

A social and medical examination of Long COVID as a “mass disabling event”: Part 3

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This is the third of a multi-part series on Long COVID. Part one can be read here, part two here, and part four here.

The “mass disabling event” of the Long COVID disaster, for which the capitalist ruling elites internationally are implicated, amounts to one of the greatest social crimes of the past century. Not only have they allowed over 20 million people to needlessly perish, but tens of millions more have been condemned to a marginalised existence where their future is completely uncertain. The impacts of Long COVID on children and the elderly are particularly ominous.

If any society can be judged by how it treats its most vulnerable members, especially children who are the promise of humanity’s future, then by this criterion, the policy of “herd immunity” or “living with the virus” is a complete indictment of capitalism.

While it can be difficult to process, any sober assessment of the pandemic must come to grips with the fact that dominant sections of the ruling elite have viewed the COVID-19 pandemic as a positive good for lowering life expectancy and reducing pension obligations. Eugenicist conceptions of “survival of the fittest,” suppressed for decades after the horrors of World War II and the Holocaust, have been revived and disseminated through all forms of bourgeois media.

In Britain, the cold reality of the death toll together with the Tory government’s class war budget produced an estimated reduction of spending on pensions of £600 million in 2020/21 and £900 million in 2021/22. The current savings will be even greater due to a growing surge of pensioner deaths this year. These same trends have unfolded internationally.

Most recently, capitalist politicians globally have initiated a form of historical revisionism, falsely claiming that the limited lockdowns and other public health measures implemented at the start of the pandemic were in fact an overreach and caused more harm than good. They are determined to ensure that any future pandemics, which scientists have warned are increasingly likely in the coming years, will be met with no public health measures whatsoever. Under capitalism, the most vulnerable will continue to be left to fend for themselves.

Long COVID and children

Research into Long COVID in children is still at a very early stage. Estimates vary widely on how many children have the condition, as well as the likely duration of symptoms. As with adults, children who experienced mild or no symptoms on their initial infection can develop Long COVID.

On behalf of the ruling elite, in the first year of the pandemic the corporate media disseminated the lie that children could not get COVID, or that if they did the symptoms were universally “mild.” Most

infamously, at a CNN town hall event in February 2021, US President Joe Biden told a second grader, “Kids don’t get... COVID very often. It’s unusual for that to happen.” He added, “You’re in the safest group of people in the whole world.”

This lie—used to justify the full reopening of schools, in order to send parents back to work to produce profits—had already been well-refuted by numerous scientific studies.

The alarm bells on Long COVID’s impact on children were originally raised by Danilo Buonsenso, a paediatrician at the Gemelli University Hospital in Rome, who conducted interviews of 129 children ages 6-16, who contracted COVID-19 between March and November 2020 in northern Italy.

Buonsenso listed symptoms such as insomnia, fatigue, muscle pain and persistent cold-like complaints, similar to adult sufferers. Such descriptions hardly convey the debilitating nature of the condition.

In August 2020, the World Health Organization published a comment that described the Long COVID experience of Kitty McFarland, a 14-year-old child who had become infected in March 2020. Previously she was very fit and healthy and enjoyed ballet, paddleboarding, running and netball.

Kitty only initially experienced mild symptoms with a cough and flu-like fever, but later became “unresponsive.” This subsided after a few days and her health appeared to improve. About a month later, she attempted some very light exercise, but she was left bedbound for eight months as a result.

“I mainly felt dizzy and exhausted. I would faint a lot and get heart palpitations; I could be just sitting around, and my heart would suddenly leap to 190 beats a minute,” said Kitty. She went on to develop a gluten intolerance and acute abdominal pain that caused her to faint and required several hospital stays.

“Sometimes I needed help to eat all my food; at other times, I couldn’t physically lift a glass because I was so weak, which is hard to admit when you were used to being strong and active,” she related.

Visual disturbances and brain fog meant that even watching TV or trying to text left Kitty feeling nauseated and exhausted. Her mother Sammie went on to found Long COVID Kids in Britain.

Research published in *Nature Scientific Reports* last June, led by Sandra Lopez-Leon of Novartis Pharmaceuticals, estimated that 25.4 percent of children and adolescents can get Long COVID. In the UK, at least 80,000 children are believed to have Long COVID.

The Omicron variant that emerged in November 2021 was immediately heralded as “mild” without a shred of evidence. The Australian government’s Chief Medical Officer Paul Kelly phrased this sentiment in the crudest manner, branding the surge as a “very good Christmas present.” The ensuing Omicron surge would go on to kill thousands of Australians and disable tens of thousands more with Long COVID, including children.

Omicron has proven to be a disaster for children, as each new

subvariant has been more infectious. Data show that the Omicron BA.2 subvariant in particular infected a higher proportion of children.

At the height of the BA.2 surge in Hong Kong in February 2022, 1,147 children were hospitalized with COVID-19 and four died. While it is not clear how many children were asymptomatic or displaying no symptoms, they represented a new cohort of possible Long COVID cases.

Carlos Oliveira, a pediatrician at the Yale New Haven Children's Hospital, told the BBC in February 2022, "In our hospital for example, the number of children and adolescents who were diagnosed with a post-Covid condition this month is already more than three times higher than what we experienced in the summer months. Other countries are seeing similar trends."

The BBC reported in March 2022 that pediatricians running Long COVID clinics estimated that 10 percent of infected children go on to develop Long COVID.

Scientists are speculating whether Long COVID in children differs from that in adults. Children tend to not suffer from brain fog, with fatigue as a dominant symptom.

Oliveira does not believe that antibody issues are causing Long COVID in children. He told the BBC last year, "Let's say autoantibodies are the main driving cause of this disease, then those autoantibodies should be produced irrespective of age... So the prevalence of long Covid should then be the same at all ages. But we don't see that, the prevalence is lower in children."

Oliveira speculated young children with post-Covid inflammation tend to have a biomarker in their blood associated with a leaky gut, a digestive condition in which microbes from the gut seep into the bloodstream. He thought that COVID-19 was primarily a gastrointestinal issue in children, stating, "We know that both kids and adults can shed the DNA of the virus in their stools for months and months, so it's a reasonable idea that getting re-exposed to dead virus due to a leaky gut will trigger a sudden inflammatory process."

Research published last August in *The Journal of the American Medical Association (JAMA) Paediatrics* by infectious disease specialist at Children's Hospital Colorado Suchitra Rao and his team examined 659,286 children in an exploratory study for the presence of SARS-CoV-2 antigens using a polymerase chain reaction (PCR) test.

The researchers noted that the children displayed similar symptoms to those of adults, including loss of taste or smell, chest pain, fatigue or malaise, cardiorespiratory symptoms, and fever or chills. They noted that children exhibited "other features, such as abnormal liver enzymes, hair loss, skin rashes, and diarrhea, which occurred more commonly in children in the 1 to 6 months after SARS-CoV-2 infection..." Rao found that myocarditis (inflammation of the heart lining) was most associated with COVID-19 infection in children.

"We concluded that many of the symptoms children experience post-COVID-19 are similar to what is seen in adults, but there are some features more unique to children, such as myocarditis, abnormal liver enzymes, hair loss, skin rashes and diarrhea," Rao told *Science Daily*.

At the end of Rae Duncan's presentation last September on the impacts of Long COVID on the cardiovascular system, described above, she gave a very stark warning on the possible dire future for children with Long COVID associated with endothelial dysfunction due to inflammation of the lining of blood vessels. This has been proven to be a cause of future atherosclerosis (plaque or blockages in the arteries), as well as heart attack and stroke.

"I do not want our kids to be repeatedly infected every three to six months with this illness [COVID] and end up potentially, we don't know this for certain, but with blood vessels of a 90-year-old by the time they are 40," Duncan warned.

In addition to Long COVID, many children with COVID-19 have gone on to develop another condition called multi-system inflammatory

syndrome in children, or MIS-C, which typically occurs 2-6 weeks after infection. Although not the same as Long COVID, the long-term sequelae and effects of MIS-C on children can be debilitating and lethal. Both conditions require further research, which at present is nowhere near adequately funded.

Long COVID in older people

Research into the specific effects of Long COVID on older people is in its very early stages, with only a very limited number of studies. What is becoming clear is that it has meant a disaster for many senior members of society, whose physical and mental health can be severely impacted, relegating them to a very tenuous existence.

A *Washington Post* article published last June highlighted the experience of Long COVID sufferer Terry Bell, 70, who spent weeks in hospital 18 months after contracting COVID-19. He experiences difficulty with routine tasks such as hanging up his clothes. Raising his arms causes breathlessness and severe fatigue. He can only walk short distances with a cane and has lost 50 pounds since his initial infection.

An important study published in February 2022 in the *British Medical Journal* by Ken Cohen and his team at Optum Labs in Minnesota involved 87,000 people aged 65 and older who were infected in 2020. The participants were from a group of people who were being monitored before the pandemic, enabling a comparison with non-infected cohort.

The authors note that while little data is available on the impact of Long COVID on older adults, they

estimated that during the post-acute period, 32 of every 100 individuals aged 65 years infected with SARS-CoV-2 had a diagnosis of one or more new clinical sequelae that required medical attention. These outcomes included chronic respiratory failure, cardiac sequelae (including cardiac rhythm disorders and acute coronary syndromes), hypercoagulability, neurological disorders (such as encephalopathy, dementia, memory difficulties, and stroke), kidney injury, diabetes, and anemia.

They found that older people had an increased risk of Long COVID, estimating that 32 percent of older adults who survived an initial infection went on to develop Long COVID within four months. The rate for people aged 18 to 64 was 14 percent.

One of the greatest difficulties with diagnosing Long COVID in older people is that the symptoms are similar to many comorbidities experienced by seniors.

Charles Thomas Alexander Semelka, a postdoctoral fellow in geriatric medicine at Wake Forest University, told the *Washington Post*, "The challenge is that nonspecific symptoms such as fatigue, weakness, pain, confusion and increased frailty are things we often see in seriously ill older adults. Or people may think, 'That's just part of aging.'"

Liron Sinvani, a geriatrician and assistant professor at Northwell Health's Feinstein Institutes for Medical Research in Manhasset, believes that a COVID-19 infection could trigger delirium and dementia due to oxygen deprivation and inflammation. He has described COVID-19 as a "tipping point for these debilitating conditions."

Last December, research published in *International Journal of Infectious Diseases* by Vered Daich and her team from the COVID Recovery Clinic at Rabin Medical Center compared Long COVID symptoms between people over 65 and those aged 18 to 65 who visited

the facilities between May 2020 and March 2021. The study involved 2,333 people in COVID recovery clinics in Israel, Switzerland, Spain and Italy.

The researchers described the risk factors associated with the Long COVID symptoms fatigue and dyspnea (shortness of breath) and described symptoms associated with older people. They found a greater propensity for dyspnea in Long COVID patients who were obese, females, those with limited physical activity prior to their COVID-19 infection, as well as those with chronic pulmonary disease.

The study noted that “older individuals report higher rates of long COVID manifestations, with somewhat different persisting symptoms, and more pronounced pulmonary impairment.”

An opinion piece published last June in *The Conversation* by Ellen Thompson, a post-doctoral Research Associate at the Department of Twin Research and Genetic Epidemiology at King’s College London, reported on research looking at the data of 1.1 million people from English general practices.

The researchers looked at the incidence of Long COVID and how it differs by health characteristics such as age, sex and existing medical conditions. The study had commenced before the pandemic, enabling a comparison with people who had not been infected with COVID-19. They found that the proportion who reported symptoms for longer than 12 weeks ranged between 7.8 and 17 percent, while 1.2 to 4.8 percent reported “debilitating” symptoms. People aged over 70 had an increased risk of Long COVID.

Thompson also cited research showing that women were 22 percent more likely to develop Long COVID than men.

Overall, early indications are that the elderly are far more prone to Long COVID than children. However, as research remains at a very early stage, the full implications are only just emerging.

Potential longer-term impacts of a SARS CoV-2 infection are completely unknown. Viral infections such as chicken pox are well-known to reemerge as shingles several decades after the initial infection, a danger that could exist with COVID-19.

In a comment published in the *American Journal of Public Health* in September 2001, almost two decades before the emergence of the COVID-19 pandemic, Professor Emeritus in Environmental and Occupational Health Bernard D. Goldstein presciently warned, “The precautionary principle asserts that the burden of proof for potentially harmful actions by industry or government rests on the assurance of safety and that when there are threats of serious damage, scientific uncertainty must be resolved in favor of prevention. Yet we in public health are sometimes guilty of not adhering to this principle.”

By definition, given the novel character of COVID-19, scientists cannot and do not understand the full scope of the long-term impacts of Long COVID for every age group, including the most vulnerable among children and the elderly. In pursuit of profits, the capitalist ruling elites internationally have trampled upon the precautionary principle, among the most fundamental precepts of medicine and public health.

To be continued



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