

Australian parliamentary inquiry into Long COVID downplays crisis

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Published on April 24, an Australian parliamentary report, “Sick and tired: Casting a long shadow,” gave Long COVID sufferers a voice but minimised the impact of the ongoing pandemic and the resulting Long COVID crisis.

The inquiry, commissioned last September, received 566 submissions, many from Long COVID sufferers. Scientists and doctors testified to the high level of concern.

Hundreds of sufferers outlined the debilitating nature of their condition, especially brain fog. Many related the difficulty in getting a diagnosis or getting access to suitable treatment. Their submissions form an appendix to the report.

Mary Klestadt, for example, related: “I had gone from a person who had a full and busy life, ran (a) communications (business) and a web site ... to someone who could barely hold a conversation and couldn’t manage paying bills.”

One submission outlined the situation of a family member who contracted COVID working in an aged care facility.

“Their Long COVID symptoms include ongoing fatigue, headaches, coughing, breathing problems, trouble sleeping, difficulties focusing on tasks due to fatigue and an ongoing feeling of ill health. My family member has no access to any Long COVID specialised treatment clinics in their area in regional Victoria, with most being located in city/metropolitan areas.”

Another submission stated: “Being a patient suffering Long Covid in Australia is horrendous. Diagnosis is very slow, GPs (General Practitioners) are hard to book, there is no real knowledge and no real diagnosis, no medication to help symptoms because they are simply thought they will eventually resolve after months of suffering.”

The WWSW has correctly characterised Long-COVID as a mass disabling event that will have devastating consequences for generations as the pandemic rages on. As our series reported, Eric Jeffrey Topol and his team published a study in *Nature Reviews Microbiology* in January that estimated that 65 million people are now suffering from Long COVID worldwide. This is undoubtedly an underestimate of the true extent of the crisis.

There is no national registry of Long COVID cases in

Australia. Estimates of the prevalence depends on the definition of Long COVID applied. According to the Burnet Institute, 500,000 adults have Long COVID in Australia.

This toll could more than double by the end of this year. Kirby Institute epidemiologist Raina MacIntyre’s submission to the inquiry reported: “The model estimated that with a vaccine-only policy and no other efforts to mitigate transmission, almost all Australians will be infected at least once in the time window from January 2021 to August 2023. The total people with Long COVID by December 2023 is 1,323,482, with 43,910 of these being children 0-4 years of age.”

This is an indictment of the Labor government’s role in presiding over the elimination of all mitigation measures, leaving the population subject to the pandemic.

The inquiry was chaired by Labor politician Dr. Mike Freelander. His introduction to the report declared: “There is much that we do not understand about the virus, such as the fact that it is likely changing from being an acute pandemic virus to now an endemic form.”

This depiction of the pandemic as transitioning to an “endemic form” is a pseudo-scientific justification for the elimination of all mitigation measures aimed at controlling the virus.

As explained: “The term ‘endemic’ implies a predictable and controllable level of disease in a given geographic region.”

In reality, the SARS-CoV-2 virus that causes COVID-19 continues to evolve, producing immune system-evading variants. The latest subvariant Omicron XBB.1.16, given the name “Arcturus,” which emerged in India, is spreading globally. It has been detected in 33 countries, including Australia, and is expected to become the dominant variant.

The parliamentary report stated: “Evidence received throughout the inquiry highlighted that currently, the only way to certainly prevent Long COVID is to avoid any COVID-19 infection. To this end, the Committee turned its attention to how Long COVID can be prevented through COVID-19 vaccines, antiviral treatments for COVID-19,

and reducing transmission by improving indoor air quality and ventilation.”

This statement leaves out the fact that the federal Labor government and its state and territory counterparts have scrapped all remaining safety measures, including mask and vaccine mandates and isolation requirements, and closed COVID testing and contact tracing facilities. So there is no effective surveillance of the spread of the virus, ensuring that most of the population has been infected.

The report presented estimates from the Department of Health and Aged Care, based on serological surveys of blood donors, that two-thirds of the population had been infected by August 2022. Infections would have substantially increased since then.

Anecdotal evidence was presented at the inquiry of people being infected several times, thus heightening their chance of contracting Long COVID.

The Omicron variant surge in December 2021 was used by governments internationally as an opportunity to end safety measures in order to reopen the economy. Without any evidence, they proclaimed the variant to be less virulent. In Australia, the Chief Medical Officer Paul Kelly put this in its crassest form when he said the Omicron variant could be his “number one Christmas present.”

The report claimed: “Evidence is emerging that most people with Long COVID will recover.” But Long COVID is still little understood and the possible long-term consequences cannot be known currently. It is well established for chicken pox that its long-term manifestation, shingles, may not appear for several decades.

In her submission, MacIntyre provided a chilling assessment of the proportion of Long COVID sufferers who would never recover from Long COVID: “Over 3 percent of the 0–4-year-old age group are estimated to never recover, while almost 1 percent of 5–19-year-old and over 6 percent for the population 20+ years old were estimated to never recover.”

The report declared: “The importance of mask wearing, physical distancing, hygiene and taking other health precautions when visiting high-risk settings cannot be underestimated. However, the enforcement of these health measures is largely at state and territory government discretion, and to varying extents, now a matter of individual responsibility.”

This promotion of “individual responsibility” is to absolve governments of any obligation for ensuring public health. One of the greatest achievements of science, originating in the Renaissance, was the development of public medicine to fight the scourge of pandemics. The science of public medicine and all its gains over centuries have been ditched in the drive for the profit interests of the ruling class.

Academic Nick Dregenberg pointed out in his submission: “The public is asked to individually manage their risk of infection, but the data they might use to do that, such as testing/case data linked to location, is being removed from public dashboards, and testing and reporting is optional. You can’t manage a risk you can’t see. And in workplaces staff are not told of other infected colleagues.”

According to the Burnet Institute submission, the “nature and prevalence of Long COVID in Australia is not unique compared to other countries.” Yet the report questioned “whether international Long COVID prevalence studies are applicable to the Australian context.”

In support, it cited the federal Department submission that “most people in Australia who have had COVID-19 have been infected with the Omicron variant, which has been the dominant variant in Australia since December 2021. Infection with Omicron has been associated with a lower risk for Long COVID than infection with the Delta variant.”

This is a reassertion of the unfounded claims that Omicron is less virulent.

The committee’s recommendations, based on these faulty premises, promote the use of vaccines and antivirals, along with improved ventilation in buildings. These measures will do nothing to alleviate the condition of people who already have Long COVID. Nor does it reinstate the other mitigation measures necessary to combat the pandemic, such as mask mandates, contact tracing and isolation where necessary.

The government has not formally responded to the report. Health and Aged Care Minister Mark Butler said on April 24 that it would contribute \$50 million to research into Long COVID, on top of \$19.6 million already being spent. This is minuscule compared to the huge emerging crisis and the complexity of the condition.



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