



***A rush transcript of State Health Commissioner Dr. Mary T. Bassett's introductory remarks is available below:***

Good morning. On behalf of the New York State Department of Health, I'd like to welcome you to today's New York State Consortium on Long COVID. I'm New York State Health Commissioner Mary Bassett, and it's my pleasure to kick off today's event, which brings together experts from across New York State, and across the country, to discuss this emerging condition and the best way that we as clinicians and as government can support those living with long COVID.

I'd like to thank Governor Hochul for her interest and emphasis on the importance of this topic, as well as the stellar groups of panelists who have agreed to share their expertise with us today.

This week marks two months since I assumed my role at the Department, the same day we first identified the Omicron variant here in New York State, amidst a winter surge that has swept across our state. As the COVID winter surge recedes, we can start to focus on looking towards what a future of living with this virus looks like.

Since the outset of this pandemic two years ago, all of us have been affected by this virus – whether physically, mentally, emotionally or financially. When the pandemic phase of COVID finally ends, we will still have much to do to negotiate our relationship with this virus, and ensure we provide necessary support to those still recovering. I noted early on in my time as Commissioner that while we must halt the spread of COVID-19, we must also take a broad view of its many impacts. This includes the toll that COVID-19 has taken on the mental health of New Yorkers – especially our children. It also means we must focus on supporting those whose COVID-19 symptoms do not go away after the acute phase of the infection.

A portion of individuals who have been infected with COVID-19 continue to experience persistent or new symptoms long after their acute initial infection has passed. These are known as post-acute sequelae of COVID-19, or PASC, or commonly referred to as long COVID. Long COVID has been defined by the World Health Organization as a condition occurring in individuals with a history of probable or confirmed COVID-19 infection, usually 3 months from the onset of COVID-19, with symptoms that last at least two months. One of the challenging aspects of long COVID is the variety of symptoms it can come with – most commonly, individuals with long COVID exhibit fatigue, dyspnea, headaches, chest pain, and even difficulty thinking and concentrating. It's also important to note that long COVID is not a condition that is restricted to those who had a serious COVID-19 infection, or were hospitalized with COVID-19.

Long COVID can occur in those who had a mild case of acute COVID – even those who may not have known they were infected in the first place. Long COVID can result in significant impairment – impacting individuals' ability to work, exercise, socialize, and perform activities of daily living. On top of the devastation that initial COVID-19 infection has caused here in New York, long COVID is poised to result in significant healthcare, societal, and economic consequences for the people of our state for months and years to come. It's because of these consequences that some refer to the COVID-19 pandemic as a "mass disabling event" due to long COVID.



## Department of Health

KATHY HOCHUL  
Governor

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Acting Executive Deputy Commissioner

Since COVID-19 emerged, it's been well established that racial/ethnic disparities due to systemic racism that we see across too many other health issues also apply here with COVID-19. In April 2020, the Department of Health conducted a statewide antibody study which showed that while 8 percent of non-Hispanic white New Yorkers had been infected with COVID, 20 percent of non-Hispanic Black New Yorkers had – a nearly 2.5-fold gap. Evidence has only mounted since then about the disparate impact that COVID-19 has had on communities of color throughout the United States.

The arrival of Omicron brought with it familiar inequities. New York State data showed that the COVID hospitalization rate among Black New Yorkers was two times that of white New Yorkers. Because of these trends, we unfortunately anticipate these disparities to be mirrored in the distribution of long-COVID and other conditions associated with COVID-19. We also know that these communities are those at the highest risk of having limited access to the healthcare system – further limiting their care options as well as avenues to return to work, school, or other parts of life from which long COVID may keep them.

In addressing long COVID, we must address the disproportionate impact of this pandemic and its downstream effects through the lens of racial equity and justice. The problem of long COVID warrants a significant New York State response. Today's consortium is a major step forward in this response.

As has been noted many times, New York was the country's first epicenter of the COVID-19 pandemic – making us, subsequently, the center of the long COVID epidemic. In response, the expertise in understanding and treating long COVID here in New York State is unmatched. According to Survivor Corps, New York now has a network of 26 post-COVID care centers across the state. We are honored to have so many of the clinicians and experts who has been on the front lines of COVID – and long COVID – here with us today.

However, long COVID is a national and international problem – and today's consortium brings together experts from New York and elsewhere across the country to discuss what we know, and what we still need to know, about long COVID. First, beginning shortly, a premier panel of researchers and physician-experts will join us to further define what we know about the epi aspects about this condition, biological causes, who is most severely impacted by long COVID and why, and current research that is underway.

As this condition is still relatively in its infancy, the available science continues to evolve by the day – including a study published just last week in the journal *Cell* identifying four factors associated with long COVID: level of coronavirus RNA in the blood early in the infection, presence of certain autoantibodies, reactivation of Epstein-Barr, and comorbidities including Type 2 diabetes. Another recent study from NYU, authored by one of our panelists today, Dr. Frontera, found elevated levels of markers associated with neurodegeneration in hospitalized COVID patients, even higher than those seen in people with Alzheimer's. We're pleased to have our Deputy Director for Science in the Office of Public Health, Dr. Eli Rosenberg, moderating this discussion.

While we have much more to understand about long COVID and other downstream impacts of COVID-19, and will undoubtedly know more within the coming years, there are large numbers of patients who



are presently in need of treatments and supports. Our second panel today, beginning at 11am, will explore the current clinical management and best practices in caring for those who are experiencing long COVID. There is not one singular clinical presentation of long COVID – patients experience a wide range of symptoms, with varying severity, thus there is no one correct approach to treatment.

Clinicians across the country are making progress and finding some success developing treatment options. We look forward to hearing today from clinicians from a variety of perspectives and backgrounds, from within and outside New York State, on different approaches to care for individuals living with long COVID. The experts joining us for this panel will share insights they've gained from their experience working with individuals with long COVID across a range of specialties – from primary care to clinical rehab, pediatrics to pulmonology. The physicians joining us today represent a range of settings, as well as leadership from a variety of post-COVID care centers to discuss various models of long COVID management – NuVance Health in Rhinebeck, New York; the University of North Carolina; the University of Pennsylvania, and Mount Sinai in New York City, to name just a few. Dr. Emily Lutterloh, our Director of the Division of Epidemiology here at the Department of Health, will lead this discussion.

Finally, at 1pm today, our third panel will discuss what policies and other actions may be recommended – from the federal government, localities, and New York State government – in order to support individuals living with long COVID. The impact of long COVID extends far beyond the walls of a hospital or academic medical center; individuals living with long COVID require supports throughout all aspects of their lives, including but not limited to accessing the health care they need to get better. Joining us for this discussion we have experts from a variety of backgrounds – those who experienced long COVID as a patient, experts on disability law and the Americans with Disabilities Act, clinicians treating individuals with long COVID, and representatives from insurance companies – to discuss what actions are needed to ensure universal and equitable access to the supports people with long COVID need; not just to recovery, but to resume and contribute in all aspects of life. This conversation will be moderated by Johanne Morne – the Director of the New York State AIDS Institute and Deputy Director for Community Health in the Office of Public Health.

While convening today's discussions will be a valuable step forward in ensuring New Yorkers have access to the long COVID services and supports they need, it is just a first step. The conversations that take place today will inform a summation document where next steps will be weighed and determined, in partnership with stakeholders from across our state. Today's panels will not only serve as a valuable chance to share insights and perspectives – they will offer us here in State Government with improved understanding we need to help us determine the right next policy steps.

For those who are joining us as a viewer – we hope that today's panels also provide you with insight and knowledge that will be useful to you, whether you are a healthcare provider, another stakeholder, local official, or individual who is personally experiencing or knows someone who is experiencing long COVID. We also invite you to participate. At the top of your screen you will see a "participate" button. Please



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use this function to ask questions or provide comments, and these will be compiled and discussed by the panel. Thank you so much to the experts from a variety of fields who are taking the time to join us today – and thanks to those tuning in from across the state. I will now hand the program over to Dr. Eli Rosenberg to begin our first panel.