

New Zealand student with Long COVID denounces abandonment of public health measures

Tom Peters
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A student at Victoria University of Wellington (VUW) in New Zealand, who is suffering from Long COVID, spoke with the *World Socialist Web Site* last week for the Global Workers' Inquest into the COVID-19 Pandemic. The 22-year-old biology student, who asked to be referred to as Rose, said she wanted more people to be aware of the dangers posed by the virus, including for young people.

Rose also told the WSWWS she was “disappointed” with the Labour Party-led government’s recent decisions to remove most public health restrictions during the peak of the country’s Omicron wave. She said the community was being put at risk and “I really think they should have waited until the peak had gone down.”

In October last year, Prime Minister Jacinda Ardern’s government ended its elimination policy, which had kept New Zealand free from COVID for most of 2020 and 2021. The government caved to the demands of big business for an end to lockdowns and, with the assistance of the trade unions, schools and businesses were reopened. With the arrival of the Omicron variant in January, the virus has been allowed to spread out of control, infecting hundreds of thousands of people.

The country’s death toll from the pandemic has soared from just 32 last October to 405 as of April 4. There are more than 700 people in hospital with the virus, and 10 to 20 deaths, or more, are being reported every day.

Rose has a liver disease, which places her at greater risk of serious illness from COVID-19. She said, “I’ve had quite a lot of trouble explaining to people that even though I look healthy I am actually immuno-compromised,” and that it is not just the elderly who are at risk. “For a lot of people it’s quite shocking to know that I’m 22 and I could still die from it. I don’t think a lot of people understand that.”

Rose contracted COVID in late February and was infectious for nine days. During this time she would often have difficulty breathing for periods lasting 10 to 20 minutes. “There were about five days where I was pretty consistently calling Healthline [the public health advice service] and my doctor because I was really worried,” she said. “They were pretty hesitant about letting me go to the hospital, unless I actually

was dying, because obviously you don’t want to overwhelm the hospitals.”

Public hospitals, chronically underfunded and understaffed, are struggling to cope with the Omicron surge. Wellington Hospital cancelled most non-urgent surgeries in mid-March, as 15 percent of staff had to stay home due to being infected with COVID, or having a positive case in their household.

Rose was thankful that she had been triple-vaccinated about a month before catching the virus, otherwise the illness could have been even more severe.

After she stopped being infectious, Rose found she had Long COVID, a condition that may affect more than one in 10 people who get the virus. Long COVID impacts people in different ways and little is known about its long-term effects. It can lead to serious damage to the brain, heart, and other vital organs.

Rose explained that she has become heavily reliant on an inhaler: “I need to take four puffs, six times a day, which is a lot, because it’s a steroid and you’re only really supposed to have three puffs a day at most. But my throat keeps closing up and my lungs feel like I can’t catch my breath all the way to the bottom.”

She said this had “a big impact” on her daily life, forcing her to stay home most of the time. “With Long COVID, you get coughs really, really badly. If you go out in public coughing, everyone thinks that you’ve got COVID, and I don’t want to make other people feel uncomfortable.” Rose is currently only attending one university lab session per week, and taking the rest of her courses online. She is also unable to carry out the scientific field work that she was previously doing.

“I’m having to nap twice during the day, once before lunch and once at about 4 p.m., because I feel so tired after doing anything. Not just mentally tired, but physically, it feels like my joints are tired and aching,” Rose said. “It takes a decent chunk out of my day. It puts me behind in my studies, and I need my studies to get a job so that I can afford a house. It all just snowballs.”

Rose’s doctor told her the symptoms could last weeks or months, but “we don’t know that much about” the long term effects, including on her liver. Her liver condition also makes

her more susceptible to reinfection with COVID.

Asked what she thought of VUW's response to the pandemic, Rose praised her lecturers, who had been "accommodating and understanding and really empathetic." But she criticised the university administration, saying they "don't particularly care about our singular experiences as students. I feel like they care more about making a profit." Hundreds of students in VUW's halls of residence have contracted COVID-19.

Rose pointed out that VUW had continued to charge very high fees to international students unable to enter New Zealand, who were learning remotely via Zoom. She said the students deserved a discount "because they are not getting the university experience. They can't go to the labs, they can't attend lectures, and it's just not the same."

The WSWS spoke to Rose shortly after the government announced that it would lift vaccine mandates for most workers; remove the requirement for businesses to use vaccine passes; ease restrictions on indoor gathering numbers, and do away with QR code scanning previously used for contact tracing. With more than 10,000 new cases being reported every day, Rose said the removal of public health restrictions "makes me really quite nervous."

She worried about using public transport, where physical distancing is no longer required and masking, while technically mandatory, is not enforced. Similarly, in shops, many people are no longer following masking requirements. The abandonment of QR scanning meant people would have no idea if they have been in a COVID hot spot and should therefore get tested.

Rose's experience highlights how tests have become less reliable. The government is encouraging people to take less accurate, self-administered rapid antigen tests (RATs), which have largely replaced the more accurate Polymerase Chain Reaction (PCR) tests. When Rose became sick, she initially took three RATs, which all showed a negative result. Convinced that she had COVID, she went to a testing centre and tested positive with a PCR. She said, "I had to fight for [the PCR test], because they kept on trying to put me in the lane to pick up the RAT, and I said: 'No, the RATs aren't working.'"

Negative RAT results are now being used to clear people to return to work, including healthcare workers. Rose said this would lead to people unknowingly spreading the virus after receiving a false negative.

RATs can also be difficult for some people to obtain, because people who are not symptomatic need to pay \$6 or more for a single test. Rose said it was "pretty gross to monetise something that is a necessity to be able to see whether you are infectious or not."

Rose said she had voted for the Labour Party, "but concerning COVID, I feel like they've made questionable decisions of late." She said the Ardern government was listening "to a small minority of angry people and not taking into account that they're supposed to be protecting the citizens

of Aotearoa [New Zealand]." She noted that about a month ago, the government denounced protests in Wellington against vaccine mandates and other public health measures, but now it is implementing the protesters' main demands.

Until recently, Rose thought that New Zealand had responded well to the pandemic, compared with other parts of the world where millions of people have died. She said her grandparents, who live in Spain, "have been locked in their houses for two years" and "they've had friends die; it's horrible."

She denounced the unscientific "herd immunity" approach adopted by governments throughout the world—the theory that if COVID infects masses of people, it will cease to be a threat. "That is very dumb, because it's just going to keep on mutating and killing people," Rose said. "Even if the next strain is less deadly, there's still going to be people dying, and I don't think it's worth even one person dying when it could be prevented."

Rose strongly objected to people justifying COVID deaths by comparing the virus to the flu. "People shouldn't be dying from the flu either," she said. "To me, that just says that more should be put into healthcare to prevent people dying from the flu, because it is preventable."

Influenza kills about 500 New Zealanders in a typical year, but this toll dropped to zero during 2020–2021 as a result of the COVID elimination policy. Experts are warning of a resurgence of flu, alongside COVID, this year. The flu and other respiratory viruses are exacerbated by inequality, including poor-quality housing and uneven access to healthcare.

Rose compared the failure to save lives during the pandemic with the failure to address climate change. Internationally, corporations would often refuse to fund the necessary scientific research and measures to stop global warming and environmental degradation, "because it goes against their agenda." Similarly, governments had "chosen money over people" during the pandemic.



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