

Long COVID: Dramatic consequences seen among top German athletes

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29 August 2022

Last Wednesday, the German Cabinet approved a new Infection Protection Act. The provisions, which will come into force on October 1, represent a further relaxation compared to previously existing measures against COVID-19. The federal government is thus paving the way for a massive wave of infections in the autumn and winter that will far exceed current levels. In addition to a wave of deaths, it will also lead to an assault on public health, including a massive spread of Long COVID.

The extent of these long-term consequences, even for top athletes, is illustrated by the example of canoeist Steffi Kriegerstein, who contracted coronavirus in December 2020. The professional sports teacher has won medals in canoe racing at numerous European and world championships. At the 2016 Olympics in Rio, she won a silver medal. Now, she has had to end her career.

“Despite all the health problems, last year I tried to get fit again. But I realized that the leap back into competitive sports is huge,” she explained to *Der Spiegel*. “I’ve always been in contact with doctors, but [now] the physical effort robs me of the quality of life for everyday life,” she added. She said she would “say goodbye to competitive sports for good” at the German Championships.

As she elaborates in her interview with *Der Spiegel*, the illness itself lasted 14 days and was characterized by limb pain and headaches. However, medical examinations after the illness revealed that the actual consequences were much more profound.

As it turned out, the 28-year-old’s heart had shrunk, which was both visually apparent and noticeable in testing her heart-lung volume. Kriegerstein’s cardiac output as a top athlete of more than 90 percent declined to 60 percent. The normal value is about 70 percent.

In addition, there were numerous other symptoms. “The headaches were particularly bad,” she said. “The feeling of pressure in the back of my head quickly spread to my eyes and balance. I struggled and tried to move forward. But somehow the body didn’t want to.”

Even today, a year and a half after the infection, she still struggles with the after-effects. Even climbing stairs or walking to the bus can cause her difficulties.

Steffi Kriegerstein is not an isolated case. National ice hockey player Janik Möser, for example, suffered heart muscle inflammation as a result of contracting COVID-19 and two weeks after the infection was not even allowed to climb stairs.

Wrestler Frank Stäbler, who was considered a medal hope for the Olympic Games in Tokyo, reported that his performance had declined 20 percent due to his infection. He could no longer breathe during running exercises. “My whole chest completely contracted,” he explained.

Rower Marie-Sophie Zeidler reported that when she resumed training after her COVID-19 illness, her body went on strike at 30 percent of her usual maximum load. Her heart and lung functions were borderline; her oxygen intake catastrophic.

Experts estimate that more than 500 top German athletes have now contracted COVID-19. The virus is spreading among athletes, especially with the resumption of major sporting events without any real protective measures in place.

Even if the course of the illness proves comparatively harmless, for many the subsequent consequences can still be serious. Dr. Jürgen Steinacker, a sports physician from Ulm, Germany, estimates that about 5 percent of athletes still suffer from symptoms three to six months after contracting the disease. These include heart and lung problems, neurological complications,

such as loss of taste and coordination disorders, and chronic fatigue syndrome.

Cologne-based sports physician Dr. Wilhelm Bloch explained, “Not all of them will recover in such a way that they regain their old level of performance. That’s where worlds collapse.”

While professional athletes can usually afford the necessary medical support and regain some of their previous performance level with the help of specialized trainers, most working people must manage without any support.

Various studies conclude that between 10 and 30 percent of those infected with coronavirus suffer long-term consequences. A study of 1,733 patients from Wuhan, China, published in *The Lancet* medical journal, concluded that 76 percent of patients still had at least one symptom six months after infection.

Long COVID can affect almost any organ and cause a wide range of symptoms. Among the most common are extreme fatigue, cognitive impairment, chronic pain, loss of taste and smell, shortness of breath and increased heart rate, all of which have profound effects on patients’ quality of life.

Children are also frequently affected by the long-term effects. The physician news service published an interview in early August titled “In Paediatric Cardiology and Pneumology, Long COVID Floods Us.”

In the interview, Dr. Gerald Hofner, co-founder of the “Post-COVID Kids Bavaria” practice, says, “Two of us see three to five patients every day with complaints following a SARS-CoV-2 infection. Above all, we see very many athletic children and adolescents who are no longer able to perform for weeks and months, with heart or lung involvement or fatigue problems. There’s no comparison to the flu.” The problems occurred in both vaccinated and unvaccinated children and adolescents.

Numerous media outlets are carrying reports of children whose lives have been completely changed following a COVID-19 infection. Broadcaster ZDF, for example, reports on an 11-year-old Long COVID patient named Emma, who can barely stand on her feet and has trouble breathing since her infection.

“Then I just panic, although nothing can actually happen there. And dizziness is also a bad issue, I actually have that all the time,” she complained to

ZDF.

The ZDF regional programme *Länderspiegel* reported on 16-year-old Long COVID patient Sina Morgen, who is unable to walk due to muscle pain following a coronavirus infection and is now confined to a wheelchair.

The effects of Long COVID underscore the criminality of the ruling class’ herd immunity policies of deliberately allowing mass infection to spread. They make clear that there can be no “living with the virus,” and the only way to combat it is to eliminate it. Because such an elimination strategy is incompatible with the profit interests of the ruling class, it must be fought for by the working class.



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