

To what degree are local governments and the global community responsible for mitigating the long term effects of Long COVID amid confounding political pressure to disaffirm it's relevance?

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Ever since the world was hit by the COVID-19 pandemic, in which millions of people have been killed and the global economy was, in effect, set back years, the global community has quickly lifted mandates protecting against mass infection. The lifting of mandates was by and large enabled by the mass vaccination campaign subsidized by major powers responding to growing popular discontent with lock-downs and a desire for revitalization of world economies to pursue high margins of economic growth. But as research has piled up, the danger of Post-COVID-19 or Long COVID—a condition occurring usually 3 months from the onset of COVID-19 with common symptoms of fatigue, shortness of breath, cognitive dysfunction and more, generally having an impact on everyday functioning (The Lancet)—has become all the more apparent and the looming implications of a potential Long COVID crisis has materialized into genuine threat for the world. Governments are faced with an unfavorable dichotomous decision: either the politically unfavorable option of sweeping the research on Long COVID under the rug until all possible political capital is siphoned off from a growing economy and relatively content populous, or take a serious political blow by backtracking on their ‘ending of the pandemic’ and instating policies that would mitigate the long term social and economic damage Long COVID poses. COVID-19 has already dramatically shaped my life and it’s endemicity as well as the prospect of a debilitating wave of Long COVID raises new concerns regarding those I care about and my own health, leading me to pose the question: **To what degree are local governments and the global community responsible for mitigating the long term effects of Long COVID amid confounding political pressure to disaffirm it’s relevance?**

The relevance of this issue only really was apparent to me after reading financial and political analysts’ voiced concern for the long term implications of Long COVID and the ways in which governments from around the world have responded to the COVID-19 pandemic. Shifting COVID-19 and Long COVID from what I had previously only understood through a scientific lens and naively only thought was a scientific issue, to an economic, geostrategic, and political catastrophe enabled by

research and engagement to reflect a more realist perspective. While doing research this reality became more and more apparent as reputable scientific and medical journals such as Nature and The Lancet wrote extensively on the political dimension of COVID-19 and Long COVID in conjunction with the scientific dimension, as the political reality has had significant downstream effects on research. To further engage, I accordingly reached out to virologists, researchers, public health officials, lobbyists, and student advocates working on college campuses, all actively engaged with COVID-19 and Long COVID. Unfortunately, man never followed through with me nor did answer my questions. Despite this, I managed to talk with Heather Kaisner, Deputy Director of Public Health for Deschutes County, who provided invaluable insight into the functioning of the public health system in my home county. Her experience contextualized the COVID-19 response that I saw with my own eyes as well as the current state of public health in the community. Furthermore, Mrs. Kaisner pointed me towards resources and publications that inform many other public health officials throughout the country—a fascinating ‘finger on the pulse’ enabling more accurate assessments of public health official’s calculus.

Throughout the world governments and policy makers are faced with the almost impossible dilemma of either taking action against the brewing future crisis that Long COVID presents or maintaining their nation’s own hegemonic dominance and their own personal political interests. The latter option, of course, has seemingly taken precedence and is what has driven the monumental decision to lift mask mandates and the lock-down as a whole and submit to an endemic COVID-19, ie a COVID-19 that takes on a similar seasonal character as the flu. In practice, a public health policy of vaccine prevention is by no means a full proof solution and certainly not one that is capable of standing alone as the only major public health policy. This chosen policy has led to a high number of infections with much lower mortality and severity of symptoms than was before, suggesting the amount of infections could be high than would seem since some may not even realize they have COVID-19—terrifyingly fertile ground for Long COVID which impacts 9% of people with COVID-19, increasing

with each each reinfection (Nature). Nature in the same article weighed in on the economic dimension of Long COVID, “Symptoms can last for years...with significant proportions of individuals with Long COVID unable to return to work, the scale of newly disabled individuals is contributing to labor shortages. There are currently no validated effective treatments.” (Nature), it’s plain that, taken to it’s logical conclusion, an endemic COVID-19, enabling mass reinfection and thus Long COVID en masse, will yield a significant amount of society effectively disabled. Economically this crisis may have far more long lasting and severe effects than the COVID-19 lock-down, but similarly will disproportionately affect the most economically disadvantaged people in the world. Those who will have to endure an endemic COVID-19, and by extension Long COVID, are the most essential workers—healthcare workers—and, in developed countries, service workers—particularly those in the ‘gig economy’ (food delivery, ride-share, &c) who do not enjoy many social protections such as insurance, unemployment security and old-age investment (Medical Journal of Australia). Furthermore, Pfizer—a pharmaceutical company who was subsidized by the US government to create a COVID-19 vaccine—signed an agreement that excludes 47% of the world’s population from buying generic versions of it’s vaccine, highlighting the deep rooted inequality affecting middle and low-income countries, to further exemplified: “Of more than 3 billion tests performed worldwide, only 0·4% were done in low-income countries” (The Lancet). The current world order’s failure in the realm of global health is a product of competing hegemonies, the collective west and global south, who have no incentive to do anything otherwise since it would mean one gaining the edge on the other—whoever takes a path of prevention will be disadvantaged economically to the one who defaults to endemicity, and to allow the opposing hegemon to buy a domestically developed vaccine doesn’t compute in the calculus of big power.

In matters of public health the confounding political factors play an alien role while the real world, local, and community implementations of life saving policy. While talking to Heather Kaisner, the Deputy Director of Public Health in Deschutes County, the true role of political grand strategy in

public health became apparent. All vaccine implementation, prevention measures, and public health policy implementation occurs at local levels depending upon state policy and funding. Federal legislation, at least in the United States, serves to fund public health throughout the nation, but how those funds are used is ultimately a state political issue—as seen in states like Florida. However, Heather Kaisner noted that as the prevalence of COVID-19 in the public eye decreased, so too has funding for public health, and thus crippling capability of public health officials to appropriately react to the threat of Long COVID. What public health officials are relying on is for more research to be done to understand the true extent to which Long COVID will affect the populace. Some such research has shown that among children, vaccines provide 42% protection against Long COVID within the year of receiving said vaccine (American Academy of Pediatrics). Following that, it has been found that, among adults, one dose of vaccine reduces risk of Long COVID by 21%, two doses by 59%, and three or more doses by 73% (The BMJ). It's evident that vaccines most certainly help prevent Long COVID, yet they are not full proof and do not address the a priori cause: COVID-19 endemicity. Heather Kaisner pointed out that within the period of increased public health funding that COVID-19 brought along—in America and throughout the world as well as demand for research and adequate facilities for COVID-19 naturally brought in more funding to health departments throughout the world—, much advancement was made in areas like wastewater surveillance—increasing the capability to not only fast and effectively test the prevalence of certain viruses and diseases in a community, but to also track COVID-19 variants that may have higher infection rates. Additionally, research being done in ventilation to kill viruses in indoor spaces before they can infect is promising suggesting that society may have gained invaluable new methods of effectively executing public health initiatives at a local level. However, all these measures and advancements are still dependent upon funding for implementation and the confounding political factor clear is what will ultimately decide the trajectory of any and all public health responses to Long COVID and any other future pandemics. The dynamics of global power structures ought to also be synthesized using the contradictions existing within certain

poles of power and their responses to COVID-19 and Long COVID. The Lancet Covid Commission headed by Jefferey Sachs (The Lancet) found a fundamental contradiction within the within the World Health Organization (WHO) and it's decision making body, the World Health Assembly (WHA), consisting of health ministers (or delegates) from all WHO member states. The contradiction the Lancet Commission found was that, "health ministers [of each WHO member states] lack the political authority within their governments to guide the whole-government decision making, and therefore do not have the political authority to guide strong and decisive WHO actions in emergency conditions", and that the increasing tensions between the United States and China, in part, mitigated the effectiveness of the WHO to "ensure a sufficiently robust global response". Competing world hegemony collided, swaying the IGO responsible for preventing global health catastrophes, unveiling the fragile ground current global institutions lie on. If examined through the lens of Structural Realism—a theory of international relations holding that the world system is an innately anarchic one where all nation-states drive for hegemony and power in their own self-interest—, it is clear that, given the geopolitical backdrop, major powers such as the USA and China see COVID-19 and Long COVID as long term variables that must necessarily be tabled in favor of economic growth, electoral success, and other factors contributing to the soft and hard power of each country which will decide how global power-structures will be structured for decades to come. From this, it is clear that COVID-19 and Long COVID are products of larger, underlying global power dynamics that determine how, when, and if global consensus around public health can be achieved. As to what countries play the roles in the global power dynamic, John Mearshheimer, the theorist of structural realism and more generally a realist thinker in international relations, weighs in in his book *How States Think*, "With the end of the Cold War and the subsequent collapse of the Soviet Union, the world became unipolar—a profound transformation in the architecture of the international system that had enormous consequences. For one thing, now that the United States was the only great power on the planet, great-power politics was off the table." (Mearshheimer), and so the question arises: are great-power politics back on the table?

COVID-19 proved they are, the world is no longer uni-polar as Mearsheimer describes and as countries with large populations and rich access to natural resources industrialize and develop towards their full potential—e.g. China, India, Indonesia, Brazil, etc.—, the more ‘great-power politics’ will influence every aspect of life, including public health.

References

1. Soriano, Joan B, et al. “A clinical case definition of post-covid-19 condition by a delphi consensus.” *The Lancet Infectious Diseases*, vol. 22, no. 4, Apr. 2022, [https://doi.org/10.1016/s1473-3099\(21\)00703-9](https://doi.org/10.1016/s1473-3099(21)00703-9).
2. Davis, Hannah E., et al. “Long Covid: Major Findings, Mechanisms and Recommendations.” *Nature News*, Nature Publishing Group, 13 Jan. 2023, www.nature.com/articles/s41579-022-00846-2.
3. Leeuw, Evelyne, et al. “Long covid: Sustained and multiplied disadvantage.” *Medical Journal of Australia*, vol. 216, no. 5, 6 Mar. 2022, pp. 222–224, <https://doi.org/10.5694/mja2.51435>.
4. Usher, Ann Danaiya. “The global covid-19 treatment divide.” *The Lancet*, vol. 399, no. 10327, Feb. 2022, pp. 779–782, [https://doi.org/10.1016/s0140-6736\(22\)00372-5](https://doi.org/10.1016/s0140-6736(22)00372-5).
5. Razzaghi, Hanieh, et al. “Vaccine Effectiveness Against Long COVID in Children.” *Publications.Aap.Org*, American Academy of Pediatrics, 16 Jan. 2024, publications.aap.org/pediatrics/article/doi/10.1542/peds.2023-064446/196419/Vaccine-Effectiveness-Against-Long-COVID-in?searchresult=1.
6. Lundber-Morris, Lisa, et al. “Covid-19 Vaccine Effectiveness against Post-Covid-19 Condition among 589722 Individuals in Sweden: Population Based Cohort Study.” *The BMJ*, British Medical Journal Publishing Group, 22 Nov. 2023, www.bmj.com/content/383/bmj-2023-076990.
7. Sachs, Jeffrey D, et al. “The Lancet Commission on lessons for the future from the COVID-19 pandemic.” *The Lancet*, vol. 400, no. 10359, Oct. 2022, pp.1224-1280, [https://doi.org/10.1016/s0140-6736\(22\)01585-9](https://doi.org/10.1016/s0140-6736(22)01585-9).

8. Mearsheimer, John J., and Sebastian Rosato. *How States Think: The Rationality of Foreign Policy*. Yale University Press, 2023.