Get Up Again:" Fostering Resiliency Amidst Chronic Illness
- Share Your Animal Day: Support Animals & Chronic Illness
- Creating Supportive Spaces: How to Make Your Environment Suit Your Needs



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JOIN US



Navigating Chronic Illness Together

Co-Worker Compliments

@Brooklyn, I always enjoy working with you because I know you will help me with any questions I may have. You're so organized! You're a true asset to the company. Thanks for being so flexible. I know it's not easy, but you always make it work. You are always so positive.

@Sara, you have such an awesome sense of humor! I admire your can do attitude. It's really great working with you!

@Rob, you are encouraging! Thank you for supporting opportunities for us all - it means so much!

@Mike, I don't know you very well yet but hope to change that. What I do know and have heard, is that your hard work in Research is really paying off. I have seen how much you have grown in your role, and it's impressive. I see how well you work with the Research team, and I look forward to getting to know you more in the future. I'm glad we have you here!

@Jen Jen, you are such a hard worker, and I have heard the team share how much you genuinely care about your patients! You inspire us all!

@Brayden, it is such a pleasure working with you here at BHC. You are outstanding in the work you do for patients and all levels of growth for the ME world. Your time and efforts are endless. You have a great sense of humor and caring spirit for all those around you!

@Deb, you are so awesome! I appreciate your compassionate nature in caring for our patients. You have a lot of patience and a bright smile.

@Angela, you are a fighter. You're compassionate, brave, determined, and courageous. I've known you for so long, and BHC and the ME world are so lucky to have your insight, tireless effort, and advocacy.

@Trisha, our dedication to the entire patient community is admirable and it shows in the excellent work you do every day. Whether it's serving an individual patient or helping with work benefitting the community at large, you are moving the BHC mission forward. Plus, you are just plain great to work with. I feel fortunate to have you as a co-worker!

@Suzanne, you are one of the most brilliant people I have ever known, and on top of that, you are simply a great person. BHC and the ME/CFS, Post COVID communities are so incredibly lucky to have you!!!!

@Candace embodies the essence of the Aristotle quote: "We are what we repeatedly do. Excellence then, is not an act, but a habit." Her unwavering dependability, exceptional leadership abilities, and integrity shine through every aspect of her contributions to the research department and her role as a leader at BHC.

@Joyce, your intelligence, kindness, and compassion makes you a gift to BHC and humanity. You and I will rid the world of single use plastic, too! 😊

@Kim is a really fun colleague! She cares so much about the patients and has an uplifting laugh.

@Sarah is so helpful and patient with everyone - patients and staff members. It is an absolute treat to have her with the team.

@Callie, your optimism is palpable and infectious. I love that you compliment people in the zoom chats. I love your creativity, professionalism, and detail. Finally, you are a really nice person.

@Cindy, I deeply enjoy being part of your amazing and devoted team. Thank you for giving me the opportunity to learn from you and propagate the BHC mission. I deeply admire your mentorship and guidance. I have been able to help a lot of patients gain better quality of life through what you have taught me over the past three years. I would be remiss if I did not say sincere thank you for supporting me and giving me strength when I did not feel my best; I'm humbled and committed to the cause and owe you a debt of gratitude. You are hardworking, compassionate, meticulous, and with a can-do attitude. You are an absolute inspiration to me.

@Bella brings intellectual curiosity and humane focus to her work at BHC with a commitment to make a difference in our world.

@Saeed - I have had the absolute pleasure to work very closely with you from the time you joined BHC in 2021. Now you are one of my dear colleagues in the BHC clinic. You are one of the most deeply thoughtful and compassionate clinicians I have worked with in my career. You are devoted to the highest quality work, and often spend long hours reading to learn more. You bring a wealth of experience to BHC with your background in neurology and headaches, along with other areas of medical practice.

@Luke is a very detailed, results driven employee. He represented BHC at the NIH Young investigators conference in 2023. He is great at his work!

@Tina has a great attitude! She is really kind and helpful.

@Tahlia is amazing! She has a passion and dedication for those in the ME/CFS world. She is always looking out for others. She is a great listening ear and problem solver. She always has great questions and is very smart! She is an incredibly important part of the BHC family

@Jenny is a compassionate expert with intuitive abilities to recognize challenges and orchestrate solutions both in her patient care approach and in assuring clinic operations run smoothly. She is undoubtedly one of the kindest souls I've met, and paired with her intelligence and fortitude, she's such an incredible human.

The Time is Now!

Diagnostic

Treatment

PT & OT

Lectures

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*Thank you for your dedicated support and encouragement!
-Team BHC-*



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