Chair Clyburn, thank you for holding this important hearing on the long COVID crisis. There have been over 89 million cases of COVID in this country, with an unknown but significant portion of these cases resulting in long COVID. I thank the Chair for allowing me to share my personal story with the Subcommittee and for shining a light on the importance of supporting the many Americans living with long COVID.

In late March of 2020, I had a mild case of COVID. In fact, I did not realize I had COVID until an antibody test later confirmed that I had COVID antibodies. Although my case was mild, for the last two years I have experienced near-constant nerve tingling which feels like every nerve ending in my body has had five cups of coffee.

My symptoms are not debilitating, I can work and live my normal life. Yet, this tingling never goes away.

After my experience with COVID, I started to share my long COVID journey in private settings. When I spoke out about my experience with long COVID, I heard from many with symptoms like brain fog, chronic fatigue, shortness of breath, heart palpitations, and more, which were much more severe and debilitating than my symptoms. Many who shared their long COVID stories with me felt that they were not being believed by the medical community or that their symptoms were being misdiagnosed and mischaracterized as anxiety or depression. That is when I knew it was important to share my story publicly and hear from more constituents with lingering symptoms.

I have received a huge amount of outreach since I started speaking about my own experiences. Every day my office hears from Virginians, and people across the country, who write in to share their long COVID journeys. We hear from people who have had long COVID symptoms for more than two years and people who have found their long COVID to be disabling.

In December 2020 Congress funded an over $1 billion initiative for the National Institutes of Health to study long COVID. RECOVER, as this project is known, aims to understand how and why some people develop long COVID and how we can treat and prevent future bouts of long COVID. This work will go a long way toward advancing our knowledge of long COVID, and I was happy to support that funding. Yet since then, I have continued to hear from Americans who need immediate support.

I thank my colleague, Representative Don Beyer of Virginia, for introducing the COVID-19 Long Haulers Act, legislation that would expand research on long COVID. Specifically, this legislation would facilitate the development of a voluntary long COVID patient registry to
collect data on the impacts of long COVID, fund research on long COVID treatments and disparities, and disseminate this research to health care providers, ensuring that our healers have the necessary tools to treat this crisis. I was proud to work with Representative Beyer to build upon his work in the House, and introduce the CARE for Long COVID Act in the Senate, along with my colleagues Senators Markey and Duckworth. In addition to funding research, the CARE for Long COVID Act would also support legal aid and social service assistance for long COVID patients and encourage additional federal guidance on long COVID as a disability. Adults and children with long COVID require resources to navigate workplaces and schools, including support in accessing disability benefits if needed.

It is critical that we pass this legislation not only to improve our understanding of the impact of long COVID, its most common symptoms, and the best ways to respond, but also to provide immediate supports to Americans that have found their long COVID disabling. Even if infectious, short-term COVID disappeared tomorrow, many would continue to have lingering mental and physical effects from long COVID. That is why I am committed to bringing attention to this important issue. Thank you, Chair Clyburn, for the opportunity to share my story and for shining a light on the impacts of long COVID.