To: Maryland House Health Committee
From: Matt Lazell-Fairman, Patient, Connecticut
Re: HB0027 “Maryland Technology Development Corporation - Long COVID Innovation Grant and Loan Program”
Position: Support
Date: 2/6/2026

Delegate Bagnall and Members of the Health Committee:

I write to you in strong support for this bill, to accelerate research and treatments for Long Covid. I write to you as both a person who suffers from Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS), a long-marginalized disease that is one of the most debilitating conditions in the Long Covid umbrella of post-infectious impacts, and as a partner to a person who first developed Long Covid and then ME/CFS following her infection with COVID-19. If there is one takeaway I would like to emphasize in this testimony, it is that there are many routes to developing an infection-associated chronic illness like Long Covid, ME/CFS, or POTS, but there are few treatments and few providers with the knowledge to offer what supportive care is possible. Patients suffer terribly from those gaps.

My entry to this world came with a parasite, Giardia, which many people contract while traveling in developing nations, as I did, but which one might also contract from contact with contaminated food or water here at home. When we realized what I had, I was prescribed antibiotics. The infection cleared, but several weeks later, I experienced sudden onset of what I later realized was ME/CFS. Medical providers at the time did an extensive workup, but when nothing came back positive, brushed me off. I struggled to find medical providers that were even willing to consider I might be sick, never mind that had the knowledge to diagnose and treat me. The providers I did eventually find were far afield and had I not had strong familial support, I would likely have been unable to afford to see them. Over the ten years that followed, that support helped secure disability benefits after I was forced to leave work, to document my continued impairment during SSDI reviews, and to find treatments that helped around the margins. But I remained very sick.

When the pandemic began, we sheltered in place during the first lockdown, knowing the devastation that infections could bring. We nevertheless caught COVID-19. For me, the impact was enormous, leaving me so much sicker that I could hardly leave bed for 7 weeks. In the months and years to come, I would not regain my baseline and developed new symptoms that lowered my quality of life. My wife recovered within just a week and quickly went back to work. A couple months later, however, she suddenly relapsed, becoming immediately so sick that she could not work and struggled to engage in self-care activities. Her dizziness was incredibly severe, to the degree that she had to spend the vast majority of her day lying flat. On many occasions, she was too dizzy even to sit up to eat and had to eat lying down, with her arms outstretched to hold a fork. Her executive dysfunction was too severe for her to work. She developed a stutter, word finding difficulties, and struggled to multi-task in even the most basic ways. Her short-term memory became very poor and she lost many memories, even some of her most cherished, like many from our wedding. She experienced an array of other symptoms on top of those, such as neuropathy, shortness of breath, and sound sensitivity.

We were fortunate, though, in that my decade with ME/CFS gave us a head start. We found a cardiologist who was able to diagnose her dizziness as Postural Orthostatic Tachycardia Syndrome (POTS) and a newly opened Long Covid clinic that was able to help her document her disability and test various treatments. Those interventions helped and by the end of her first year sick, she seemed to be improving. She became able to go out for gentle walks on her own, to engage in activities of daily living, and to pursue her oil painting hobby. We were hopeful and imagined a life that might look something like what she and we had lost. Unfortunately, in the months following her COVID-19 vaccinations, she began to experience new symptoms and, alarmingly, Post-Exertional Malaise (PEM). PEM is the cardinal trait of ME/CFS, a severe worsening of ME symptoms that's usually delayed by 1-2 days. In the following year, she was able to get a two-day VO2 max exercise test which documented terrible impairment.

In the years that followed, her condition worsened and more recently has improved, but she is still impossibly far from anything resembling her health prior to the pandemic. As I did now 16 years ago, she has experienced belittling and even abusive treatment from medical providers, struggles to find effective treatments, has to travel to find knowledgeable doctors, has struggled to manage applications for disability benefits, and has been impacted by the poor awareness of Long Covid and related conditions among family and friends. And what's perhaps most remarkable of all, when you talk to people who became sick with ME/CFS or related diseases thirty or forty years ago, you see the same broad themes repeated: Lack of diagnostics. Lack of treatments. Lack of knowledgeable doctors. Lack of public awareness. Social support systems ignorant of distinctive dysfunctions in this orbit, like Post-Exertional Malaise.

I write in support of this bill because infection-associated illnesses are long overdue for attention. By focusing attention on developing diagnostics and treatments, this chamber can help to improve the lives of tens of millions of people across the country and globe, bring us closer to the day when sick people like my wife and I can resume our lives and careers, and put Maryland on the cutting edge of healthcare innovation in a critical space. I hope we can count on your support.

Thank you for considering this testimony,

Matt Lazell-Fairman