

Canadian authorities keep a lid on the ravages caused by Long COVID

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Although ignored by the authorities and the mainstream media, COVID-19 continues to wreak havoc in Canada. This is epitomized by the case of Long COVID sufferer Sébastien Verret. A Quebec resident, Verret contracted the virus during the first wave of the pandemic in 2020, while working as a volunteer in a seniors' home (CHSLD) replacing staff who had fallen ill.

In a constant state of pain, unable to be autonomous and without access to suitable and sufficient physical and economic resources, he is now considering using medical assistance in dying (MAID). “My request, relieve me, help me or kill me, I can't take it anymore,” he publicly declared. “Rest assured, I'm not suicidal and I have no dark ideas. I want to live, but a life with dignity.”

As well as highlighting how the ruling class is perverting MAID into a mechanism for getting rid of the most vulnerable in order to cut social spending, this tragic story sheds light on the state's total lack of social and financial support for people with Long COVID—the virus' post-infectious syndrome.

Among the most significant physical sequelae associated with Long COVID are: extreme incapacitating fatigue; post-exertional malaise; generalized aches and pains; palpitations, tachycardia and dizziness.

Overall, Long COVID has the ability to attack virtually every organ in the body, from the kidneys to the lungs and skin. From a neurological point of view, it also causes cognitive impairment, brain fog, memory loss, and impacts on concentration and mood.

According to various studies, the disease increases the risk of autoimmune disease, doubles the risk of having a heart attack, stroke or blood clot in the lungs, and triples the risk of developing an unusual heart

rhythm. In addition, it increases the risk of diseases such as Alzheimer's, Parkinson's and dementia.

We still don't know all the complications that can arise from repeated COVID infections. But the number of workers who will have to live with its debilitating effects is likely to grow massively, as the capitalist ruling class in Canada and internationally pursue a “Forever COVID ” policy. They all insist—despite a massive trove of scientific data to the contrary and the examples of China, New Zealand and other countries in the pandemic's early stages—that an elimination and eradication strategy is “impossible” and “too costly.”

Long COVID remains poorly recognized by the healthcare system, available studies are not widely disseminated, and there are only a handful of professionals in Canada who specialize in its treatment. Under these conditions, according to some studies, patients are twice as likely to develop symptoms associated with depression, anxiety and post-traumatic stress.

At a time when the long-term consequences of COVID are increasingly impossible to conceal, and the pandemic that has already claimed millions of lives worldwide continues unabated, the ruling class persists with its “profits before lives” policy.

In recent weeks Canada has experienced a summer wave of new COVID-19 infections, fueled above all by the KP.3 variant, the latest evolution of the Omicron JN.1 sub-variant responsible for last winter's wave. Exact infection figures are impossible to determine due to the complete dismantling of public health measures. In terms of mass screening, the federal government has abandoned precise monitoring of the situation on its website since June 11. However, the latest available data on wastewater underscores the fact that the virus continues to circulate across the country without the

slightest restriction.

According to data from Ottawa and the provinces, the national level of viral activity in wastewater is at the “high” indicator, with test positivity rates between 10 and 20 percent in most provinces.

Considering that there are only 65 wastewater sites coast-to-coast that submit their data for analysis, representing 28.8 percent of the Canadian population, and that hospitalizations and deaths caused by COVID are deliberately omitted from official statistics, it’s clear that any estimate of the current level of viral circulation is well below reality.

Quebec is one of the hardest-hit provinces, with outbreaks in 110 long-term care facilities and 54 health care centers. The number of infections and hospitalizations is at its highest level since the last winter wave. As of August 20, more than 1,250 people had been hospitalized. And 30 deaths are reported each week due to the disease.

After months of insisting that the pandemic is over and dismantling what limited public health measures remained, all levels of government are keeping the public in the dark and doing their utmost to keep the lid on data concerning the possible consequences of contracting the disease and developing Long COVID and other complications.

For this reason, few workers are aware of the ongoing danger posed by the virus, and many live with the debilitating effects of Long COVID without being able to explain the source of their symptoms.

In Europe alone, an estimated 36 million people fell victim to Long COVID during the first three years of the pandemic, representing 1 in 30 people. It has quickly become one of the most common diseases in the world. The World Health Organization (WHO) estimates that 10-20 percent of people who contract the virus will develop Long COVID. According to other studies, this rate rises to 50 percent in hospitalized patients.

In Canada, according to Statistics Canada, some 7 percent of the adult population, or 2.1 million people, live with complications of the disease.

While science remains unclear as to the exact reasons why people develop Long COVID, empirical experience underlines that the disease runs rampant without any discrimination regarding the patient’s age, origin, gender or pre-infection state of health.

What’s more, numerous studies point to a correlation between reinfections and the possibility of developing Long COVID or worsening symptoms in those already affected. The only certainty is that this is a direct consequence of the ruling elite’s rapid reopening of the economy during the first waves of COVID and the abandonment of all public health measures, from systematic testing and quarantining to masking and readily-available vaccinations for all.



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