

**Committee on Energy and Commerce**

**Opening Statement as Prepared for Delivery  
of  
Chairman Frank Pallone, Jr.**

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

**April 28, 2021**

We have been battling COVID-19 for more than a year, and while much has changed in our knowledge and ability to combat this disease, it continues to present these new health challenges.

And over 30 million Americans have tested positive for COVID-19 over the last year, and nearly 600,000 Americans have died as a result of this terrible virus. And we are always mindful of the toll this pandemic is taking on our families, friends and communities.

Over the last year, this Subcommittee has played a key role in responding to the ongoing public health crisis. Today, we continue that crucial work as we discuss a consequence of COVID-19 that is perplexing the scientific community. A growing number of individuals are experiencing the lingering effects of COVID-19 weeks and months after their initial infection. These lingering symptoms are being described as long COVID, and it seems to be impacting a lot of people who are otherwise healthy.

A full picture of long COVID is still being drawn. Generally, someone is considered to have long COVID if they experience symptoms lasting longer than four weeks after their initial infection. Symptoms can include: persistent fatigue, brain fog, headache, loss of smell and taste, dizziness, shortness of breath, fever, depression, and anxiety.

In more severe cases, the function of critical organs like the heart and lungs can be affected. We have heard directly from “long haulers” that the continuation of their symptoms, as well as management of their care can be more of a battle than the initial onset of the virus – both physically and mentally.

Early studies of long COVID are small in scale but raise alarming trends. One study of about 4,000 participants found that nearly 15 percent of COVID-19 patients develop long COVID. The study also suggested that people with multiple symptoms during their initial infection, women, and older individuals are more susceptible to long COVID. Another recent study in Sweden found that long COVID is prevalent among health care workers. It found that one in ten young, healthy adults, who initially had mild COVID symptoms, continued to struggle with moderate to severe symptoms months later.

Our goal in this hearing is to learn more about long COVID and what is being done to address it.

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On our first panel, we will hear from leaders of two of the world's leading public health agencies, the National Institutes of Health and the Centers for Disease Control and Prevention. Both agencies are actively monitoring long COVID and are in the process of expanding their research. I look forward to hearing from our public health experts on that panel.

Our second panel will include professionals on the ground who are treating and researching long COVID. These doctors are actively working to seek out answers to many of our questions. And we will be joined by patients who will share their own stories about the impacts that long COVID is having on their lives. It's important that we hear directly from patients as we take a close look at what's needed to make certain they and the many other Americans with long COVID can reach a full recovery.

So even if a small fraction of COVID-19 patients develops long COVID, hundreds of thousands, if not millions, of people will require ongoing, interdisciplinary care and may not be able to maintain their quality of life or their gainful employment. So we think it is our responsibility to ensure that we learn more about long COVID, to prevent it when possible, and to help patients inflicted receive the proper treatment.

I hope this hearing will help us better understand not only how Congress can help support further research but also how best to help those who suffer from long COVID moving forward.

Thank you, and I yield back.