

The deepening toll of Long COVID after 5 years of the pandemic

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The World Socialist Web Site is publishing a series of articles to mark the five-year anniversary of the start of the COVID-19 pandemic, along with a comprehensive accompanying timeline. To get involved in the fight for a socialist public health program, fill out the form at the bottom of this article.

This article takes stock of the cumulative long-term impacts of the COVID-19 pandemic, which are staggering and growing. The capitalist response to the pandemic has exacted a stark toll of mass death and disability, while accelerating social inequality and initiating the destruction of the world's public health infrastructure.

Furthermore, despite the repeated and false claims by the ruling class and its bourgeois press, the pandemic is ongoing and both COVID-19 and Long COVID remain significant health risks for the entire world population. The most recent and brazen salvo in the ruling elites' incessant propaganda campaign portraying the pandemic as over came as the Trump administration canceled \$11.4 billion in COVID-19 grants to state and local health departments and revoked all long COVID research grants, stating:

The COVID-19 pandemic is over, and HHS will no longer waste billions of taxpayer dollars responding to a non-existent pandemic that Americans moved on from years ago.

This is a blatant lie. Fresh off the tenth wave of mass infection in the US, which spanned from mid-December to late March, the world is poised to enter its eleventh wave, with the new LP.8.1 variant of the SARS-CoV-2 virus now predominant. The current levels of SARS-CoV-2 virus in US wastewater correspond to approximately 400,000 new infections per day, resulting in over 140,000 new cases of Long COVID and 1,000-1,700 excess deaths per week in the US alone. Extrapolated globally, likely over 20,000 people continue to die each week from COVID-19 or associated long-term damage.

Thus it is a particularly pervasive and pernicious practice of the bourgeois media to refer to the pandemic in the past tense. In doing so, they are erasing the deaths of thousands each week, as well as the suffering of literally hundreds of millions of people globally who are afflicted with Long COVID, while covering up the ongoing risks faced by everyone.

It is important to state clearly that the Trump administration's false assertion of the end of the pandemic was enabled by his predecessor Joe Biden, who notoriously declared "the pandemic is over" in an interview in September 2022. At that time, there were 800,000 infections per day. Since then, five additional waves of the pandemic have occurred, while the death toll has grown by at least 7 million worldwide and by 250,000 in the US.

The long-term impacts of the pandemic, as reviewed here, will tragically continue to mount unless robust public health measures are taken. Even then, if COVID-19 were eradicated today, the ruling elites' socially criminal response to the pandemic has already baked in enormous damage not yet manifest but which will emerge as future death and disability.

The overall health impacts of the COVID-19 pandemic

The pandemic has claimed approximately 30 million lives, a figure which comes from a standard epidemiological method known as "excess deaths." If the number of deaths during the pandemic exceeds the expected number based on pre-pandemic trends, this method ascribes a proportion of the excess deaths to COVID-19. Many of these excess deaths are attributable to the long-term impacts of COVID-19 on the heart, brain, kidneys, etc.

A recent study by the Swiss Re Institute found that under its optimistic scenario, excess deaths due to COVID-19 in the United States and United Kingdom will continue through 2028. Under its pessimistic scenario, they will continue through 2033 and beyond.

The excess deaths estimate is far more reliable than the official totals reported to the World Health Organization (WHO), as virtually every country in the world has dismantled its pandemic surveillance systems. To date, countries globally have reported 7 million *confirmed* deaths to the WHO.

This is a vast undercount, especially in nations without the means required to properly collect and report data. For example, India, with a population of 1.4 billion people, has reported only 500,000 confirmed deaths due to COVID-19, but has an estimated excess death toll of 6 million.

Deaths from COVID-19 caused the first decline in global life expectancy since World War 2, a fall of 1.8 years to 71.4 years old. This decline erased a full decade of gains in life expectancy prior to the pandemic. In the US, life expectancy still has not regained its pre-pandemic high of 78.8 years in 2019.

The COVID-19 pandemic is also a mass disabling event. In the US alone, Census data indicate that the number of adults reporting a disability has surged from a baseline of 30 million to nearly 35 million since the pandemic began, an increase of over 12 percent.

The increase in disability has affected young and old alike. According to Federal Reserve Economic Data (FRED), the number of women aged 16 to 64 years with a disability has increased by 1.12 million individuals or by 46 percent from February 2020 to February 2025. For men of the same age, the figures are increases of 0.589 million and 21 percent.

The net effect of these numbers is that at any given time, approximately 1 million Americans are out of the workforce due to the persistent

disabling effects of COVID-19 or Long COVID. Globally, the annual economic cost of worker disability due to Long COVID is \$1 trillion.

The cumulative toll of Long COVID

Over 400 million individuals worldwide now suffer from Long COVID, which is generally defined as persistent symptoms that occur three months or more after an acute infection with the SARS-CoV-2 virus. Mild and even asymptomatic infections can result in Long COVID.

The risk for developing Long COVID increases with greater number of reinfections with the virus, being unvaccinated, higher severity of infection, female sex, being age 35 to 64 years, greater socioeconomic deprivation, higher body mass index and the presence of certain medical conditions. These conditions include type 2 diabetes, allergies, a past history of post-viral fatigue, asthma, chronic lung disease, heart failure and chronic kidney disease.

Overall, estimates indicate that at least 10 percent of people infected with COVID-19 will develop Long COVID, while some estimates are as high as 45 percent.

Long COVID affects nearly every organ system in the body. Over 200 symptoms are associated with the illness, most commonly malaise, shortness of breath, fatigue, brain fog, autonomic dysfunction, headache, persistent loss of smell or taste, cough, depression, low-grade fevers, palpitations, dizziness, muscle pain and joint pains.

These symptoms can persist for long periods of time. In one study, 71 percent of individuals with long COVID had symptoms for at least one year, 51 percent for at least two years, and 31 percent for at least three years.

The symptoms are also frequently debilitating. Approximately one in four patients with Long COVID report significant limitations in their activities of daily living.

The impacts of Long COVID also include dramatic damage to body organs and subsequent dysfunction. Measurable cognitive deficits can persist for over one year. There is evidence that Long COVID increases the risks of developing Alzheimer's disease, cancer, type 1 diabetes mellitus, retinal damage in the eye, epilepsy, heart arrhythmias, coronary artery disease, postural orthostatic tachycardia syndrome (POTS), stroke and erectile dysfunction.

It is notable too that there is evidence that Long COVID is associated with immunosuppression and immune dysregulation. This has been hypothesized to make Long COVID patients more susceptible to other infectious diseases and therefore to have fueled so-called "quademics" of COVID-19, influenza, respiratory syncytial virus and norovirus in recent winters globally. It also has been associated with reactivation of latent viruses such as Epstein-Barr Virus (EBV).

The prognosis of Long COVID is not currently known, and studies are required over the coming years to understand whether long COVID shortens lifespan and by how much, and the extent to which it causes permanent disabilities. One review of Long COVID offers reason to be pessimistic: because Long COVID resembles other post-viral syndromes and myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), morbidity and mortality from long COVID will likely last for years.

It is known that patients who required intensive care for COVID-19 have persistent increased mortality up to 30 months post-hospitalization regardless of whether they developed Long COVID.

In summary, Long COVID is a dangerous multi-system disease whose impacts on death and disability will persist for decades to come.

The pandemic's far-reaching social impacts

Beyond the massive direct health and economic impacts of the mass disabling of workers internationally, the pandemic has been used by the ruling class as an opportunity to deepen their extraction of enormous wealth from the working class.

By early 2024, the world's billionaires had accumulated \$3.3 trillion in new wealth since the start of the COVID-19 pandemic. A new Oxfam report shows that these trends actually *accelerated* during 2024, noting:

In 2024, the world's billionaires got \$2 trillion richer, growing their wealth by roughly \$5.7 billion a day. Their fortunes increased three times faster than in 2023, with nearly four new billionaires minted every week. At current rates, the world will see five trillionaires within the next decade. Meanwhile, the number of people experiencing poverty remains pretty much unchanged from 1990.

The other ruling class response to the pandemic has been the gutting of public health infrastructure. This includes not only the dismantling of surveillance for COVID-19 and other diseases, but also frontal attacks on public health capacity to control disease spread including vaccination.

With respect to surveillance infrastructure to even count cases and deaths, the ruling class has ended all traditional case reporting of COVID-19. Even excess death monitoring is at a standstill: the data from *The Economist* which were once updated regularly are now current only to June 2024 and future updates are uncertain.

The Biden administration notoriously ended the public health emergency (PHE) declaration for COVID-19 in 2023, which immediately led to reduced surveillance for the disease. Now, as of January 2—in an action taken under Biden just prior to Trump's inauguration—the Centers for Disease Control and Prevention (CDC) officially removed COVID-19 from its Nationally Notifiable Disease list.

The sole source of remaining data on COVID-19 transmission in the United States is wastewater surveillance data, which is used most rigorously by the Pandemic Mitigation Collaborative (PMC) in its weekly COVID-19 reports.

However, the Trump administration is now threatening wastewater surveillance, too. Its cancellation of \$11.4 billion in grants to state and community health departments will undermine their ability to continue wastewater surveillance and provide those data to the CDC.

The destruction of public health more generally is exemplified by the Biden and Trump administrations' mishandling of the H5N1 "bird flu" panzootic event. The leap of the virus from avian species to mammalian ones involved outbreaks in Texas cattle in early 2024. The opportunity existed at that time to stamp out the variant of the virus that had jumped to cattle. However, then-Secretary of Agriculture Tom Vilsack, in a direct anti-scientific stance and policy, cynically declared that the virus would "burn itself out."

Since that time, the H5N1 virus has gone on to spread to cattle in nearly 1,000 herds across 17 US states. Over 70 humans have officially been infected, with one death. All along the way, financial and profit considerations have trumped concerns for the welfare of humans and animals.

The next phase in the bipartisan war on public health began with the second inauguration of Trump, with critical assistance from the Democrats. Charlatans have now been put in charge of five of six public health agencies, with the well-known anti-vaccination fraudster Robert F. Kennedy, Jr. at the helm as Secretary of Health and Human Services.

Since confirmation, Kennedy has responded to a large measles outbreak in Texas with indifference to death and the promotion of quack remedies including Vitamin A, cod liver oil, budesonide and clarithromycin. Several children in Texas admitted to the hospital with measles also required treatment for liver toxicity due to excessive ingestion of Vitamin A.

With the revocation of the \$11.4 billion in grants to state and local health departments, the NIH and CDC also revoked grant funding for long COVID research. Hundreds of millions of people globally were relying on this research for understanding their long-term illness, as well as the development of new treatments.

Notably, the grants also included money that Texas was using to respond to its ongoing measles outbreak, which recently saw a second unvaccinated child needlessly perish. Although a judge blocked the revocation of the funds, it is only a temporary restraining order.

Once Kennedy was put in charge of HHS, the confirmations of a series of additional, lesser-known anti-science, anti-public health hucksters was all but certain. Dr. Jay Bhattacharya, author of the Great Barrington Declaration, the manifesto of the “herd immunity” policy of mass infection and death, was recently confirmed as Director of the National Institutes of Health (NIH).

Bhattacharya’s first day at NIH was significant, as it coincided with the new and escalated phase of the destruction of public health, as HHS fired thousands of workers that day, eliminating many entire agencies and gutting others.

As the WWS noted:

The administration is gutting these agencies, systematically firing scientists and health workers *en masse* and without cause. Thousands of years of collective knowledge and expertise are being shown the door, leaving these agencies without the workforce required to function.

News continues to emerge of entire offices having been purged, including the elimination of the CDC’s top laboratory for testing for sexually transmitted diseases. This was one of only three such reference laboratories—where specimens are sent for definitive and confirmatory testing—in the world.

The mass firings came at the same time as the revocation of over 230 NIH grants studying HIV and AIDS and the cancellation of a global AIDS relief program called the President’s Emergency Plan for AIDS Relief or PEPFAR. PEPFAR was designed to eradicate HIV in 50 nations worldwide, including the United States, by 2030.

The war on science has also manifested as gutting funding for training the next generation of scientists. Entire training grant programs have been eliminated. The threats to science funding overall have also caused universities to pause admissions to PhD programs, revoke existing offers, and limit admissions to smaller numbers of students.

The perspective of the *World Socialist Web Site* on Long COVID

In contrast to every other outlet and political tendency, from the very beginning of the pandemic the WWS has advocated for a scientific approach that places lives over profits, and the utilization of all available public health measures to eliminate SARS-CoV-2 globally.

The Democratic party, as a bourgeois party serving the interests of the ruling class, was complicit in enacting “forever COVID” policies that

continue today. Besides Biden’s premature declaration of the end of the pandemic, he signed into law a resolution passed by Congress that ended parts of the COVID-19 public health emergency on an accelerated timeline. Twenty-one Democratic senators voted for it.

In response to the Trump-Kennedy cutoff of all funds for Long COVID research, Long COVID patients organized resistance and achieved partial restoration of at least some of this NIH funding. They did so with no assistance whatsoever from Democrats, who have fully enabled Trum’s fascistic assault on all public health and social programs.

The record of the WWS applies to Long COVID as well. In 2023, we published a four-part series summarizing the state of scientific knowledge of Long COVID at the time, as well as articulating our analysis of the political significance of the pandemic as a “mass disabling” event, noting:

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.

The precautionary principle in the context of public health states that in the face of uncertainty, emphasis must be placed on prevention of harms to health. As applied to decision-making at the outset of the pandemic in 2020, it meant that preventing infection with COVID-19 was imperative given that at that time nothing was known about the long-term consequences of the disease.

Furthermore, it was known that coronaviruses including SARS-CoV-1 had post-viral syndromes including chronic fatigue and sleep disruption. It was therefore reasonable to assume that SARS-CoV-2 would similarly have post-viral complications.

Given that the only way at the time to prevent any post-viral syndrome was to prevent infection, the precautionary principle dictated that limiting infections and eradication of the virus should have been the top priority.

Once Long COVID emerged shortly after the onset of the pandemic and prior to a vaccine, or knowledge of how to prevent or treat Long COVID, it became even more imperative to limit infections and eradicate the virus. The response of the ruling class however, was to toss the precautionary principle out the window, and aggressively promote back-to-work campaigns in the interests of Wall Street.

Of course, given what we know now and in view of the colossal toll of Long COVID, the imperative for eradication is still greater.

In the 2023 series, we also noted:

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*.

Two years later, these truths remain.

The ICFI and WWS reiterate the demand for policies and full funding for the eradication of SARS-CoV-2, next-generation vaccines, a vast expansion of research into Long COVID prevention and treatments, eradication of the H5N1 virus, robust surveillance systems for disease with data and reports made freely available to the public, and measures to prevent and prepare for future pandemics.

Only the international working class can be successful in achieving

these goals by reorganizing society based on human need over private profit. Scientists, physicians, and patients must turn to the working class. Join the Socialist Equality Party and join this struggle today!

Sources:

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Long COVID: a clinical update

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