

My name is Maxwell Guttman. I am 31 years old and have lived in Rockville for a total of about 20 years. It took me three days to write this testimony because of my long COVID fatigue and brain fog, caused by ME/CFS, a condition that affects long COVID patients at a rate 15 times higher than the general population. Please know that for every testimony you hear/read, there are thousands of people you're not hearing from because they are not aware of this bill, or do not have the ability to provide testimony saying how desperately this research is needed, because this condition is so debilitating.

Before COVID, I was a middle school English teacher in the Boston area. I played drums, built sets for community theater, and walked 15,000 steps a day getting around on foot and by public transportation. I was the pinnacle of health, with low blood pressure and cholesterol, and no health issues to speak of other than ADHD. I was in a long-term relationship with a Mexican-American partner who loved to cook, and made Mexican food for us most nights, at full spice level. My entire life was literature, mental stimulation, bright lights, loud noises, physical activity, and spicy food, and I loved it.

One COVID infection changed all of that. I've had to move back in with my parents because going to the grocery store, cleaning the house, and both driving and taking the bus give me severe vestibular migraines and ME/CFS crashes, which have the risk of becoming permanent. I can only eat basic gluten-free grains and unseasoned blended low-histamine vegetables, because otherwise I throw up or get a migraine. I forget what I'm saying mid-sentence constantly now, and can no longer remember enough to keep track of a novel written for 11-year-olds. I'm on twenty-four medications and supplements to manage heart issues, neuropathy, fatigue, sleep, new-onset allergies, and chronic pain. I need to rest for hours after showering, taking a phone call, or using the computer for more than an hour. I went from being active 18 hours a day to having 5-7 minimally usable hours every day.

I truly don't say this to wallow; I say it so you can see the severity of what long COVID actually looks like. It isn't just a cough or feeling tired, but a vascular illness that affects every system in the body, especially the nervous system. Honestly, I am one of the lucky ones, because, knock on wood, I can still walk around the house and even leave the house on a good day; multiple dear friends of mine are completely bedbound by long COVID. According to a CDC article last updated in May 2024, about 1 in 4 ME/CFS patients are bedbound or housebound.

Although the COVID vaccines have been extremely successful in reducing death and severe infection, long COVID remains an extremely present problem that vaccination has only been able to partially help with. Research published in journals such as *JAMA*, *Pediatrics*, *Nature*, and *Brain Communications* have shown that while COVID vaccines do reduce the likelihood of developing cardiological long COVID problems, they have limited to no effectiveness at reducing neurological ones, including ME/CFS. According to the Federal Reserve Economic Data from the Federal Reserve Bank of St. Louis (FRED) disability rates in working age adults has increased by 49% since COVID began, after having been stable since record keeping began 11 years prior. According

to a 2025 Yale study published in *The Journal of the American Medical Association (JAMA)*, since long COVID became an issue, 13% more working-age Americans are unable to work due to illness, which was previously only seen during the worst of flu season.

This is also a crucial issue of racial, economic, and gender justice. Since long COVID was first identified, one of the primary risk factors that the CDC and every other study has listed for long COVID is simply being a woman. Black, Latino, Indigenous, and transgender people are all significantly more likely to develop it, as are low-income people and immigrants. It's not because of any genetic predisposition, but rather because all of these groups are significantly less likely to have access to preventative care, more likely to be in high-exposure work environments, less likely to have the necessary sick days and healthcare access to help reduce long COVID risk. (This is a very long list of research that can be viewed at the "Groups most affected" page at covidlibrary.carrd.co)

Children are also being significantly affected by long COVID. A study came out this past summer in *JAMA Pediatrics* showing that long COVID has surpassed asthma as the most common childhood chronic illness, and 2025 studies from the American Academy of Pediatrics, University of Otago, and the journal *Pediatrics and Neonatology* show that children experience long COVID at rates similar to adults – between 10 and 20%. Children with long COVID are 2.5 times more likely to chronically miss school, and we are seeing the immune damage caused by COVID infections create a resurgence of other communicable illnesses.

There are no approved treatments for long COVID or ME/CFS. Long COVID programs across the country are shuttering, despite more patients than ever needing their help. I was a part of the MedStar long COVID program that closed without warning or even notification sometime in 2024 — and when I say without warning, it was so much so that I can't even tell you when it closed. But I wasn't getting much support there anyway; I had an intake with them, and then they essentially told me there was nothing they could do to help me, and to check back in every six months. At some point when I went to go schedule my six-month check-in, even though I assumed they were going to tell me yet again there was nothing they could do to help, I discovered the program had vanished. No portal message, no trace of it on the website, nothing. Just a MedStar page saying masks are no longer required for asymptomatic people.

Please, I urge you to support this bill so that we can finally get some help, some answers, and real treatments. For every one of us you see or hear speaking today, there are hundreds who are quite literally not able to.

SOURCES (I had most of these already bookmarked, so again, this was not something I had the energy to do all at once):

Workforce impact:

- <https://fred.stlouisfed.org/series/LNU01074597>
- <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2839932?resultClick=3>

Children and COVID:

- [https://www.pediatr-neonatal.com/article/S1875-9572\(25\)00131-7/fulltext?mc_cid=c71660ea8f](https://www.pediatr-neonatal.com/article/S1875-9572(25)00131-7/fulltext?mc_cid=c71660ea8f)
- <https://publications.aap.org/pediatrics/article/153/3/e2023062570/196606/Postacute-Sequelae-of-SARS-CoV-2-in-Children>
- <https://www.otago.ac.nz/news/newsroom/many-children-suffering-ongoing-covid-symptoms>
- <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2834486#250362866>

Vaccines and long COVID:

- <https://academic.oup.com/braincomms/advance-article/doi/10.1093/braincomms/fcae448/7920652>
- <https://publications.aap.org/pediatrics/article/153/4/e2023064446/196419/Vaccine-Effectiveness-Against-Long-COVID-in>
- <https://www.nature.com/articles/s41591-022-01840-0>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC9566528/>
- <https://jamanetwork.com/journals/jama/fullarticle/2794072>