

A social and medical examination of Long COVID as a “mass disabling event”: Part 4

Frank Gaglioti
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This is the fourth and final part of a multi-part series on Long COVID. Part one can be read here, part two here, and part three here.

Scientists have known for decades that viral infections like COVID-19 can lead to longer-term consequences years and even decades after the initial acute infection. Scientifically, these are known as post-viral syndromes. The long-term manifestations of the infection can appear completely different from the symptoms of the original infection. In an earlier historical period, they were treated as unrelated medical events.

One of the most reactionary aspects of the ruling elite’s response to the COVID-19 pandemic has been the refusal to accept the vital lessons learned from humanity’s long struggle against infectious diseases. Scientific knowledge was thrown out the window as public health was subordinated to capitalist profit interests.

In launching the Global Workers’ Inquest into the COVID-19 Pandemic, the *World Socialist Web Site* International Editorial Board noted that one of its aims would be to “debunk the myth that the pandemic was an unforeseeable and unstoppable disaster.” It stressed, “In the decades prior to the initial outbreak of SARS-CoV-2 in Wuhan, China... there was a mass of scientific literature, books and even films that anticipated such a pandemic.”

The same can be said of the attendant Long COVID “mass disabling event.” Although the prevalence and scope of Long COVID globally are unprecedented in human history, mankind had ample experiences with post-viral syndromes which should have redoubled efforts to contain the pandemic from the start.

Instead, when patients reported having Long COVID symptoms, they were routinely dismissed and disparaged as having psychological problems. Even after three years of the pandemic and a veritable tsunami of Long COVID cases, the condition remains largely covered up by the mainstream media and many physicians remain unaware of its vast consequences.

Long-term consequences of previous coronavirus infections

SARS-CoV-2 is a member of the coronavirus family of viruses, several of which are known to infect humans and cause more long-term symptoms.

A comment published in the *British Medical Journal* last September cited biologist Vett Lloyd of Mount Allison University, who noted, “Long covid really shouldn’t have been a surprise. When the pandemic started, the general assumption was that there were two possible outcomes to an infection—you’d either get better or die... There was no real reason to think SARS-CoV-2 should be any different than the original SARS, which also caused post-infection syndromes.”

In many ways, the outbreak of SARS-CoV-1 from 2002-2004 that hit 29

countries, infecting over 8,422 people and resulting in 916 deaths worldwide, was a precursor of the SARS-CoV-2 pandemic. Its fatality rate was 11 percent. Although the virus fizzled out by 2004, it should have been seen as a warning of a future possible pandemic. Instead, the ruling elites completely ignored the ominous signs.

In the period after the SARS-CoV-1 epidemic, scientific research published on the longer-term consequences of the virus bears a striking resemblance to what is currently being published on Long COVID.

Research published in the *Journal of the American Medical Association* in June 2007 by Catherine M. Tansey and her team at the School of Physical and Occupational Therapy at McGill University examined 117 SARS-CoV-1 survivors from Toronto, Ontario, three months, six months, and one year after being discharged from hospital.

The researchers reported that “many patients continued to report shortness of breath and fatigue as notable contributors to exercise limitation at one year.” They added, “Of the survivors, 37% were still reporting an important reduction in their physical health... at 1 year after acute care hospitalization.”

Many of the research participants also reported long-term impacts on their mental health.

In June 2012, there was an epidemic of the Middle East Respiratory Syndrome coronavirus (MERS) in the Middle East. Over 2,519 cases were reported with 866 fatalities. While most cases were confined to the Middle East, a major outbreak occurred in South Korea in 2015, infecting 186 people with 38 deaths.

According to a literature review published in *Clinical Medicine* in January 2021 by Oliver O’Sullivan of the Defence Medical Rehabilitation Centre Stanford Hall in Britain, the longer-term symptoms of MERS were similar to SARS-CoV-1, including “fatigue, persistent shortness of breath, reduced quality of life and a significant burden of mental health problems.”

O’Sullivan cited research that examined 78 people who suffered MERS infection 14 months after being hospitalised in Saudi Arabia. The researchers found that as with SARS, 48 percent showed symptoms similar to chronic fatigue syndrome one year after the initial infection, and 33 percent showed the same symptoms 18 months later.

He concluded, “Given the similarities noted between SARS, MERS... and COVID-19, it is reasonable to infer that the complications will be similar with a significant impact on long-term morbidity in a large patient population.”

The Russian flu pandemic of 1889-94 is considered the first pandemic of the industrial age. It was known to have killed approximately one million people. Although it is thought to have originated in Turkistan, it traveled across the Russian Empire, Europe, the US and internationally in successive waves. Recent research indicates that the Russian flu was caused by a coronavirus.

An October 2020 paper by researchers Mark Honigsbaum and Lakshmi Krishnan published in *The Lancet* quoted a 1892 letter by Josephine

Butler, a victim of the Russian flu, describing symptoms reminiscent of Long COVID. She wrote, “I don’t think I ever remember being so weak.” After three months, Butler had experienced little improvement, writing, “I am so weak that if I read or write for half an hour I become so tired and faint that I have to lie down.”

With little understanding of the condition, observers at the time gave many names to the post-viral condition, including neuralgia, neurasthenia, neuritis, nerve exhaustion, “grippe catalepsy,” “post-grippal numbness,” psychoses, “prostration,” “inertia,” “anxiety,” and “paranoia.”

The German-born neurologist Julius Althaus working in London presciently stated that “there are few disorders or diseases of the nervous system which are not liable to occur as consequences of grip (epidemic influenza).”

The authors cite medical investigator H. Franklin Parsons, whose final report for England’s Local Government Board on the “1889–92 epidemic” in 1893 reported that further severe outbreaks of this post-viral condition were observed in 1893, 1895, 1898, and 1899–1900.

“The official end of the pandemic, therefore, did not mean the end of illness but was merely the prelude to a *longue durée* [long duration] of baffling sequelae,” Honigsbaum and Krishnan stated.

The historical record of post-viral syndrome for other viral infections

The pattern of post-viral syndrome with coronavirus infection is repeated for other species of virus. Overwhelmingly, debilitating fatigue seems to be a common symptom, often referred to as chronic fatigue syndrome (CFS), also called myalgic encephalomyelitis (ME) or ME/CFS. It is beyond the scope of this article to examine the entire plethora of viruses that cause post-viral syndrome or ME/CFS, but the sample considered here demonstrates the general rule.

The most devastating pandemic to strike humanity in the twentieth century was the 1918–19 influenza pandemic that is thought to have killed 17–50 million people. Some historians put the toll at 100 million, making it possibly the deadliest pandemic in human history so far. The pandemic was caused by the H1N1 Influenza virus.

Although the pandemic is commonly called the Spanish flu, its actual place of origin is uncertain. There is evidence it began in Kansas and spread as American soldiers stationed there were deployed to World War I, although this place of origin is debated. Regardless, the pandemic started towards the end of World War I and spread around the world in successive waves, two in 1918 and a third in 1919 and 1920.

A paper published in the journal *Fatigue: Biomedical, Health & Behavior* in June 2020 by Mohammed F. Islam and his team from the Center for Community Research at the University of Chicago noted:

Of those who survived, some experienced complications during recovery. For example, one report stated that “of 1,000 cases of influenza, about 200 patients did not fully recover” and, of these, about 40 remained severely ill. Physical exertion was cited as a factor deterring recovery or even leading to death. Fatigue was one of the most common longer-term consequences of the Spanish Flu.

The virus varicella-zoster, which causes chicken pox, can manifest itself as shingles several decades after the initial infection. The two conditions were not definitively connected to the same virus until the 1960s. This virus in particular highlights the criminality of ignoring the long-term impacts of the SARS-CoV-2 virus, as it proves that is impossible to know

the further possible effects of the virus decades into the future.

A November 2015 historical review published in the *Journal of the Neurological Sciences* by neurologists Kristin M. Galetta of Harvard Medical School Boston and Don Gilden of the University of Colorado outlined the historical development of an understanding of varicella-zoster.

The existence of chickenpox (and shingles) was known from ancient times. The Roman encyclopedist Celsus (c. 25 BC – c. 50 AD) used the term “herpes zoster” to describe rounded lesions that spread like a belt across the skin. The word “zoster” derives from Greek and Latin for the word “belt.” The word “shingles” derives from the medieval Latin word “cingulus” meaning “girdle,” referring to the characteristic skin lesions often around the waist.

In the early 19th century the condition was considered a disorder of the sensory ganglia. In 1892, Hungarian pediatrician James von Bokay suggested a connection between the two disorders. In the 1920s B. Lipschutz and K. Kundratitz conducted an experiment where they inoculated subjects with fluid from a ruptured shingles blister, resulting in the development of symptoms similar to chicken pox.

It wasn’t until 1965 that Robert Edgar Hope-Simpson postulated that shingles was caused by the reactivated chickenpox virus due to a waning of the immune system. Definitive proof that the virus lay dormant in sensory ganglia wasn’t provided until the publication of research in *Nature* in December 1983 by medical scientist Donald H. Gilden et al.

The centuries-long struggle to understand the chickenpox virus demonstrates that scientific progress is never instantaneous nor straightforward, but the result of protracted research by many scientists over a long period of time. This makes the precautionary principle so critical in the current pandemic: when the evidence isn’t yet available, then public health measures should be activated to avoid the proliferation of the SARS-CoV-2 virus.

The Ebola virus first emerged in sub-Saharan Africa in 1976, and there have been subsequent waves of infection ever since. It is a devastating viral disease known to kill 25–90 percent of those infected, about 50 percent on average. The long-term effects on survivors of the infection are called post-Ebola syndrome.

Research published in the journal *Clinical Infectious Diseases* in September 2021 by Nell G. Bond and her team examined 375 Ebola survivors and 1,075 contacts. The original outbreak occurred in West Africa in 2013–16, resulting in more than 28,000 cases and 11,325 deaths. It was the largest outbreak up to that time. The paper presents an in-depth characterization of post-Ebola syndrome more than two-and-a-half years after the initial infection.

The study found that there were

very high levels of constitutional symptoms such as fever (27.9 percent) and headache (38.1 percent) as well as MSK (musculoskeletal) symptoms such as joint (39.1 percent) and muscle pain (24.5 percent) in EVD (Ebola virus disease) survivors. Ocular symptoms were also highly prevalent in EVD survivors. Interestingly, survivors frequently complained of neurologic symptoms such as numbness/tingling (14.3 percent) and psychiatric symptoms such as difficulty sleeping (14.2 percent) and nonsensical vocal outbursts (13.7 percent).

A *Clinical Infectious Diseases* journal editorial cited a 2001 study that listed post-Ebola syndrome symptoms one year after the initial infection as “abdominal pains, loss of vision, loss of hearing, impotence, bleeding, psychological problems, and general weakness... about 25 percent of survivors still report to the clinic... [they] have become poorer... unable to

perform simple exercises such as riding a bicycle.”

Epstein-Barr virus (EBV) is a herpes virus and is considered one of the most common viruses known to afflict humans. According to the National Center for Immunization and Respiratory Disease in the US, about half of all five-year-old children and about 90 percent of adults have evidence of previous infection.

During initial infection, EBV can cause fatigue, fever, inflamed throat, swollen lymph nodes, enlarged spleen, swollen liver and rash, although many are asymptomatic.

EBV has been identified as possibly causing several debilitating conditions in the period after initial infection. It has been described as a risk factor for ME/CFS, a debilitating illness where symptoms of extreme fatigue increase after exercise or mental effort, known as post-exertional malaise (PEM). Long COVID sufferers experience similar symptoms.

Further research has implicated EBV in causing several debilitating conditions. A review paper published in the *Frontiers in Immunology* in November 2021, led by medical scientist Manuel Ruiz-Pablos from the European University of Madrid, cited various studies that listed rheumatoid arthritis, systemic lupus erythematosus, Sjögren’s syndrome, multiple sclerosis, myasthenia gravis, diabetes mellitus type 1, fulminant type diabetes, celiac disease, autoimmune thyroiditis, Hodgkin and non-Hodgkin lymphoma as possible long-term consequences.

Although EBV was first identified in 1964, scientists still have not proven definitively the long-term consequences of infection.

Conclusion

As this partial review of previous post-viral illnesses makes clear, the development of Long COVID was foreseeable and clearly identified at the very beginning of the pandemic. Although scientists and Long COVID advocates warned consistently of the long-term consequences of mass infection with COVID-19, citing known precedents as proof, they were silenced by capitalist governments on behalf of the ruling elites.

When principled medical practitioner Dr David Berger in Australia issued warnings of the mounting dangers of Long COVID, he was threatened with disciplinary action by governmental authorities as they attempted to suppress his democratic rights. Throughout the pandemic, many other principled scientists were similarly censored and attacked by far-right and ostensibly liberal politicians globally.

Last September, after US President Joe Biden falsely claimed that “the pandemic is over,” dozens of demonstrators affiliated with the patient advocacy group #MEAction protested outside the White House, chanting, “Biden lied, we died, ME treatments now!” and “The pandemic is not over! Biden’s lies are costing lives!”

This powerful demonstration was ignored by the Biden administration and met with nearly universal silence in the corporate media.

Most recently, the Democrats and Republicans have colluded to end the pandemic declarations of emergency, capping off the lifting of all mitigation measures and the dismantling of all data-tracking systems. Beginning on April 1, the expansion of Medicaid at the beginning of the pandemic is now being completely rolled back, under conditions in which potentially millions of Medicaid recipients are now suffering from Long COVID.

The same processes are unfolding globally. The pandemic and the deepening Long COVID catastrophe are being covered up and ignored by capitalist politicians, as well as a range of pseudo-left organizations which claim to be socialist, but in fact fully support capitalism.

The only political party which has not and will not ignore the dangers of the pandemic, in particular the ongoing the threat of Long COVID, is the

International Committee of the Fourth International (ICFI), which publishes the *World Socialist Web Site*.

As part of the Global Workers’ Inquest, the WSWs has interviewed numerous Long COVID patients from throughout the world. We encourage any Long COVID patients and advocates who wish to share their stories, as well as scientists who have researched the condition, to take part in the Inquest.

As this review of Long COVID makes clear, capitalist governments internationally are rolling back all the scientific gains of public health developed by mankind over centuries, in favor of the short-term profit interests of the capitalist corporations.

In 1926, the great Marxist revolutionary Leon Trotsky warned in a reply to British empiricist philosopher and mathematician Bertrand Russell, “Logical arguments, even if elevated by Russell to the status of mathematical formulae, are impotent against material interests. The ruling classes will sooner condemn all civilization, including mathematics, to ruin rather than renounce their privileges.”

Trotsky’s warning takes on new meaning amid the COVID-19 pandemic. The research shows conclusively that society is being subjected to a deepening disaster that will continue to disable millions more until the pandemic is stopped. Due to ongoing viral evolution and the unknown longer-term impacts of COVID-19, even more dire consequences may emerge in the future, but the capitalists continue to plunge headlong into this disaster.

It is necessary to stop this “mass disabling event” in its tracks. This requires an international movement of the working class, in alliance with scientists and medical practitioners opposed to the homicidal pandemic policies, in a struggle for a Zero-COVID global elimination strategy. We call on all of our readers to join this fight today.

Concluded



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