

**Committee on Energy and Commerce**  
**Opening Statement as Prepared for Delivery**  
**of**  
**Subcommittee on Health Chairwoman Anna G. Eshoo**

*Hearing on “The Long Haul: Forging a Path through the Lingering Effects of COVID-19”*

**April 28, 2021**

This morning’s hearing is to examine the trends and research into Long COVID, the chronic syndrome occurring in patients infected by COVID-19. This is the first Congressional hearing focused on Long COVID.

The few large, formal studies conducted on Long COVID hint at an alarming scale of people with the illness. Last week CDC published a study finding that among adults with COVID who did not require a hospital stay, 2 out of 3 had at least one outpatient visit 1 to 6 months after diagnosis.

People with Long COVID report experiencing different combinations of symptoms, including fatigue, brain fog, headache, loss of smell or taste, shortness of breath, and chronic pain. Since this disease affects multiple body systems, the symptoms can be much more extensive.

This research suggests that in the U.S. where there’ve been more than 32 million confirmed COVID-19 cases, there could be millions of long-haulers with chronic symptoms. And our health system is facing an avalanche of Long COVID patients. I hear every day from constituents suffering from the long-term effects of the virus.

Our expert witnesses today will provide the latest information on the lingering effects of COVID-19 and the limited options for treatment.

We’ll also hear first-hand from long-haul patients. These patients provide a perspective that we wouldn’t get from statistics and medical studies. They’ll share the human cost of Long COVID.

Long COVID patients don’t fit the common narrative of a COVID-19 patient being an elderly person with preexisting conditions. They are elite athletes and mid-career professionals. Because of this, many long haulers have struggled to be taken seriously by our medical system, especially black women and women of color.

My fear is that as acute COVID uncovered our nation’s failures at emergency response and equitable health care, Long COVID will uncover our failures at fairly treating chronic disease and disability.

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We'll need federal leadership to coordinate and address the swell of Long COVID patients. We may need a nationwide network of Long COVID clinics with multidisciplinary clinical teams. Long COVID patients are also finding gaps that need to be filled in our safety net, such as disability insurance, workplace accommodations, and comprehensive insurance coverage.

There is hope on the horizon. In the next few days the NIH will announce millions of dollars in grant funding for Long COVID researchers. Also, with every American adult now eligible for the COVID-19 vaccine, we will prevent future Long COVID cases and, in some cases, perhaps reduce Long COVID patients' symptoms. These patients are showing us how to rebuild a better health system for the millions of Americans who are disabled or have chronic conditions.