

COVID isn't over for those who never recovered

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When the COVID public health emergency ended in May 2023, society exhaled and moved on. Most of us could. Millions could not. In Massachusetts, 25,586 people died of COVID-19 — many of them in nursing facilities, separated from family, their goodbyes conducted through glass or on screens. At Dignity Alliance Massachusetts, we built a virtual memorial, read names aloud, and insisted these were human beings, not data points. We learned that memory is a form of accountability. Your recent profile of a [28-year-old woman now largely homebound with long COVID](#) reminds us that we face the same test again. Her story is not exceptional — it is representative of millions who survived COVID but did not recover, now navigating crushing fatigue, neurological impairment, and a medical system that too often meets them with skepticism rather than support. As research funding becomes uncertain and attention drifts, long COVID patients risk the same erasure that nursing home families fought against during the pandemic's worst months: the quiet institutional message that their suffering is inconvenient, their timeline too long, their needs too complex. A Commonwealth is measured by how it treats the vulnerable after the spotlight moves on. We owe long COVID moral seriousness, sustained investment in research, genuine workplace accommodation, and the simple dignity of being believed. We owe the same moral seriousness to those who died. The father in your story drives his daughter's car monthly to keep it ready for when she recovers. That is stubborn hope. Public policy should match it.

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