

# Long COVID and the working class: Brookings Institution report finds millions have left the labor force

Benjamin Mateus  
4 September 2022

A Brookings Institution report published on August 24, 2022, estimated that in the United States alone a staggering two to four million working-age adults have left the labor force due to Long COVID, also known as Post-Acute Sequelae of SARS-CoV-2 infection (PASC). The annual impact on lost wages has been placed at around \$200 billion, or 1 percent of the country's gross domestic product.

The latest US Bureau of Labor Statistics (BLS) report found that there are 10.7 million unfilled positions, meaning Long COVID is responsible for as much as one-third of these vacancies. With the pandemic continuing to rage, the BLS wrote, "These impacts stand to worsen over time if the US does not take the necessary policy actions."

In partnership with the National Center for Health Statistics, the Census Bureau recently estimated that around 16 million working-age Americans (18 to 65) have Long COVID, or about 8 percent of the total.

The Brookings Institution examined three reports to arrive at the number of workers who have left the workforce due as a consequence of their infection.

The first is from the Federal Reserve Bank of Minneapolis, which recently conducted a survey that found almost one-quarter of people who contracted COVID-19 experienced symptoms for three months or more. Based on the official estimates of how many have been infected with COVID, this would mean that roughly 34 million working-age Americans have had Long COVID. Half of the respondents in the Minneapolis survey reported they had recovered from Long COVID, which leaves 17 million still affected, roughly confirming the Census Bureau's estimate.

As for who among this group has left the labor market, the Minneapolis study reported that almost 26 percent had either reduced working hours (at least 10 hours a week on a 40-hour week basis) or quit altogether.

These estimates were echoed by a survey from the British Trades Union Congress (TUC) that 20 percent of people with Long COVID were no longer working while another 16 percent said they were working fewer hours.

A third study was cited from *The Lancet* on an international cohort found that 22 percent of Long COVID victims could no longer work due to poor health, and another 45 percent had to reduce their hours.

Finally, given that three-quarters of working-age adults are active in the labor market (or around 12 million of the 16-17 million with Long COVID), Brookings estimated that two to four million full-time

equivalent workers are out of the labor force due to Long COVID. The range of the figure suggests that almost 2 percent of the labor force has been disabled. This estimate has been substantiated by the Bank of England, which recently noted that labor force participation had dropped by 1.3 percent in the UK due to "long-term sickness," i.e., Long COVID.

The pandemic has killed 260,000 working-age adults in the US, about one in 820, making it one of the leading causes of death in this age bracket. These statistics, however, only tell part of the story.

Another study published last week in *The Lancet Public Health*, which reviewed COVID-19 and excess mortality among working-age residents of California, found that essential workers in agriculture, manufacturing, transportation/logistics, facilities, and emergency services were dying of COVID at twice the rate of all workers in the state. Meanwhile, those in non-essential sectors were dying at only half the rate, or four times lower than their essential counterparts.

A study from late December 2021, published in the *International Journal of Epidemiology*, found that socioeconomically disadvantaged regions in the US experienced a 31 percent heavier mortality burden as compared to more well-off areas.

These findings are similar to those from a study conducted by the University of South Florida's (USF) College of Public Health. In the first year of the pandemic, the USF researchers found that those in low socioeconomic levels died of COVID at a rate five times higher than their more privileged counterparts. Their analysis found that 72 percent of the mortality difference was attributable to essential workers' inability to participate in remote work.

Given the socioeconomic disparities revealed in the COVID pandemic, the working class is bearing the brunt of the Long COVID pandemic.

The *Financial Times* estimated that about 100 million people worldwide have debilitating symptoms from Long COVID that "linger for 12 weeks or more, frequently leaving them unable to return to their previous working lives." But many countries do not collect the necessary data or are reluctant to share it publicly. Additionally, workers who fear losing their jobs if they tell their employers about their symptoms choose to conceal them.

The social cost of the pandemic's mass disabling event is now coming to light. In addition to disabling millions, Long COVID impacts on the lives of millions who must care for those afflicted with the disease.

Those infected require multiple visits to doctors and hospitals, if they have the resources to seek treatments, as yet undiscovered.

Clinical treatment thus remains largely guesswork. Meanwhile, appropriate medical care has failed to keep pace with patient needs. Wait times for an appointment at Long COVID clinics can be months-long, if even available at all.

The promises to fund research have yet to materialize. Many who suffer from Long COVID lack paid sick leave or, because of the nature of their work, cannot accommodate their disabilities by working from home.

Most disturbing has been the recent evidence that the injury from repeated COVID infections is cumulative. The fatigue, breathlessness, and mental drain are a product of a combination of persistent viable viruses, immune dysfunction, and injury to critical organs from micro clots that cause them to decline in function.

Dr. David Strain, a physician at the University of Exeter in England's west country, speaking with the *Financial Times*, compared the mass COVID infection as an "inversion of the huge drop in respiratory illness" that occurred in the 1980s when millions stopped or reduced smoking due to the recognition of its deleterious health consequences. As to the impact COVID has had, he said, "The level of damage that's been done to population health [during COVID], it would be as if everybody suddenly decided to take up smoking in one go."

Data from the UK has corroborated the study published by Dr. Ziyad Al-Aly based out of Washington University in St. Louis, analyzing databases at the US Department of Veterans Affairs. Both have reported a significant rise in deaths from heart disease, even among working-age adults. Rates of heart failure, diabetes, and stroke are higher among those who have recovered from COVID.

These are life-long health complications that have suddenly been exacerbated by the infection and are being compounded by repeat infections. As the *Financial Times* recently noted, "COVID generated a kind of epidemiological aftershock by leaving people susceptible to a huge range of other conditions."

Yet, attempting to apply for Social Security Disability Insurance in the United States is a nightmarish bureaucratic challenge for Long Haulers (the colloquial term for those with Long COVID). To be approved for disability, they must demonstrate objective evidence of their illness. Then they must prove the disease has been present for at least 12 months, which is problematic as the definition and diagnosis remain opaque. Worse, many don't know why they are sick or comprehend that they are eligible to apply for disability.

Many of these Long Haulers suffer from severe fatigue, shortness of breath, and brain fog that precludes them from doing even simple tasks, let alone analyzing data, making plans, and using careful judgment. Yet, insurance companies are looking for solid evidence of unavailable tests or diagnostics. As Mark D. DeBofsky, a Chicago lawyer who works for patients fighting for their benefits, told the *Washington Post*, "A lot of times the insurance company is just looking at the physical requirements and saying you have a sedentary job, and nothing precludes you from sitting at a desk all day."

In a March 2022 article titled "Long COVID through a public health lens," the authors provide a glimpse into the lives of these patients. They wrote, "Many reported functional restrictions that often require lifestyle changes, changes in physical activity levels, restricted social life, and role limitations. Neurological, cognitive, and psychological symptoms, such as anxiety or memory impairment, strongly impact daily living and quality of life, while routine activities, such as driving, and cooking can become very difficult or even impossible."

However, for the financial oligarchs, the names and faces of workers

who toil to enrich their stock portfolios count for nothing compared to their day-to-day experiences at board meetings and luxury vacation getaways.

Harvard economics professor David Cutler, who recently updated his study on the economic cost of Long COVID, gives at least an approximate estimate in dollar terms of this new mass disability.

Lost quality of life multiplies the years lost to Long COVID times an estimate that a "year in good health is worth \$100,000." Assuming Long COVID lasts five years on average, based on "slow rates of recovery observed," the implied cost is \$2.2 trillion.

Using assumptions for the number of people with Long COVID and those with severe symptoms having a 70 percent impairment in their labor force participation and this persisting for five years, the net loss in income is \$1 trillion.

Finally, the spending on medical care, estimated at \$8,731 for people with three or more symptoms, and one-third of that amount for those with less severe disease, translates to an additional \$528 billion.

The total cost reaches over \$3.7 trillion over five years, slightly less than the US military budget over the same period. Cutler wrote, "By another metric, the cost of Long COVID rivals in aggregate the cost of the Great Recession ... because Long COVID is so new, there is uncertainty about all of the numbers involved in the calculations. Still, the costs here are conservative, based on only cases to date."

The recent report on the continued decline in life expectancy in the US speaks volumes about the deeply rooted contradictions in capitalist relations that are most acute at the center of world capitalism. The voracious greed that demands the extraction of ever more surplus value from the working class is draining them not only economically, but in terms of life and happiness.

The CDC's primary role is said to be disease prevention, but the agency fails to acknowledge the role socioeconomic factors play in the population's health. And not once in their recent report on life expectancy during the COVID pandemic do they address poverty and insufferable economic conditions as the root cause of the manifestation of the disease and its spread.

The health of every person is directly tied to the productive forces and social relations that constitute the basis of society. Throughout the history of capitalism, social inequality and disease have been inextricably linked. Any genuine struggle to improve public health requires the mobilization of the working class against the capitalist system.



To contact the WSWS and the Socialist Equality Party visit:

**wsws.org/contact**