

Innovation will provide solutions to Long COVID — the new chronic disease of our time

By Robert Redfield

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Long COVID is a serious, growing public health crisis. Though estimates vary, as many as 18 million Americans may be affected. This is why it continues to capture the attention of Senator Todd Young, who asked Secretary Robert F. Kennedy Jr. to prioritize Long COVID research in his confirmation hearing last year. This week, the senator had the opportunity to follow up with the secretary at this year's budget hearing, who reported on the department's efforts to identify biomarkers and committed to continuing the effort.

This is welcome news. For most of us, the COVID-19 pandemic is a distant, though searing memory. However, too many Americans are still experiencing the pandemic as a daily reality, suffering from what is now known as Long COVID. In 2026, three years after the end of the Public Health Emergency, Long COVID patients report a wide variety of symptoms, which include significant cognitive dysfunction, extreme fatigue, post exertional exhaustion, autonomic dysfunction, cardiovascular conditions, blood vessel pathology, air hunger, intravascular micro-coagulation, tinnitus, and other neurological symptoms. Unfortunately, there is no molecular diagnostic test, no detailed elucidation of the pathogenesis of the disease, and no definitive therapy.

I devoted my medical career — in the U.S. Army, at the University of Maryland and in public service — to fighting deadly and debilitating diseases. Today, much of my medical practice is focused on helping patients afflicted with Long COVID. The current Long COVID crisis reminds me of my early days as a new doctor confronting AIDS before the NIH and HHS made solving AIDS a research priority.

GOVERNMENT SAYS 'EAT BETTER' BUT MAKES IT HARDER TO FEED YOUR FAMILY

More than 30 years ago, I witnessed academia, federal laboratories and industry commit itself to solving AIDS. These efforts converted HIV/AIDS from a once fatal disease to a highly treatable and preventable infection, where individuals infected with the HIV virus can expect to live a full, natural lifetime. This occurred because of an aggressive focus on what was possible and a major investment in innovation by the U.S. government. Similarly, in 2020 with the emergence of the COVID-19 pandemic, President Trump had the insight to fund Operation Warp Speed and engage industry in the rapid development of a COVID vaccine.

Many mistakes were made during the COVID-19 response, but developing vaccines at record speed to protect the vulnerable was not one of them. Given the enormity of the Long COVID problem, President Trump should now direct his team to accelerate innovative research to discover and develop an effective treatment for Long COVID.

Sadly, the NIH has failed to effectively invest the necessary resources to solve our understanding of Long COVID pathogenesis or to develop a diagnostic test necessary to move the field forward.

In 2025, the administration undertook a series of actions consistent with a pandemic that had run its course. The Office for Long COVID Research and Practice was shuttered, and research funding was cut. The CDC and NIH both stated that they would, "no longer waste billions of taxpayer dollars responding to a non-existent pandemic that Americans moved on from years ago."

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As much as we might wish this to be true, this is a mischaracterization of the current state of the pandemic, and it is a costly one. Productivity losses and medical costs associated with Long COVID patients continue to cost the United States hundreds of billions of dollars each year. Sadly, research programs that would have made a meaningful dent in these costs were cut just as they were on the cusp of yielding results that would have led to a wave of clinical trials. Fortunately, some of the cuts in this research have been reversed. Unfortunately, the overall investment in Long COVID is inadequate. More needs to be done.

Now is the time to prioritize the discovery of novel treatments to ease the suffering of the 18 million patients struggling with Long

COVID. Simply put, the NIH should aggressively fund Long COVID research efforts.

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I applaud Secretary Kennedy's emphasis on battling chronic disease. This is long overdue. And so, we call on Secretary Kennedy and the administration to aggressively address Long COVID, a new and major chronic disease.

AIDS once was a mysterious, predominately fatal disease of otherwise healthy individuals. Now, it is a treatable and preventable infection. The same could be true for Long COVID, if we aggressively invest in the research and the clinical system so urgently needed. Now is the time to empower HHS and industry to make this a reality and offer millions of suffering Americans the chance to live unencumbered by the effects of Long COVID.

Dr. Robert Redfield, an American virologist at the forefront of AIDS research, served as director of the U.S. Centers for Disease Control and Prevention from 2018 to 2021.

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