Long COVID specialist tells US Senate that “the best way to prevent Long COVID is to prevent COVID in the first place!”

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Four years late, and amid the second largest wave of COVID infections, where models based on wastewater data indicate that close to 100 million Americans have been infected since mid-October, the US Senate Committee on Health, Education, Labor, and Pensions held the first congressional hearing on Long COVID, the mass disabling condition that can affect one in 10 people with rates increasing with each reinfection. On the day the hearing took place, about 1.6 million people were infected with COVID and upwards of 160,000 people can be expected to develop post-acute COVID syndromes.

In one sense, the hearing was remarkable, because it provided at least some honest assessments of the real state of the pandemic and its devastating impact on the population of the US, and by extension, the rest of the world. But it entirely avoided the role successive administrations have played in facilitating the onslaught. The ruling classes in the US and around the world have adopted the policy of “forever COVID.” Mass death, eugenics, disease and disability have all been “normalized.”

At no point did Senator Bernie Sanders, chair of the committee, nor any other member acknowledge the scale of the current mass infection or demand a massive reinvestment in halting the progress of the pandemic and the reinstatement of the emergency measures to fund these efforts.

In other words, the entire hearing amounted to be window dressing for a horror show for which the federal government and the elected officials have no inclination to acknowledge and no qualms about allowing it to continue unchecked. What was left unsaid was the massive funding that could end the pandemic must be used instead in prosecuting the wars of empire that include continued support for the war against Russia in Ukraine, unquestioned support of Israel’s genocidal slaughter of Palestinians, and risking a global military conflagration that would embroil every country across the globe in a bitter conflict that would dwarf the near 30 million death toll from the COVID pandemic.

As Dr. Ziyad Al-Aly, a physician-scientist at Washington University in St. Louis who is a leading expert on Long COVID, with numerous high-impact publications on the devastation wrought by COVID-19 infections, stated bluntly during his testimony, “The best way to prevent Long COVID is to prevent COVID in the first place. This requires a multilayers/multipronged approach. We must develop sustainable solutions to prevent repeated infections with SARS-CoV-2 and Long COVID that would be embraced by the public. This requires acceleration of development of oral and intranasal vaccines that induce strong mucosal immunity to block infections with the virus. Ventilation and air filtration systems can also play a major role in reducing the risk of infection with airborne pathogens. We did an amazing job proofing our buildings against earthquakes that happen once every few decades or few centuries. Why don’t we proof our buildings against the hazards of airborne pathogens?”

However, given the mass rates of infections and the complete dismantling of all systems that track and trace, including guidance on how to manage and prevent infections, the surest and obvious first efforts to “prevent COVID” in the first place is to acknowledge the crisis of the pandemic and implement the basics of public health and pandemic controls on an international scale. Indeed, prevention is the only real solution to the ongoing global crisis whose roots are intimately tied to the crisis of capitalism.

Halting the pandemic also means the opportunity for health systems and health resources to be redirected to the needs of addressing what Dr. Al-Aly called Infection-Associated Chronic Conditions (IACC), which include a host of other viral infections that cause chronic syndromes and prepare the world for the next pandemic at the same time.

As he noted in his testimony, “At least 20 million Americans are affected by Long COVID. It affects people across the lifespan—from children to older adults. It affects people across race, ethnicity and sex. The burden of disease and disability in Long COVID is on par with heart disease and cancer. Long COVID has wide and deep ramifications on the labor market and the economy—some estimates suggest that the toll of Long COVID in the US economy is $3.7 trillion—on par with the 2008 recession.”

Senator Bernie Sanders, chair of the committee, who opened the hearing, acknowledged Long COVID is a very serious illness, with conservative estimates of 16 million suffering from the disabling condition. It includes more than 200 symptoms, including serious cognitive impairment and severe cardiovascular and neurological problems that can last for weeks, months, and sometimes years after initial infection. It can trigger disabling conditions like extreme fatigue, shortness of breath, impairment of consciousness and psychiatric dysfunction that for many leads to contemplation of suicide.

But neither in his opening remarks, or at any other time, did he suggest a return to the policies of mitigation through lockdowns, mask wearing and contact tracing, long abandoned by the Biden administration, let alone a full-scale campaign to eliminate the virus altogether.

The three Long COVID witnesses on the first panel—Angela

Meriques Vazquez, Rachel Beale, and Nicole Heim—provided compelling testimony about both their personal disabling conditions (or those of their family members), and the utter bankruptcy of the health systems to acknowledge and treat their condition.

Angela, previously a long distance runner, is barely capable of doing her daily work, relies on her medical insurance to access care, and still pays out more than $4,000 out of pocket to get the medicines and specialized treatments she desperately requires. She told the committee, “Unlike me, at least half to nearly two-thirds of surveyed Long COVID patients could not work full-time, according to research conducted by the Patient-Led Research Collaborative, a group of patients with Long COVID that started their peer-reviewed research through our Body Politic support group. Many patients like me experience deep fatigue along with neurological and cognitive symptoms that make it difficult to drive, make decisions, remember instructions, follow conversations, and plan ahead.”

Each witness recounted the frustrations they felt with the multiple doctor visits, facing long waits for specialists, lack of Long COVID clinics for referral, failure to fund necessary research on Long COVID, and being marginalized by the health systems as hypochondriacs or neurotics.

Rachel Beales, who used to work as Human Resources Director at a community college in Sedley, Virginia, said, “I had a very full life before I got sick. Long COVID has affected every part of my life. I wake up every day feeling tired, nauseous, and dizzy. I immediately start planning when I can lay down again. There are many days when I sleep all day. On my good days I get about two to three hours of energy.” She had been denied twice for Social Security Disability Insurance, and the case is on appeal.

She concluded, “When I think about what comes next, I just don’t know. Full recovery seems out of reach for me. I’ve been sick for almost three years. It feels like there hasn’t been much progress in Long COVID research … for now I am trying to make peace with my situation. It makes me sad to think about my future. This may be as healthy as I get.” Indeed, as of now, there are no FDA-approved treatments for Long COVID.

Dr. Tiffany Walker, an assistant professor of medicine at Emory University School of Medicine, who co-founded the Long COVID clinic at Grady Memorial and is a principal investigator for many of the ongoing RECOVER trials, equated the current crisis with Long COVID as roughly equal to the rate of diabetes mellitus in the population, a disease for which there is substantial healthcare and research funding.

She said, “We know that long haulers are more likely to be unemployed or work reduced hours, with one estimate reporting nearly half were unable to work at all. This is corroborated by recent CDC data showing that over a quarter of long haulers suffer from significant activity limitations. This level of disability also mirrors that seen in diabetes, for which $30 billion of indirect costs is spent annually on reduced employment due to disability. The duration of this disease remains unknown; however, there is mounting evidence supporting significant overlap between Long COVID and pre-existing infection-associated chronic diseases such as myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) and dysautonomia, which are known to be debilitating and can persist in individuals indefinitely.”

Dr. Al-Aly, in his testimony, also remarked:

> The current research effort on Long Covid does not match the scale and the urgency of the problem. Research effort must be commensurate with the burden of disease caused by these infections. And it should be executed with a sense of urgency.
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> The US should consider the establishment within the National Institutes of Health of an Institute for Infection-Associated Chronic Illnesses with a budget of at least $1 billion per year to address the complexity and multisystemic nature of Long Covid, ME/CFS and other IACC. Because pandemics will continue to happen (and their frequency will likely be higher in the 21st century than in the 20th century), and because pandemics will likely produce in their wake droves of people with chronic disease and disability, understanding how infections cause chronic illnesses should also be a cornerstone of pandemic preparedness and resilience.
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> An NIH institute for the study of Infection-Associated Chronic Conditions will help us address the needs of Long Covid, other IACC and position us to be more optimally prepared for the next pandemic. I urge the US Congress and the Executive Branch to work together to materialize this. You have an historic opportunity to act. The lives of millions of Americans now and in the future depend on this.

Rather than address the issues of which they are quite well informed, raised by the witnesses and expert panels, the committee members utilized the moment to simply shed crocodile tears at the decrepit state of the health system, or promote once more the unfounded lab-leak conspiracy for the cause of the current crisis, offering little more than platitudes and empty promises. However, each one of them is complicit in the crisis of the ongoing pandemic and is responsible for the deaths and misery of their constituents.

The pandemic, as a trigger event, has accelerated the rot at the core of bourgeois democracy that is unable to address any of the maladies that have been created out of capitalist production. The Senate hearing on Long COVID is an exercise in futility for those who continue to harbor illusions in reform. The struggle against the global pandemic requires the mobilization of the working class on the basis of a revolutionary perspective, to provide both care for those already sick and the maximum preventive measures to halt the spread of the infectious disease.