

# NIH Spends \$1 Billion Studying Long COVID – Produces Nothing

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## STORY AT-A-GLANCE

- › In February 2021, NIH announced that Congress would provide the agency \$1.15 billion in funding over four years to study long COVID
- › An investigation by STAT and MuckRock, a nonprofit news outlet, revealed the NIH's efforts to study long COVID have done little to benefit those struggling with the disorder and haven't contributed meaningful information about the condition, either
- › As of April 2023, NIH has "basically nothing to show for" its research to date
- › Instead of conducting trials to pin down how to prevent and cure long COVID, NIH has spent most of its money simply watching, tracking and recording long COVID symptoms
- › Gathering information about NIH's long COVID data – and where the \$1.15 billion in funding has gone – hasn't proven easy; there is no single NIH official in charge of the efforts and the agency isn't sharing even basic information about its research

An estimated 7.5% of U.S. adults<sup>1</sup> – that's 1 in 13 – have symptoms of long COVID, a term used to describe a complex disorder that persists for three or more months after contracting COVID-19. With so many affected, there's clearly an urgent need to investigate long COVID and how to treat it – and the National Institutes of Health (NIH) did just that.

In February 2021, Dr. Francis Collins, NIH's former director, announced that Congress would provide the agency \$1.15 billion in funding over four years "to support research

into the prolonged health consequences of SARS-CoV-2 infection.”<sup>2</sup>

“A diverse team of experts from across the agency has worked diligently over the past few weeks to identify the most pressing research questions and the areas of greatest opportunity to address this emerging public health priority,” he continued. Fast forward more than two years later.

What has NIH accomplished with the money? “There’s basically nothing to show for it,” journalists Rachel Cohrs and Betsy Ladyzhets wrote in STAT.<sup>3</sup>

## **NIH Spends \$1 Billion, Contributes Nothing but ‘Confusion’**

An investigation by STAT and MuckRock, a nonprofit news outlet, revealed the NIH’s efforts to study long COVID have done little to benefit those struggling with the disorder and haven’t contributed meaningful information about the condition, either. STAT reported:<sup>4</sup>

*“The National Institutes of Health hasn’t signed up a single patient to test any potential treatments – despite a clear mandate from Congress to study them. And the few trials it is planning have already drawn a firestorm of criticism, especially one intervention that experts and advocates say may actually make some patients’ long Covid symptoms worse.*

*Instead, the NIH spent the majority of its money on broader, observational research that won’t directly bring relief to patients. But it still hasn’t published any findings from the patients who joined that study, almost two years after it started.*

*There’s no sense of urgency to do more or to speed things up, either. The agency isn’t asking Congress for any more funding for long Covid research, and STAT and MuckRock obtained documents showing the NIH refuses to use its own money to change course.”*

In other words, instead of conducting trials to pin down how to prevent and cure long COVID, NIH has spent most of its money simply watching, tracking and recording long COVID symptoms.

Eric Topol, founder and director of the Scripps Research Translational Institute, told STAT he expected NIH would have launched multiple large-scale trials, prioritizing those testing treatments, but this didn't happen. "I don't know that they've contributed anything except more confusion," he said.

## **NIH's Pace Described as a 'Slow-Moving Glacier'**

Considering long COVID is supposedly the consequence of a pandemic that brought the world to a halt for years, you'd think the NIH – "the largest biomedical research agency in the world"<sup>5</sup> – would be blazing trails and conducting groundbreaking studies at a frenzied pace to get to the bottom of this, especially with \$1.15 billion to throw at the problem.

Not so. By March 2022, NIH had recruited only 3% of its planned study participants.<sup>6</sup> "Critics charge that the NIH's missteps are even bigger: that it is acting without urgency, that it is taking on vague, open-ended research questions rather than testing out therapies or treatments, and that it is not being fully transparent with patient advocates and researchers," Cohrs wrote.<sup>7</sup>

Meanwhile, Lauren Stiles, a research assistant professor of neurology at the State University of New York at Stony Brook, who had long COVID, described related NIH research as "a slow-moving glacier." She told Cohrs in 2022, "With a half-billion dollars, they could have run multiple clinical trials."<sup>8</sup>

As of April 2023, NIH states they're planning five clinical trials, but only one has been formally announced. In another serious misstep, it's going to study the antiviral medicine [Paxlovid](#), a drug known for causing COVID rebound,<sup>9</sup> to treat long COVID.

A study dubbed RECOVER, however, is intended to be NIH's largest on the topic, to set "precedents for future research and clinical guidelines. It will dictate how doctors across

the country treat their patients – and, in turn, impact people’s ability to access work accommodations, disability benefits, and more,” STAT reported.<sup>10</sup>

But already, critics have described the study as “pointless” and “a waste of time and resources.” It also doesn’t have anyone signed up to participate. As of April 2023, NIH was still stalling, and estimated that trials would begin in summer 2023.<sup>11</sup>

## **Duke University Partnership Raises Eyebrows**

August 2022, Duke Clinical Research Institute announced that it was coordinating long COVID clinical trials, including the Paxlovid study, with the NIH. According to STAT:<sup>12</sup>

*“All five clinical trial protocols are going through safety reviews, and the Food and Drug Administration [FDA] is reviewing the trials that will test Paxlovid and other drugs, the Duke Clinical Research Institute said. The institute plans to share these protocols publicly when reviews are complete, but did not provide an estimate for when that will happen.”*

This is noteworthy given that Dr. Robert M. Califf, FDA commissioner, has deep ties to Duke University and Big Pharma.

Califf – who recently **blamed misinformation** for falling life expectancy in the U.S. – formerly worked at Duke University as an adjunct professor of medicine (cardiology) and served as former director of the Duke Clinical Research Institute – the same one now partnering with NIH to study long COVID. As Freedom magazine reported, it’s another case of the fox guarding the henhouse:<sup>13</sup>

*“[W]hile at Duke University [Califf] received money from 23 Big Pharma outfits, and he has served as an official or director at Genentech and other companies. Califf has conceded that he has ties to more than a dozen pharmaceutical companies. Califf was a cheerleader for Vioxx, which was reported to have caused 50,000 heart attacks. While at Duke, the research operations over which Califf presided resulted in major fraud.*

*Michael Carome, director of the health research group at Public Citizen, a consumer activist group in Washington, D.C., said: 'It would be dangerously naïve to think he [Califf] has not developed deeply ingrained attitudes that tilt in favor of the medical device and drug industries.'"*

## **Patients Suffering While NIH Does Nothing**

Gathering information about NIH's long COVID data – and where the \$1.15 billion in funding has gone – hasn't proven easy.

"There is no single NIH official responsible for leading RECOVER, and the initiative has failed to share basic information that would typically be available for a government research project of this scale," STAT reported.<sup>14</sup> "... There's also little accountability for NIH leaders to disclose how funds are spent or respond to other concerns with RECOVER because an entity intended to oversee long Covid research across the federal government hasn't been created."

Further, much of the money has been shuttled to Duke University and other collaborators. But while NIH drags its feet, patients continue to suffer from incapacitating symptoms while feeling ignored and abandoned by the medical community and society at large.

This certainly wasn't the case during the pandemic, when officials fast-tracked a COVID-19 shot to market at an unprecedented pace. Why aren't they moving with the same sense of urgency now? STAT noted:<sup>15</sup>

*"The crawling pace of the government's long Covid efforts stand in stark contrast with the government's wildly successful partnership with the pharmaceutical industry to get Covid-19 vaccines to market in less than 12 months. There are no ongoing efforts to support independent private-sector companies or researchers trying to study treatments for long Covid through the NIH, even though some have proved promising."*

## Post-Jab Long COVID Is Common

Long COVID symptoms vary but often include fatigue, shortness of breath, brain fog, sleep disorders, fevers, gastrointestinal problems, anxiety and depression.<sup>16</sup> Severity ranges from mild to debilitating, and the disorder shares many similarities with post-jab injuries.

Many people who've received COVID-19 shots report long COVID-like symptoms,<sup>17</sup> such as memory problems, headaches, blurred vision, loss of smell, nerve pain, heart rate fluctuations, dramatic blood pressure swings and muscle weakness.

In one study from early in the pandemic, more than two-thirds of those reporting long COVID symptoms had negative antibody tests, suggesting at least some of them didn't even have COVID-19.<sup>18</sup>

The primary difference<sup>19</sup> between post-jab long COVID and long COVID symptoms after infection is that in people who get it from the infection, early treatment was withheld and the resulting infection severe. Post-jab long COVID, on the other hand, can occur either after very mild breakthrough infection or no breakthrough infection at all.

## Help for Long COVID and Post-Jab Symptoms

The NIH is failing Americans who urgently need relief from long COVID symptoms due to SARS-CoV-2 and COVID-19 shots. Fortunately, help is out there.

The Front Line COVID-19 Critical Care Working Group's (FLCCC) I-RECOVER<sup>20</sup> protocol can be downloaded in full,<sup>21</sup> giving you step-by-step instructions on how to treat long COVID<sup>22</sup> and/or reactions from COVID-19 injections.<sup>23</sup> I also recently summarized [strategies to optimize mitochondrial health](#) if you're suffering from long COVID, with a focus on boosting mitochondrial health.

To allow your body to heal you'll want to minimize EMF exposure as much as possible. Your diet also matters, as the cristae of the inner membrane of the mitochondria

contains a fat called cardiolipin, the function of which is dependent on the type of fat you get from your diet.

The type of dietary fat that promotes healthy cardiolipin is omega-3 fat, and the type that destroys it is omega-6, especially linoleic acid (LA), which is highly susceptible to oxidation. So, to optimize your mitochondrial function, you want to avoid LA as much as possible and increase your intake of omega-3s.

Primary sources of LA include seed oils used in cooking, processed foods and restaurant foods made with seed oils, condiments, seeds and nuts, most olive oils and avocado oils (due to the high prevalence of adulteration with cheaper seed oils), and animal foods raised on grains, such as conventional chicken and pork.

Another major culprit that destroys mitochondrial function is excess iron – and almost everyone has too much iron. Copper is also important for energy metabolism, detoxification and mitochondrial function, and copper deficiency is common. Other strategies include sun exposure and near-infrared light therapy, time-restricted eating, NAD+ optimizers and methylene blue, which can be a valuable rescue remedy.

It could be years before the NIH gets around to releasing its data on long COVID, and even then, there's no guarantee that its research will be useful. But each individual suffering deserves access to the full range of potential treatments – now, not years from now, if at all.

If you or a loved one is affected, know that if you improve your mitochondrial function and restore the energy supply to your cells, you'll significantly increase your odds of reversing the problems caused by the jab or the virus.

## Sources and References

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- <sup>1</sup> U.S. CDC, National Center for Health Statistics June 22, 2022
- <sup>2, 16</sup> NIH February 23, 2021
- <sup>3, 4, 10, 11, 12, 14, 15</sup> STAT April 20, 2023
- <sup>5</sup> NIH, NIH at a Glance
- <sup>6, 7, 8</sup> STAT March 29, 2022

- <sup>9</sup> Clinical Infectious Diseases June 20, 2022
- <sup>13</sup> Freedom magazine, New FDA Commissioner, Fox Guarding the Henhouse?
- <sup>17</sup> Science January 20, 2022
- <sup>18</sup> TNR December 8, 2022
- <sup>19</sup> Washington University School of Medicine May 25, 2022
- <sup>20, 21</sup> FLCCC Alliance, I-RECOVER
- <sup>22</sup> FLCCC Alliance, I-RECOVER, Long COVID
- <sup>23</sup> FLCCC Alliance, I-RECOVER, Post-Vaccine Treatment Protocol