The method NIH uses to prioritize and allocate funds across diseases is currently being scrutinized by Congress in response to complaints from patient advocacy groups that they’re being shortchanged.¹ In a General Accounting Office report released on April 30, 2014, NIH defended its funding practices by saying funding levels reflect scientific opportunity, the burden of disease, and global as well as national public health needs.²

ME/CFS is a disease being shortchanged by NIH funding practices. NIH officials—
• overlook the needs of one million ME/CFS patients in the U.S. and 17 million worldwide;
• ignore the incredible level of debility and suffering experienced by severely ill patients; and
• turn down distinguished scientists applying for research grants.

Patients need—
• new and expanded clinics and centers across the country with outreach to the homebound;
• additional trained physicians and healthcare professionals to deliver informed care; and
• cutting edge research to close gaps in scientific knowledge identified in 2011 during their -- NIH’s -- “ME/CFS State of the Knowledge Workshop.”

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June 12, 2014