



# CALL TO ACTION

## The Pandemic Response Must Help COVID-19 Survivors with Long-COVID

Governor Michael Leavitt and Nancy-Ann DeParle

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Americans are emotionally hungry to find our societal rhythm again. Doing so requires we adjust our perspective and begin visualizing the COVID-19 pandemic for what it is—an era, not an episode. Like generations before us who suffered wars, depressions, and other hardships, through perseverance we will soon recover prosperity and joy in our routines. Essential to our restoration will be feeling confident we can care for those among us whose lives were unalterably affected for the long haul. This is what enduring nations do.

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As the pandemic continues, so continues to grow the number of Americans who find that despite having survived COVID-19, they still have not recovered. Many patients have found that after battling the virus, they are not fully healed. Such patients may continue to have fatigue, shortness of breath, and mental cloudiness.

Over time, our understanding of why some patients face “long-COVID” and ongoing symptomatology will grow. But meanwhile, survivors with long-COVID are still struggling as the after-effects of the virus wreak havoc on their lives.



Last September, Dr. Fauci testified in Congress that some survivors “who virologically have recovered from [their COVID-19] infection... in fact have persistence measured in weeks to months of symptomatology that does not appear to be due to persistence of the virus” and present with “fatigue, myalgia, fever, and involvement of the neurological system, as well as cognitive abnormalities, such as the inability to concentrate.” Research also highlights the [presence](#) of lingering respiratory and pulmonary problems.

Research suggests the population of patients with long-COVID could constitute 10 to 30 percent or more of total infections. With researchers estimating that during the public health emergency up to 100 million Americans have been infected with COVID-19, the size of the long-COVID patient population is significant.

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Many patients report their ongoing symptoms not only generate discomfort and uncertainty, but also make it very challenging or even impossible to return to their pre-COVID-19 lives and livelihoods. For too many, debilitation is followed by economic hardship. One survey [found](#) half of respondents reduced work hours due to ongoing symptoms, while nearly one in four stopped working altogether due to health challenges.

It is critical that pandemic response efforts understand and anticipate the needs of this unique and growing patient population. Helping these Americans recover and return to work is important for their personal health and our economic health as well.

We believe America needs leaders across the health sector to work together to learn how best to support the recovery of patients experiencing long-COVID. Until science shows us how to shorten long-COVID, there is a need to ensure adequate support for three groups of patients with long-COVID.

First, some essential workers and front-line heroes fell ill while stepping up and serving their communities and nation in our time of need. Many worked to care for the sick, combat the virus, and keep our economy and infrastructure afloat through critical periods.



Second, some patients may require care that strains the capabilities of current payment and coverage mechanisms. Most patients with long-COVID may manage to get by at home, but some appear to cycle in and out of clinical settings or require non-medical supports that could pressure existing systems.

Third, many with long-COVID come from underserved communities, which have been disproportionately impacted by the pandemic. Whether they were uninsured or face longstanding inequities and disparities, certainly the most vulnerable and underserved deserve our special focus.

To help such patients, there is a role for federal policymakers. For example, the Medicare and Medicaid programs, along with the ACA Marketplaces, collectively provide health coverage to roughly one in three Americans. Payers can examine data and conduct analysis to understand care needs.

We are encouraged that the NIH has committed more than \$1 billion in research funding to understand the ongoing effects of long-COVID. The data researchers collect and analyze now will help inform how to best help the millions of Americans whose symptoms may not end, even after the public health emergency does.

Private and public sector leaders need to collaborate in collecting data, understanding what care helps these patients, and ensuring payment mechanisms enable patients get care to recover. As we prepare to return to prosperity and happiness in the COVID-19 era, a shared commitment to provide support to those with long-COVID and in need must remain. This is what enduring nations do. Our fellow Americans deserve no less.

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