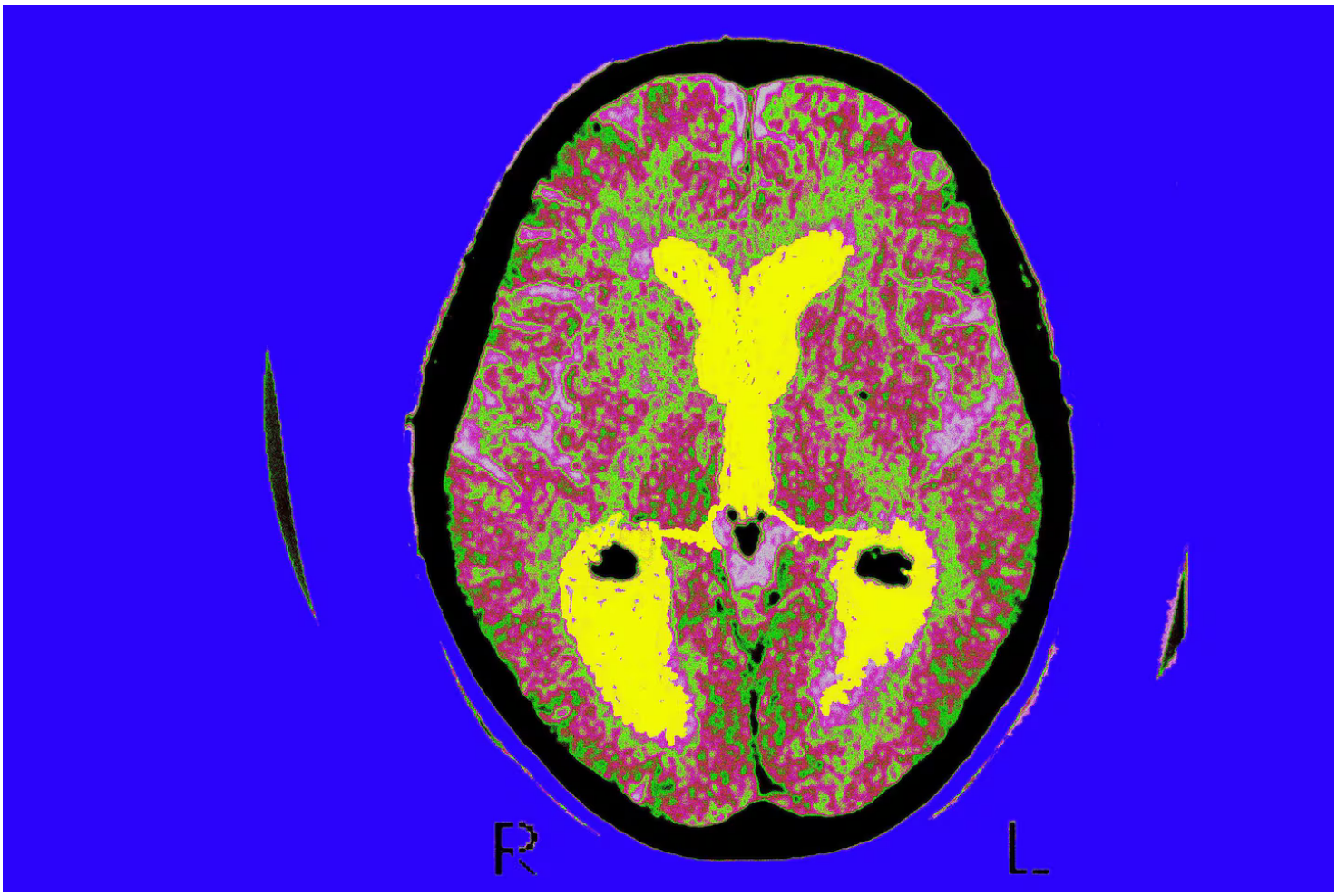
OPINION

Alzheimer's patients deserve to know their diagnosis

With HIV, the public learned that ignorance is not compassion. We should not have to learn that lesson twice.

By Robert R. Redfield Updated September 5, 2026, 3:00 a.m.



A scan of a brain of a patient affected by Alzheimer's Disease.

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Prevention, is cofounder and associate director of the Institute of Human Virology at the University of Maryland School of Medicine.

In the 1980s, I was an Army doctor fighting on the front lines of the HIV/AIDS crisis before health officials fully understood the disease or how to treat it. I knew the way to combat the lack of research and understanding was to institute regular testing so that experts could diagnose the disease early. But federal medical authorities disagreed, advising doctors that since there was nothing to treat it, people had a right to remain ignorant.

Today, I hear the same argument about Alzheimer's disease. Why tell people they have the disease if there is no cure?

The argument against early diagnosis is as absurd for Alzheimer's as it was for HIV. Early diagnosis is good for patients because it opens up treatment options and spurs innovation; when a patient is diagnosed, they demand treatment, and the industry invests in treatment and cures when demand grows louder.

In the '80s, patients progressed from HIV infection to AIDS and died soon afterward. Today, with treatment, they can live a natural lifetime.

But even before effective HIV therapies existed, officials who claimed there was "nothing we could do" were wrong. We could evaluate a patient's immune system and identify who was most vulnerable. We could prevent opportunistic infections that take advantage of the HIV patient's weakened immune system. We could treat co-infections like tuberculosis and syphilis more effectively. We could stop people from unknowingly infecting spouses and partners.

Because of this, I found it unfathomable that efforts to diagnose HIV were being

blocked. I remember the Red Cross testing donated blood for HIV to protect recipients, but there was a period, roughly between 1986 and 1988, when donors who tested positive were not necessarily informed of their results.

It was not until roughly 10 years later that the broader public health community, including the Centers for Disease Control and Prevention and Public Health Service, fully embraced routine HIV testing. That decade of insufficient testing undoubtedly cost many people their lives.

If we fail to start routinely testing for Alzheimer's, we will fail another population of needy patients. More than 7 million Americans live with the disease, and that number is projected to nearly double by 2060. We owe it to those patients to arm them with answers and options as early as possible.

Just as undetected HIV yields the devastating symptoms of AIDS, Alzheimer's has a silent phase that leads to the symptoms of cognitive impairment and loss of function. During this silent phase, which can last 20 years, amyloid proteins in the brain begin to misfold and clump into neuron-killing plaques.

Today, we have FDA-cleared blood tests that can identify these biological signs of Alzheimer's disease before symptoms become severe. We have FDA-approved therapies that have been shown to slow disease progression if initiated while symptoms are mild. We know that good exercise, sleep, and cardiovascular health can meaningfully influence cognitive outcomes.

That means Alzheimer's patients who understand their risk can do something about it.

Every American over 50 should have access to Alzheimer's screening as part of routine preventive care. Positive tests should be paired with standardized cognitive

assessments so physicians can determine what stage of disease the patient is in and take action based on those results.

The good news is that our public health leaders are increasingly focused on early intervention. Health and Human Services Secretary Robert F. Kennedy Jr. called it "regulatory malpractice" that America does not already have early Alzheimer's screening.

These leaders have an opportunity to lean in further and do for Alzheimer's what public health leaders eventually did for HIV: to stop treating diagnosis as something to fear and start treating it as the first step toward action. Lawmakers must modernize Medicare coverage so beneficiaries have reliable access to Alzheimer's blood tests and therapies.

Americans want access to early diagnosis and interventions. New polling from the libertarian Market Institute shows that 4 in 5 say they are more likely to support candidates who prioritize better access to Alzheimer's detection, diagnosis, and treatment.

When my critics argued that HIV patients had a right not to know, they were really denying patients the opportunity to act.

We eventually learned that ignorance was not compassion. We should not have to learn that lesson twice.

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