

December 29, 2022

Dr. Lawrence A. Tabak, Ph.D., D.D.S. Performing the Duties of the NIH Director National Institutes of Health

Dear Dr. Tabak,

We imagine you are as disappointed as many of us that the NIH appropriation for FY 2023 does not include any new funding for research on Long COVID and Associated Conditions (LCAC)¹. We all were encouraged when the Administration included \$750 million for this research in the supplemental appropriation request submitted in November. That spoke to the urgent need for this funding, and it makes our disappointment in the unsatisfactory outcome for FY 2023 all the more confounding and frustrating.

The purpose of this letter is to seek information from you on what resources will be available in FY 2023 for LCAC research, including the RECOVER Initiative, in the absence of new appropriations.

As you know, the most recent CDC findings indicate that nearly 30% of people with a COVID-19 infection experience Long COVID. Nearly one in five people with LC are forced to severely limit their daily activities because their symptoms are so debilitating.² Recent studies place the economic cost of LCAC at \$3.7 trillion, with up to four million people being kept out of the workforce because of LC.³

We know you are also aware of how central NIH is to the "national, U.S. government-wide coordinated, action-oriented approach" that the Administration has

¹ The term LCAC refers to the post-viral illnesses that often define a patient's experience of Long COVID, including but not limited to postural orthostatic tachycardia syndrome (POTS) and other forms of dysautonomia, myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), and mast cell activation syndrome (MCAS).

²https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm

³https://nihcm.org/publications/long-covid-new-research-and-the-economic-toll

stated "is urgently needed" to advance research on Long COVID.⁴ As Long COVID patients and advocates, we appreciate how this underscores the urgency of identifying resources to support additional research as soon as possible. We must avoid the uncertainties of waiting until the next budget cycle – which would likely delay progress on trials and treatments for at least a full year. That kind of delay would further damage the economy and exacerbate labor shortages, and would devastate the health and spirit of the millions already living with LCAC.

Although the recently-passed appropriation does not provide funding specifically for LCAC research, it does provide flexibility for NIH to transfer funds between appropriations. Even though these transfers are limited to 1% of the appropriation, this flexibility could provide up to \$475 million for LCAC research within the agency's total appropriation of \$47.5 billion. While this would still fall short of the \$750 million that had been requested, it would nonetheless have a major impact. We urge you to consider exercising this authority in FY 2023 to support LCAC research. If you are not considering the use of this authority for this purpose, please share your reasoning with us.

Moreover, we know that these activities can be supported within the base budgets of the participating institutes: For FY 2023, the combined budget of the Office of the Director and the three lead Institutes (NHLBI, NIAID, and NINDS) is close to \$20 billion. At the meeting of the Advisory Committee to the Director earlier this month, you stated that research on Long COVID is NIH's highest priority. We are therefore interested in learning how that prioritization will influence the deployment of these funds in FY 2023. Please share how you will be directing your own office and the Institutes to support LCAC research in FY 2023.

Finally, we are interested in any steps you are able to take in conjunction with the HHS Secretary to identify additional resources to support these efforts in FY 2023. This could include working with the HHS to identify other sources of funds or utilizing funds remaining from prior-year appropriations, such as funds provided by the American Rescue Plan.

Thank you for your attention to this very concerning situation. The outcome of the FY 2023 appropriations process is understandably a major disappointment to us all. We hope now, with your leadership, that sufficient funding can be identified to support a robust and productive level of investment in LCAC research for the remainder of this year and beyond.

⁴https://www.covid.gov/assets/files/National-Research-Action-Plan-on-Long-COVID-08012022.pdf (pg 6)

We would be happy to discuss the importance and urgency of this funding in greater detail at your convenience.

Sincerely,

The Long COVID Alliance

Solve M.E. Initiative

COVID-19 Longhauler Advocacy Project

Dysautonomia International

Patient-Led Research Collaborative

Body Politic

Pandemic Patients

Visible Health, Inc

Massachusetts ME/CFS & FM Association

HealthyWomen

Minnesota ME/CFS Alliance

COVID Survivors from Texas

The Northern Virginia ME/CFS, Fibromyalgia, and Orthostatic Intolerance Support Group

Responsum Health

Purpose-Filled Solutions and Evolutions, LLC

Support Fibromyalgia Network

ME Action Network

JDS Group

Marked By COVID

Science for ME

Wail of a Tale Productions

American CryoStem

Indivisible, Saint Paul

Long COVID Research Initiative

The Undersigned Individuals

Holly Lindsey	Alexis Heidenberg	Perry Norton
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Rachel Robles	Kellyann Wargo	Miriam Schoop
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Kelly Keeney	Kim Ouellette	Nancy Perez
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Amy Welsh	Lauren Osuch	Phil Chernin
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Yuvonne Allison	Samantha Kutowy	Alexandra Claire Tucker
Karen Leppo	Ravi Veriah Jacques	Maria Luz Balcarse
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CC:

Adm. Rachel Levine, MD, Assistant Secretary for Health

Dr. Tara Schwetz, PhD, Acting Principal Deputy Director

Dr. Gary Gibbons, MD, NHLBI Director

Dr. Hugh Auchincloss, MD, NIAID Principal Deputy Director

Dr. Walter Koroshetz, MD, NINDS Director

Ms. Adrienne Hallet, Associate Director for Legislative Policy and Analysis

Mr. Neil Shapiro, Associate Director for Budget

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Mr. Christopher Spiro, Director of Health Programs, Office of Management and Budget



















































