State of New York
Supreme Court, Appellate Division
Third Judicial Department

Decided and Entered: November 12, 2026 CV-25-0911

In the Matter of the Claim of
SUSAN HAHNENFELD,
Appellant,
v

GOOD SAMARITAN HOSPITAL et al.,
Respondents.

WORKERS' COMPENSATION BOARD,
Respondent.

MEMORANDUM AND ORDER

Calendar Date: October 19, 2026

Before: Pritzker, J.P., Ceresia, Fisher, Powers and Corcoran, JJ.

Schotter Millican, LLP, Brooklyn (*Geoffrey Schotter* of counsel), for appellant.

Weiss, Wexler & Wornow, PC, New York City (*J. Evan Perigoe* of counsel), for Good Samaritan Hospital and another, respondents.

Corcoran, J.

Appeal from an amended decision of the Workers' Compensation Board, filed May 9, 2025, which disallowed claimant's request to amend her workers' compensation claim to include Long COVID.

Claimant, a registered nurse, filed a claim for workers' compensation benefits after she allegedly contracted COVID-19 at work. In April 2022, a Workers' Compensation Law Judge (hereinafter WCLJ) established the claim for work-related contraction of COVID-19, authorized medical treatment and care for causally related conditions, and awarded indemnity benefits for lost time from April 10, 2020 until May 11, 2020. The WCLJ further indicated that claimant had gone out of work from June 29, 2021 until January 2022 and directed claimant to produce evidence regarding whether that lost time was causally related. At a July 2022 hearing, the WCLJ found prima facie medical evidence for Long COVID-19 symptoms[1] based upon two medical reports, dated January 2022 and March 2022, from claimant's treating neurologist. Following deposition testimony and a hearing, a WCLJ, among other things, amended the claim to include Long COVID. Upon administrative review, the Workers' Compensation Board ultimately reversed in a May 2025 amended decision. The Board found, in particular, that there was insufficient evidence that claimant's symptoms/disability were causally related to her April 2020 work-related contraction of COVID-19 to support amendment of the claim to include Long COVID. Claimant appeals.

We affirm. "The contraction of COVID-19 in the workplace reasonably qualifies as an unusual hazard, not the natural and unavoidable result of employment and, thus, is compensable under the Workers' Compensation Law" (*Matter of Hogan v ABF Frgt. Sys., Inc.*, 246 AD3d 1201, 1202 [3d Dept 2026] [internal quotation marks and citations omitted]). With regard to the Board's denial of claimant's request to amend her claim to include Long COVID, "the Board is empowered to determine the factual issue of whether a causal relationship exists based upon the record, and its determination will not be disturbed when supported by substantial evidence" (*Matter of Brennan v Village of Johnson City*, 213 AD3d 1058, 1059 [3d Dept 2023] [internal quotation marks, brackets and citations omitted]). "In addition, as the party seeking benefits, claimant bears the

[1] The CDC has recognized that some individuals might experience long-term effects from their COVID-19 infection, known as "Long COVID," which is "defined as a chronic condition that occurs after SARS-CoV-2 infection and is present for at least [three] months. Long COVID includes a wide range of symptoms or conditions that may improve, worsen, or be ongoing" (US Centers for Disease Control and Prevention, Long COVID Basics [May 6, 2026], *available at* https://www.cdc.gov/long-covid/about/index.html; *see also* US Centers for Disease Control and Prevention, Long COVID Signs and Symptoms [Mar. 9, 2026] [listing commonly reported general, respiratory, heart, neurological, digestive and other symptoms], *available at* https://www.cdc.gov/long-covid/signs-symptoms/index.html).

burden of establishing, by competent medical evidence, a causal connection or relationship between her employment and the claimed disability" (*Matter of Christensen-Mavrigiannakis v Nomura Sec. Intl., Inc.*, 175 AD3d 1748, 1752 [3d Dept 2019] [internal quotation marks, brackets and citations omitted]; *see Matter of Martinez v Domino Foods, Inc.*, 234 AD3d 1069, 1070-1071 [3d Dept 2025]). As to claimant's request to amend her claim to include Long COVID, "the Board is vested with the authority to resolve conflicting medical opinions on causality and to draw reasonable inferences from record evidence" (*Matter of Blanch v Delta Air Lines*, 204 AD3d 1203, 1205 [3d Dept 2022] [internal quotation marks and citations omitted]; *accord Matter of Brennan v Village of Johnson City*, 213 AD3d at 1060).

With regard to Long COVID, the Board has explained that, "if a case is established for COVID-19 and the medical evidence demonstrates that the claimant develops long[-]term symptoms from the infection, then any medical treatment or lost time related to those symptoms are compensable without the necessity of amending the case to include 'Long COVID,' " (*Employer: Wal-Mart Assoc. Inc.*, 2025 WL 1147034, *3, 2025 NY Wrk Comp LEXIS 1851, *8 [WCB No. G341 3702, Apr. 14, 2025] [internal quotation marks, brackets and citations omitted]). Further, "[t]he diagnosis of 'Long COVID' is not a separate or consequential claim because the manifestations of 'Long COVID' are simply treated as an ongoing symptom of the established COVID-19 claim" (*Employer: Wal-Mart Assoc. Inc.*, 2025 WL 1147034, *3, 2025 NY Wrk Comp LEXIS 1851, *8 [WCB No. G341 3702, Apr. 14, 2025] [internal quotation marks, brackets and citations omitted]; *accord Employer: NYC Transit Auth.*, 2026 WL 1051419, *6, 2026 NY Wrk Comp LEXIS 2842, *16 [WCB No. G315 1913, Apr. 10, 2026]). "However, when a claim is established for COVID-19, any discrete injuries that are consequential to COVID-19 . . . must be established as consequential to the COVID-19 infection, and it is the claimant's burden to present sufficient medical evidence of a causal relationship between those additional conditions and the contraction of COVID-19" (*Employer: Wal-Mart Assoc. Inc.*, 2025 WL 1147034, *3, 2025 NY Wrk Comp LEXIS 1851, *8-9 [WCB No. G341 3702, Apr. 14, 2025] [internal quotation marks, brackets and citations omitted]).

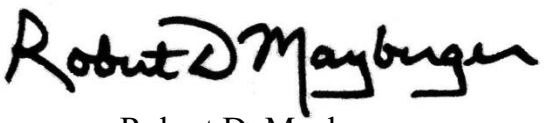
Mill Etienne, claimant's treating neurologist, first examined claimant in January 2022, at which time she reported, among other things, pain in her thighs and knees, tremors in her hands, difficulty with walking and prolonged standing, decreased exercise tolerance, tingling sensations in the legs, anxiety and urinary incontinence. Claimant reported that these symptoms began after April 2020 when she contracted COVID-19 but that the symptoms got worse around July 2021. Claimant also detailed other conditions

consisting of an autoimmune disorder, hypertension and cancer. Claimant disclosed that she contracted COVID-19 a second time in or about December 2021. Etienne diagnosed claimant with Long COVID following his January 2022 examination of claimant and continued the same diagnosis following his March 2022 examination, during which she reported many of the same symptoms. Etienne testified that claimant probably has Long COVID because her symptoms started after she contracted COVID-19 in April 2020 and that her symptoms and complaints are caused by her prior COVID-19 infection. However, Etienne did not know when the second COVID-19 infection occurred and, upon reviewing diagnostic studies, did not find anything that would fully explain claimant's symptomology. Billy Ford, a physician and Board-certified anesthesiologist who first treated claimant in August 2021, testified that he did not diagnose claimant with Long COVID, reasoning that many of claimant's symptoms and conditions alleged to be associated with COVID-19 "come primarily from the unchecked, unbalanced inflammatory process which goes on and on" and that inflammation causes the pain and symptoms. Carl Friedman, a physician specializing in pulmonary medicine and internal medicine who examined claimant in September 2022, testified that claimant had significant preexisting musculoskeletal problems exacerbated by COVID-19, but, as the Board indicated, his testimony does not reflect that he was aware of claimant's second COVID-19 infection. In view of the foregoing physicians' testimony and findings, which reflect that claimant reported various other medical conditions and that the physicians were unaware of the timing of claimant's second COVID-19 contraction, we find that substantial evidence supports the Board's determination that there was insufficient evidence that claimant's Long COVID was causally related to her April 2020 work-related COVID-19 infection. Accordingly, we will not disturb the Board's decision disallowing claimant's request to amend her claim to include Long COVID (*see Matter of Becker v United Cerebral Palsy Assoc.*, 231 AD3d 1255, 1257 [3d Dept 2024], *appeal dismissed* 44 NY3d 1029 [2025]; *Matter of Kot v Beth Ameth Home Attendant Serv.*, 70 AD3d 1114, 1115 [3d Dept 2010]; *compare Employer: Wal-Mart Assoc. Inc.*, 2025 WL 1147034, *3-4, 2025 NY Wrk Comp LEXIS 1851, *8-10 [WCB No. G341 3702, Apr. 14, 2025]). To the extent that claimant's remaining contentions are properly before us, they have been considered and found to lack merit.

Pritzker, J.P., Ceresia, Fisher and Powers, JJ., concur.

ORDERED that the amended decision is affirmed, without costs.

ENTER:



Robert D. Mayberger
Clerk of the Court