

# The COVID-19 pandemic at 6 years: Mass death, debilitation and media silence

**Benjamin Mateus**  
10 March 2026

Six years ago this week, on March 11, 2020, the World Health Organization (WHO) officially declared the global outbreak of COVID-19 a pandemic. In the six years since, the pandemic has killed over 30 million people worldwide, left more than 400 million suffering from Long COVID and inflicted incalculable damage on the social fabric of every country on Earth. It is one of the most catastrophic events in modern history—and it is not over.

Yet not a single major bourgeois publication has so much as acknowledged this anniversary. The pandemic has been deliberately erased from public consciousness by the political establishment, even as the virus continues to spread, disable and kill on a mass scale. In May 2023, under pressure from the Biden administration, the WHO prematurely ended the Public Health Emergency of International Concern, offering political cover for capitalist governments globally to scrap remaining public health measures. Today, the COVID-19 pandemic remains a serious and deadly ongoing threat whose cumulative toll grows with each passing week.

## The ongoing toll: Excess deaths and new studies on Long COVID

According to the latest report from the Pandemic Mitigation Collaborative (PMC) for March 9, 2026, the United States is currently experiencing a sustained wave of viral transmission. The PMC estimates that there are approximately 565,000 new daily infections across the country. This elevated level of transmission means that roughly 1 in 87 Americans—or 1.2 percent of the population—is actively infectious on any given day.

Crucially, what is most alarming is not the peaks but the floor—the period between surges. The wastewater-derived data reveals that between-wave baseline transmission has remained persistently elevated since the Omicron surge of early 2022, never returning to pre-2022 lows. This rising floor of endemic infection is arguably more significant than the dramatic wave peaks: it represents the continuous, unrelenting generation of new infections, Long COVID cases and excess deaths, even in the quietest periods of viral circulation, which objectively defines the term “forever COVID.”

The scale of this unchecked spread guarantees a continuous mass generation of post-viral disability. The PMC estimates that 54 million total infections have occurred in the US in the first three months of 2026 alone. And with this transmission comes a massive burden of Long COVID, with estimates that between 205,000 and 820,000 new Long COVID cases are generated every single week from new infections. The PMC model indicates that between 1,200 and 1,900 excess deaths result from these new weekly infections.

Indeed, using actuarial data, they estimated that for 2025 there were

between 109,000 and 175,000 excess deaths, up to 73 percent higher than direct COVID-19 deaths. As their figures demonstrate, these excess deaths are on par with the number of people who died of lung cancer (125,000 deaths) in the US, eclipsing deaths from colon, pancreatic, breast and prostate cancer combined.

Their data closely corroborates a recent cross-sectional study published in JAMA Internal Medicine by CDC scientists, which estimated 1.1 million hospitalizations and 101,300 COVID-19 deaths in the US during the 2022–2023 period. For the following period from 2023–2024, they documented nearly 880,000 hospitalizations and 100,800 deaths. The JAMA study highlighted that older adults bear the brunt of this crisis, with those aged 65 and older accounting for 81.2 percent of all COVID-19 deaths in the latest surveillance period while representing less than 20 percent of the US population.

As the report highlights, these preliminary estimates of COVID-19 deaths are higher than the 89,098 and 59,616 COVID-19 deaths reported by the Division of Vital Statistics Mortality Multiple Cause data file in 2022–2023 and 2023–2024, respectively.

The stark discrepancy is mentioned by the authors, but they fail to provide real answers beyond a perfunctory statement that these may be attributable to the decline in documenting COVID on death certificates or the use of preliminary estimates from the National Center for Health Statistics that undercount the real figures. Notably, they highlight the dramatic decline in vaccination coverage in this period, a byproduct of a bipartisan effort that promoted the erroneous benefits of COVID infection and so-called “natural” or “hybrid” immunity. Their analysis, however, lacks a coherent explanation for this discrepancy.

Dr. Mike Hoerger, in response to a query by this reporter on the aforementioned CDC study about the COVID death toll for 2025, wrote, “Two years flat suggests more of the same until a rigorous publication says otherwise. They have some ‘preliminary’ estimates on their website but do not provide enough detail to be useful, and I would suggest they are prone to minimizing to the extent testing continues to decline even in healthcare settings.”

## The bipartisan dismantling of public health

These ongoing massive casualties caused by COVID-19 were not inevitable, but the direct consequence of politically motivated decisions to dismantle all public health protection while the virus continued to rage. The Biden administration systematically dissolved the US pandemic response by allowing the national emergency declarations to expire, triggering the unwinding of Medicaid coverage for millions of vulnerable people and privatizing the distribution of life-saving vaccines and treatments. By deliberately codifying a “forever COVID” policy to

prioritize corporate profit and economic normalcy over human needs, the political establishment effectively guaranteed the continued, massive death toll documented in recent studies.

Having established this homicidal “forever COVID” baseline—and having utilized the WHO’s premature declaration ending the global health emergency as political cover—the Biden administration did not merely fail to prevent what followed; it made it structurally inevitable. The attacks on public health carried out under the Biden administration paved the way for the elevation of anti-vaccine quack Robert F. Kennedy Jr. to the position of Health Secretary, where he has overseen the steady dismantling of the Department of Health and Human Services and all of its sub-agencies.

Contrary to the anti-vaccine hysteria whipped up by the far-right, there is a growing body of evidence proving that vaccines were highly protective against death and cardiovascular complications associated with COVID-19 infections. A mid-2024 cohort study published in *Nature Communications*, which analyzed the health records of nearly 46 million adults in England, provides overwhelming evidence of the cardiovascular safety of COVID-19 vaccines. The researchers found that the incidence of common cardiovascular emergencies, such as acute myocardial infarctions (heart attacks) and ischemic strokes, was significantly lower following vaccination compared to periods before or without vaccination.

Specifically, arterial thromboses were up to 10 percent lower 13 to 24 weeks after a first dose and dropped even further—up to 27 percent lower after an AstraZeneca second dose and 20 percent lower after a Pfizer second dose. Similar declines were observed for common venous thrombotic events, such as pulmonary embolisms and deep vein thrombosis. The researchers concluded that the substantial benefits of first, second and booster doses in preventing common and severe cardiovascular events far outweigh the risks of very rare complications associated with vaccines such as myocarditis, which is more prevalent in those who become infected with SARS-CoV-2.

This comprehensive data refutes anti-vaccine misinformation by demonstrating that COVID-19 vaccines actively reduce the broader cardiovascular risks associated with the virus, offering strong evidence of the need to expand vaccination programs under conditions in which vaccine science is under relentless attack.

### **The cumulative toll of mass reinfection and immune system damage**

The damage inflicted by mass reinfection is equally grave and particularly alarming among populations long dismissed as immune to serious COVID harm. A recent pre-print study available in *The American Journal of the Medical Sciences* highlights the severe, debilitating impact COVID-19 has had among active-duty military personnel—some of the youngest and fittest sections of the population. Analyzing the electronic health records of over 650,000 service members diagnosed with COVID, researchers found that 42.8 percent—or 278,278 individuals—developed Long COVID. The sheer scale of chronic illness in a population subject to strict age and physical readiness requirements completely shatters the official narrative that the virus poses little threat to the young and healthy.

The researchers tracked a vast array of persistent symptoms disrupting the lives and physical fitness of service members. Pulmonary issues were the most prevalent, affecting 22.4 percent of those with Long COVID, followed closely by neurological problems (14.6 percent) and chronic fatigue (13.5 percent). Notably, while cognitive symptoms such as “brain fog” and memory impairment were reported by a smaller segment of the sample (3.7 percent), these proved to be the most persistent and long-lasting, raising profound concerns about the potential for enduring cognitive damage. The study also found that preexisting conditions, such

as obesity, anxiety, depression and nicotine use, significantly heightened the risk of developing these devastating post-viral complications.

Furthermore, a study by researchers at Shandong University and the University of Toronto, published in the February 2026 issue of the *International Journal of Infectious Diseases*, revealed that mass SARS-CoV-2 infection causes persistent and chronic immune compromise—with key lymphocyte subsets like CD8+ T cells remaining significantly below baseline up to 20 months post-infection—a condition particularly severe in patients with cardiovascular disease. Analyzing data from over 40,000 patients, researchers found that long after the acute phase of the virus had passed, key immune populations (including CD4+ T cells, CD8+ T cells and natural killer (NK) cells) failed to recover. This chronic immune dysfunction leads to prolonged T-cell exhaustion, leaving individuals highly susceptible to opportunistic pathogens, the reactivation of latent viruses like Epstein-Barr and the onset of Long COVID. This is yet another study confirming the advance warnings made by the most far-sighted scientists as early as 2020, including immunologist Dr. Anthony Leonardi in extensive interviews with the WSWS.

For patients with preexisting cardiovascular disease, this immune collapse was even more profound and highly dangerous. The authors warned that this severe loss of T-cell-mediated immune control fuels chronic vascular inflammation, which can destabilize atherosclerotic plaques and drastically increase the risk of acute thromboembolic events like heart attacks and strokes. These findings provide a concrete immunological mechanism for the long-term cardiac morbidity triggered by the virus, further exposing the criminality of the political establishment’s “forever COVID” policy that subjects the population to endless, damaging reinfections.

The catastrophic implications of Kennedy’s tenure at HHS were recently highlighted in a scathing editorial by *The Lancet*. Titled “Robert F. Kennedy Jr: 1 year of failure,” the editorial board warned that the destruction Kennedy has wrought in one year might take generations to repair, and that there is little hope for US health and science while he remains at the helm.

The editorial cataloged a relentless assault on evidence-based medicine, including the summary dismissal of agency experts, revisions of guidelines to contradict established science, reductions in cutting-edge scientific research and the promotion of junk science and fringe beliefs. Furthermore, the journal noted that critical federal datasets used to track disease have vanished, leaving the population blind and unprepared for both the ongoing pandemic and emerging threats. This destruction did not arise in a vacuum—it was made possible by the prior bipartisan dismantling of the pandemic response infrastructure that left it hollowed out and vulnerable to precisely this kind of assault.

As the ongoing weekly reports by the PMC demonstrate, the COVID-19 pandemic continues to exact a devastating physiological and social toll, standing as a massive indictment of the entire capitalist political establishment.

Ultimately, the social issues raised by this ongoing collapse of public health have assumed a distinctly political and class character. Kennedy’s ability to act as a disruptive force—promoting anti-science quackery and systematically exposing the population to preventable diseases—is only possible because the ruling class has subordinated human life to corporate profit. The bipartisan acceptance of mass infection demonstrates that the capitalist system is fundamentally incompatible with the basic requirements of human health and well-being.

The normalization of mass death from COVID-19 is of a piece with the broader social barbarism overseen by the same ruling elites. The capitalist governments that have condemned millions to death through “forever COVID” are the same that have enabled and armed the genocide in Gaza and now the criminal US-Israeli war against Iran. The Trump administration’s fascistic assault on public health—accelerated by

Kennedy's demolition of the remaining public health infrastructure—is part of a broader program of social reaction that includes the destruction of all climate change mitigation policies, which in turn fosters the conditions for future pandemics through habitat destruction, zoonotic spillover and the weakening of global health systems. The world is now less prepared for the next pandemic than it was in 2020.

The *World Socialist Web Site* stands alone in providing continuous, scientifically grounded coverage of the COVID-19 pandemic from the standpoint of the international working class. Since January 2020, the WSWS has published over 5,000 articles on the pandemic—the only publication outside of scientific journals to have covered the science and politics of COVID with this depth and consistency.

One year ago, the WSWS marked the five-year anniversary of the pandemic with a comprehensive series analyzing the origins of the social catastrophe and the unique record of the WSWS in opposing it. The Global Workers' Inquest into the COVID-19 Pandemic, launched in November 2021, continues to document the testimonies of workers, scientists and public health experts from around the world.

As we have stressed from the very beginning, the defense of science, the restoration of public health infrastructure and the end of the pandemic require the independent political mobilization of the international working class to fight for a socialist reorganization of society.



To contact the WSWS and the  
Socialist Equality Party visit:

**[wsws.org/contact](https://wsws.org/contact)**