LONGCOVIDMOONSHOT.COM

WHO WE ARE

Long Covid Moonshot is a collective of patients mobilizing around the crucial need for Long Covid research funding and other issues important to the community. Our mission is to empower patients to harness their collective voice for advocacy, and work with partners across the Long Covid and chronic illness communities to advocate for change at the federal level.

LONG COVID IS NOT GOING AWAY

The crisis of Long Covid has no end in sight. Few people fully recover, with just 8% of patients estimated to do so at the two-year mark[1]. Meanwhile, there is little help for the millions of people suffering: nearly four years into the crisis, there remain no FDA-approved treatments for the condition.

Long Covid is a new and widely devastating illness, estimated to be affecting just over 1 in 20 American adults[2]. This disease does not spare children: the journal *Pediatrics* estimates that as many as 5.8 million American children have been struck by Long Covid[3].

Long Covid is debilitating. The majority of Long Covid patients report impairments that limit their day-to-day activities, with nearly 1 in 4 reporting severe activity limitations[4].

THE SCALE + SEVERITY IS MASSIVE

Long Covid can impact multiple organ systems—beyond a loss of sense of smell or taste, research has documented cardiovascular, gastrointestinal, respiratory, immunological, and neurological dysfunction[5]. Many Long Covid patients lose the ability to think, to walk, to talk, and in severe cases, to sit up or eat.

As a result, Long Covid patients are often unable to work or care for their loved ones, and for many severely impacted patients, are unable to care for themselves.

This disability burden is greater than that of heart disease and cancer[6], and leaves 18% of workers with Long Covid unable to return to their jobs for more than a year[7]. This has removed some 700,000 Americans from the labor force[8] with the total economic cost of Long Covid being estimated at 3.7 trillion dollars in the first five years alone[9].

700,000	$3.7T	90%	2.6x	8%
AMERICANS OUT OF WORK	ECONOMIC COST / 5 YRS	MILD INITIAL INFECTION	RISK AFTER 3+ INFECTIONS	RECOVERED AFTER 2 YRS

RECOVER IS NOT ENOUGH

Since 2020, about $1.7b has been earmarked for Long Covid research through the RECOVER program. This flagship program has been instrumental in providing the infrastructure for large-scale longitudinal studies and in continuing to uncover Long Covid's myriad impacts on the body.

However, the recent infusion of $515m over the next four years represents more than a 50% cut to RECOVER's funding level, at a time when much more work is yet to be done and an acceleration of efforts is desperately needed. We still do not fully understand the mechanisms of Long Covid, and no reliable biomarkers for the condition have been identified. More clinical trials are needed with great urgency; there remain no FDA-approved treatments or diagnostics for Long Covid.

This funding cut threatens to leave critical programs and projects unfunded. If this happens, the field will lose researchers to better-supported areas, and the pipeline of junior researchers will dry up. Without a long-term commitment to funding an ambitious research program, we risk losing the momentum and knowledge developed so far—and with it the community's hope for treatments that can put an end to our suffering.

THERE IS A SOLUTION

The Long Covid patient community is coming together to ask that at least $1b per year beyond the RECOVER program be allocated to the NIH for Long Covid research and clinical trials. As with the Cancer Moonshot – a $1.8b commitment that supported more than 240 studies – a Long Covid Moonshot would establish a protected lane of world-leading research for 10 years, fast-tracking the path to treatments.

The solution to Long Covid is within reach. Let us help you lead the way!

WE NEED A MOONSHOT FOR LONG COVID.

We ask that you propose and / or support appropriations of at least $1b annually to NIH for Long Covid research in the FY25 spending bill(s).

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