

## **Written Testimony in Support of SB0392**

My name is Amelia Solomon, and I am here in strong support of SB0392.

I have been living with long COVID for almost three years. When I contracted COVID in November 2022, I immediately lost the ability to walk. Even after the acute respiratory infection resolved, I never recovered my mobility. After months of medical evaluations, I was diagnosed with inflammatory arthritis caused by the COVID infection, leaving me barely able to walk and largely confined to my home.

In March 2023, I collapsed and experienced convulsions and was taken to the hospital. I was subsequently diagnosed with long COVID with autonomic and neurological involvement and referred to the UCLA Long COVID Clinic. Despite receiving care there for nearly three years, my condition has continued to deteriorate.

I now live with Postural Orthostatic Tachycardia Syndrome (POTS), severe Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS), dystonia, inflammatory arthritis, Mast Cell Activation Syndrome, and other systemic complications. I am at a functional capacity of approximately 1.0 on the FUNCAP scale, which is classified as severe. I have been bedridden for over two years.

I cannot walk, dress myself, eat independently, or bathe. I require a wheelchair for any movement and depend on multiple paid caregivers, as well as help from an ex-partner. I require 24-hour care. My life, career, independence, and future have been taken by long COVID.

There are currently no FDA-approved treatments or cures for long COVID or ME/CFS. Millions of people across the United States are now severely disabled, unable to work, and effectively missing from society as a result of this disease. Many of us are in our twenties, thirties, and forties—at the prime of our lives—yet confined to dark rooms, unable to participate in daily life.

ME/CFS, which affects approximately 50 percent of people with long COVID, is often described by clinicians as a “living death.” Its level of suffering and functional loss has been documented as worse than many stage 4 cancers, worse than multiple sclerosis, and equivalent to the final two months of an AIDS patient’s life.

Long COVID is not simply fatigue, nor is it a minor or temporary condition. It is a devastating, multi-system disease that demands urgent scientific attention. For far too long, it has been overlooked and underfunded.

The passage of SB0392 would mean something very rare for people like me: hope. Hope is extremely hard to come by after years of severe illness, loss, and abandonment by society. This bill represents hope for a treatment, a cure, or even the possibility of regaining some measure of quality of life. When you have been this sick for this long, hope itself becomes a form of survival—and this legislation offers

it.

SB0392 represents a critical opportunity for Maryland to lead where others have failed—by supporting research, innovation, and the development of treatments and cures for a population that currently has none. These targeted grants and incentives could bring life-saving research to Maryland and offer hope to people like me who have been left without options.

I respectfully urge a favorable report on SB0392.

Thank you for your time and consideration.