

# Hidden Long COVID crisis deepens in New Zealand

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February 28 marked four years since COVID-19 was first reported in New Zealand. Today, the virus is still circulating, with new strains, including the more infectious variants like JN.1, having arrived two years after the Omicron variant became widespread.

Initially, with strict border controls and lockdowns imposed by the Jacinda Ardern-led Labour Party government, New Zealand was largely successful keeping the pandemic at bay.

However, under pressure from big business and the media, Ardern abandoned the government's elimination policy in late 2021 and adopted the criminal "let it rip" agenda that has killed more than 27.4 million people globally. Last year Ardern's successor, Chris Hipkins, announced the formal end of all remaining public health measures.

The policy has been reinforced by the recently installed far-right National Party led coalition government. Health NZ last month declared that household contacts of people with COVID-19 no longer need to test daily unless they develop symptoms. Rapid antigen tests (RATs) will likely only be available free until June, with the government non-committal about paying for more.

On April 2, Health NZ declared that 3,399 new cases, of which 67 percent were reinfections, had been reported the previous week, with seven more deaths attributed to the virus. Nationwide wastewater readings suggest that the real number of cases is twice as high.

Despite ongoing attempts by the political establishment to convince the population that the COVID pandemic is "over" or no worse than seasonal influenza, in 2023 the coronavirus caused more than 12,000 hospitalisations and 1,000 deaths.

Total deaths in New Zealand attributed to COVID will pass 4,000 this week, but the real toll is likely higher. According to Health NZ there are 226 deaths that may or may not be COVID-related, and 1,773 people who died

shortly after being infected with COVID, but whose deaths have been deemed unrelated to COVID.

Otago University epidemiologist Michael Baker warned in the *Conversation* last month that a fifth wave of the virus, which entered the country during the summer, was significantly larger than the fourth wave, signaling that "we cannot rely on the comforting assumption that COVID will get less severe over time." Baker condemned the "growing pandemic complacency" from political leaders and sections of the public.

The government is doing its best to bury any evidence of the ongoing dangers. Last week Health Minister Shane Reti and Finance Minister Nicola Willis falsely claimed that they had established a Long COVID expert advisory group as part of the government's response. Health NZ was forced to reveal the group was actually established in 2022 but disestablished the same year.

Baker and colleagues, including Amanda Kvalsvig (Otago University) and Matire Harwood (Auckland University) are meanwhile turning their attention to the "undercounting" of Long COVID.

International evidence indicates that between 5 to 15 percent of all infections can lead to Long COVID, which can persist for up to four years, with symptoms that fluctuate from mild to severe. With every re-infection, the chances of developing Long COVID increase, and there is no known cure.

According to the New Zealand researchers, there are more than 200 individual symptoms linked to Long COVID, with the dominant ones being fatigue and brain fog. While some are mild and transient, other effects can be life-altering, including heart attacks, strokes, diabetes, chronic fatigue syndrome and a range of neurological effects.

Baker said in a Radio NZ interview that Long COVID can be damaging to the "entire population," and can affect the brain development of children and teenagers. It

can also impact on foetuses. In response, Minister Nicola Willis flatly said the government would not commit to adopting any minimum standards to prevent it.

According to Professor Kvalsvig, teachers are the most vulnerable occupation to getting COVID, and therefore Long COVID, followed by healthcare workers. Some who had the virus early in 2020 are still not well. “So the experience of being not listened to and not believed has been very harmful for them alongside the very considerable health impacts that they’ve had from Long COVID,” she said.

Culpability for the dire situation in schools rests with the teacher unions, the NZ Educational Institute (NZEI) and Post-Primary Teachers Association (PPTA). Both opposed demands to close the schools when the pandemic first hit, and assisted in reopening them after Labour ended the zero-COVID policy.

Neither union has mounted any campaign, or called strike action, to protect the health and safety of teachers and students. Nor have they raised any demands for nationwide protections, such as the provision of air filters, to minimise in-school impacts.

In a sign of the measures that will be used in workplaces, hospitals and elsewhere, Associate Education Minister David Seymour—the leader of the far-right ACT Party—recently declared that parents should send sick children to school in the name of combating a so-called “truancy crisis.” Seymour stated last week: “As we move out of a COVID period—or have moved out of a COVID period—we’ve got to look at other challenges we face like not enough kids going to school.”

This criminal policy has nothing to do with helping children learn. The aim is to ensure that parents keep working without being interrupted to care for their sick children.

Presenters to a webinar on April 3 titled “Long COVID—Are we taking it seriously enough?” organised by the Helen Clark Foundation, said that a Long COVID registry, established in July last year, showed that most sufferers were in the mid-40s age bracket, often needing to work while looking after households. Most were healthy before COVID. Researcher Paula Lorgelly said many now have a quality of life similar to patients suffering cancer and multiple sclerosis.

Patient advocate Jenene Crossan said that because of the absence of “bio-markers,” large numbers of people do not even know they have Long COVID. Trying to get a diagnosis was like the “wild west,” and doctors lacked the time and resources to deal with chronic conditions.

Baker warned that schools and workplaces are “cutting corners” on safety. He called for a “massive cultural shift,” saying it should not be regarded as “normal” to get multiple respiratory infections “over and over again.” The government needed to “take the leadership” and insist such a situation is “intolerable,” Baker said.

However Baker, who was a Labour government advisor, well knows that the perspective of trying to pressure any government has proven to be a dead end. When Labour abandoned its elimination policy and subsequent health protections it did so against the advice of the vast majority of public health experts.

The National-ACT-NZ First government has already made its intentions clear. With hospitals facing overcrowding, understaffing and a lack of resources, vital funding is being cut. Last week the Health Ministry announced 134 jobs would be axed as it seeks to slash its budget by \$78 million by 2025.

The attitude of New Zealand’s ruling elite to the lives and well-being of the working class was summed up by ACT Party MP and Minister for Workplace Relations Brooke Van Velden, who blurted out last year when she was the party health spokesperson: “When it came to COVID, we completely blew out what the value of a life was, completely, I’ve never seen such a high value on life.”

A strategy to eliminate COVID-19, which is an international issue, includes mass testing, contact tracing, the safe isolation and treatment of infected patients, the universal use of high-quality masks, and the provision of clean indoor air. There must be a vast expansion in funding for Long COVID research and a systematic program of scientific education.

Such a strategy, however, will never be implemented under capitalism, which subordinates all public health spending to the insatiable profit interests of the financial oligarchy. It requires a turn to the working class and the building of a mass socialist movement fighting to restructure society on the basis of social need, not private profit.



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