

P-06-1488 Establish a 'Care Society' to Tackle the Long COVID Crisis in Wales- Correspondence from the Petitioner to the Committee, 23 June 2025

Thank you for sharing the responses from the Health and Social Care Committee, the Equality and Social Justice Committee, the Cabinet Secretary for Health and Social Care, and others.

This is a factual response to those positions and a request for coordinated action. The central point is that Long COVID isn't a patient advocacy issue, but a cross-portfolio civil crisis on the scale of the world wars, backed up by data, and requires an urgent, coordinated government response.

For data, I refer you to reporting on this topic and I've attached remarks from the previous meeting.

Wales's Hidden War

<https://www.thecanary.co/uk/analysis/2025/03/03/long-covid-wales-petition/>

1. Summary of Positions Received

- No Senedd committee is currently conducting or planning focused work on Long COVID.
- The Cabinet Secretary for Health and Social Care referenced existing programmes (e.g. social prescribing, community co-operatives, clean air initiatives), but did not commit to a Long COVID-specific plan or strategy.
- The Equality and Social Justice Committee cited their work on disability and employment but noted they do not have capacity to examine Long COVID further in this term.
- The Health and Social Care Committee confirmed it is not addressing the Welsh Government's strategic response to Long COVID.
- The Covid-19 Inquiry Committee acknowledged receipt but made no commitment to action.

2. Reframing the Issue: Not Patient Advocacy, But Civil Emergency

This petition is not asking for health service improvements or representing a small patient group. It raises a national emergency issue. The scale of Long COVID in Wales meets criteria consistent with crisis-level public health and governance response:

- Population-scale disability: ONS estimates suggest up to 300,000 people in Wales are experiencing Long COVID as of mid-2023.
- Health system pressure: Hospitals continue to report operating beyond safe capacity due to ongoing COVID-related burden ([WalesOnline, Dec 2023](#)).

- Labour force attrition: Working-age people are exiting employment or reducing hours due to post-viral illness, compounding skills shortages and reducing household incomes.
- Education disruption: School absence levels have more than doubled since pre-pandemic baselines ([BBC, 2024](#)).
- No national plan: There is no published Welsh Government strategy specifically addressing Long COVID across health, employment, education, or social care.

In practical terms, this represents a sustained crisis on the scale of a wartime or civil emergency, with prolonged population-level impacts across every core public sector.

3. Current Government Measures Are Not Sufficient

The Cabinet Secretary's letter identifies existing infrastructure—such as social prescribing, co-ops, employment mentoring, and clean air initiatives—but none of these are:

- Designed specifically for Long COVID;
- Integrated across sectors;
- Supported by metrics on uptake or impact for people with post-viral chronic illness;
- Positioned as part of a long-term policy response.

As a result, support is fragmented, under-utilised, and difficult to access.

4. Recommendations for the Petitions Committee

We are requesting that the Petitions Committee take the following practical steps:

A. Recommend Cross-Committee Scrutiny

- Refer this petition to both the Health and Social Care Committee and the Equality and Social Justice Committee for further action.
- Encourage joint hearings or inquiries on the cross-sector impact of Long COVID as a civil crisis.

B. Request a Plenary Debate

- Recommend a Plenary debate on the long-term public policy consequences of the ongoing COVID pandemic, with a specific focus on Long COVID and Wales' capacity to respond.

C. Support the Establishment of a Coordinated Government Response

- Recommend that the Welsh Government establish a cross-departmental Long COVID strategy, covering:

- - Health services and clinics;
 - Workplace protections and income support;
 - Education system impacts and mitigation;
 - Public building ventilation and clean air;
 - Data monitoring and cross-sector accountability.

5. Conclusion

This petition is based on current government data and peer-reviewed public information. Long COVID is creating an escalating population-scale disabling event. Its impact on core public services—health, education, work, and care—is sustained, measurable, and worsening.

The absence of a national, coordinated response increases long-term system strain and public cost.

We urge the Committee to treat this petition not as a request for clinical improvement, but as a warning of systemic policy failure on an emergency scale.

Yours sincerely,

Charles Waltz

Lead Petitioner, P-06-1488

Wales' Hidden War

Thank you for your time today. I appreciate the opportunity to present this urgent issue—an issue that, if it were caused by war, would demand immediate national action. But because it unfolds in hospitals, workplaces, and schools rather than on battlefields, it remains dangerously overlooked.

Wales is at war—not with an invading army, but with a crisis that is silently reshaping our nation. Long COVID is disabling our workforce, overwhelming our healthcare system, disrupting education, and leaving tens of thousands permanently disabled. The scale of its impact is comparable to the world wars of the past century.

The latest ONS data states that 2 million people in the UK have Long COVID. Given that Wales makes up 4.7% of the UK population, this suggests at least 94,000 cases—certainly higher due to healthcare disparities and the ONS halting data collection in 2023.

The death toll is staggering. The Economist estimates that COVID has killed 27 million people worldwide—more in four years than AIDS has in forty. In Wales alone, the Welsh COVID inquiry found that 12,000 people have died with COVID.

For comparison, during World War II, Wales lost around 15,000 soldiers in combat and 984 civilians in air raids. But war didn't just kill—it left survivors with long-term injuries. Today, Long COVID is causing mass disability on a similar scale.

Long COVID is a peacetime epidemic of war-like injuries. During World War II, Wales saw mass casualties from direct combat, but also from infectious diseases, exposure, gas attacks, and shell shock. Similarly, Long COVID is a debilitating condition with over 200 possible symptoms, leaving tens of thousands of people in Wales with permanent organ damage, cognitive impairment, chronic pain, and exhaustion.

Wales's already struggling healthcare system is being pushed to collapse. A King's College London study found that one-third of healthcare workers report Long COVID symptoms. Wales's hospitals are under extreme pressure—in January 2024, 15 out of 18 Welsh hospitals monitored by the Welsh government were at level 4 risk, meaning they were at or beyond full capacity.

The number of people in the UK unable to work due to ill health is growing by 300,000 a year, according to the Health Foundation. Today, 4 million working-age people are out of work due to ill health, with 3.9 million living with work-limiting conditions. By comparison, around 300,000 Welsh men were mobilized during World War II.

During World War II, Welsh children faced massive educational disruption due to evacuation. Now, school absenteeism in Wales has more than doubled since the pandemic began. The ONS counted 58,000 UK children with Long COVID, meaning at least 3,000 in Wales.

Meanwhile, teachers are also being affected. While ONS isn't counting teacher illnesses, New Zealand, which had minimal COVID exposure until 2022, found that between 10% and 20% of teachers had Long COVID.

The Senedd's devolved powers don't permit it to mount a response to aerial bombings, but it does have the ability to fight the invasion of this virus.

We don't need air raid shelters, but we do need urgent investment in air quality—because stopping airborne transmission is the modern equivalent of stopping aerial bombings.

We don't need war pensions, but in the face of benefits cuts and lack of access to occupational health services, we do need a universal basic income (UBI) study to determine how those with Long COVID to support them reintegrating in society.

And like the second world war, Wales is situated to be the center of a new paradigm in reconstruction. The Care Society, where we center our most vulnerable for a more resilient nation.

Wales' Hidden War: The Crisis We're Failing to See

Wales is in the grip of a crisis so vast that if it were caused by war or terrorism, there would be no question of action. Yet, because it unfolds in hospitals, classrooms, and behind closed doors, it remains largely unspoken.

Long COVID is crippling the nation. The latest ONS data states that 2 million people in the UK have Long COVID. Given Wales makes up 4.7% of the UK population, this suggests at least 94,000 cases—likely higher due to healthcare disparities and the ONS halting data collection in 2023. Tens of thousands in Wales now suffer from long-term symptoms that leave many unable to work, study, or even leave their homes.

The Economist estimates that COVID has killed 27 million people worldwide—more in four years than AIDS has in forty. The Welsh COVID inquiry found that 12,000 people in Wales have died with COVID.

This is a health crisis on the scale of war. During World War II, Wales lost around 15,000 soldiers in combat and 984 civilians in air raids. While Long COVID isn't as visible as bomb damage, it is quietly reshaping Welsh society with devastating consequences.

During World War II, Wales saw mass casualties from direct combat, but also from infectious diseases, exposure, gas attacks, and shell shock. Many soldiers returned home with chronic injuries, lung damage, and neurological conditions. Similarly, Long COVID is a debilitating condition with over 200 possible symptoms, leaving tens of thousands of people in Wales with permanent organ damage, cognitive impairment, chronic pain, and exhaustion—a peacetime epidemic of war-like injuries.

Wales's already struggling healthcare system is being pushed to collapse. A King's College London study found that one-third of healthcare workers report Long COVID symptoms. Wales's hospitals are consistently under extreme pressure, particularly in winter—by January 2024, 15 out of 18 Welsh hospitals monitored by the Welsh government were at level 4 risk, meaning they were at or beyond full capacity.

The number of people in the UK unable to work due to ill health is growing by 300,000 a year, according to the Health Foundation. Today, 4 million working-age people are out of work due to ill health, with 3.9 million living with work-limiting conditions.

By comparison, around 300,000 Welsh men were mobilized during World War II. The current scale of workforce depletion due to illness rivals the impact of mass conscription—except instead of temporary service, many are permanently disabled. Unlike in wartime, where rationing, war bonds, and emergency planning helped keep the economy afloat, today there is no comparable national response to the economic devastation of Long COVID.

School absenteeism in Wales has more than doubled since the pandemic began, with many children suffering lingering illness. The ONS counted 58,000 UK children with Long COVID,

which means at least 3,000 in Wales. But the last ONS data was from 2022, so the number is likely far higher.

Meanwhile, teachers have some of the highest rates of COVID infection—data from New Zealand, a country with minimal COVID exposure until 2022, found that between 10% and 20% of teachers had Long COVID. Wales's schools are likely facing similar losses in staff that ONS isn't counting.

During World War II, Welsh children experienced mass educational disruption due to evacuation. But the damage here is happening in the classroom—children are present but too sick to learn, teachers are struggling to stay in work, and nothing is being done.

Wales isn't just facing a public health emergency. We are living through an ongoing, slow-motion catastrophe that is reshaping our society. COVID and Long COVID have reshaped life on a similar scale—so why is there no wartime-level response?

We don't need air raid shelters, but we do need urgent investment in air quality—because stopping airborne transmission is the modern equivalent of stopping aerial bombings.

We don't need war pensions, but we do need a universal basic income (UBI) for those with Long COVID, because just as wounded soldiers were compensated for their injuries, those disabled by this crisis need financial support to survive.

And we don't need ration books, but we do need a coordinated national effort to prevent further infections, protect workers, and keep schools and hospitals functioning.

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This is a health crisis on the scale of war. During World War II, Wales lost around 15,000 soldiers in combat and 984 civilians in air raids. **While Long COVID isn't as visible as bomb damage, it is quietly reshaping Welsh society with devastating consequences.**

Wales's already struggling healthcare system is being pushed to collapse. A King's College London study found that one-third of healthcare workers report Long COVID symptoms. Wales's hospitals are consistently under extreme pressure, particularly in winter—by January 2024, 15 out of 18 Welsh hospitals monitored by the Welsh government were at level 4 risk, meaning they were at or beyond full capacity.

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By comparison, around 300,000 Welsh men were mobilized during World War II. The current scale of workforce depletion due to illness rivals the impact of mass conscription—except instead of temporary service, many are permanently disabled.

School absenteeism in Wales has more than doubled since the pandemic began, with many children suffering lingering illness. The ONS counted 58,000 UK children with Long COVID, which means at least 3,000 in Wales. But the last ONS data was from 2022 so it's significantly more.

Meanwhile, teachers have some of the highest rates of COVID infection—data from New Zealand, a country with minimal COVID exposure until 2022, found that between 10% and 20% of teachers had Long COVID. Wales's schools are likely facing similar losses in staff that ONS isn't counting.

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Wales isn't just facing a public health emergency. We are living through an ongoing, slow-motion catastrophe that is reshaping our society.

During World War II, the state took emergency action: nationalizing industries, overhauling healthcare, and mobilizing millions to fight a common threat. COVID and Long COVID have reshaped life on a similar scale—so why is there no wartime-level response?

Wales needs decisive action: investment in air quality improvements is the equivalent of stopping the aerial bombing and a UBI for people with Long COVID gives people the resources to continue fighting. Except it's not against an invading army, but against the collapse of our society.

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Long COVID is crippling the nation. The latest ONS data says 2 million people in the UK have Long COVID. Wales constitutes 4.7% of the UK population, so that's at least 94,000, but likely higher because of healthcare disparities and ONS stopped counting in 2023. This means tens of thousands in Wales are suffering from long-term symptoms after infection, with many unable to work, study, or even leave their homes.

Wales's already underresourced healthcare system is being decimated. According to a King's College London study, one third of healthcare workers report symptoms with Long COVID. Wales's hospitals are consistently under extreme pressure, especially in the winter. In January 2024, 15 out of 18 Welsh hospitals monitored by the Welsh government were at a level 4 res.

The number of people in the UK who are out of work due to ill health is growing by 300,000 a year, according to the Health Foundation. 4 million working age people are out of work with ill health and now there are 3.9 million people with work-limiting conditions. "Fewer than half of UK workers have access to occupational health services, the [fit note system](#) is ineffective and statutory sick pay is less generous than in other countries."

Long-term school absences in Wales have more than doubled since the beginning of the pandemic. A generation of children—many dealing with lingering illness—are missing out on education. The latest ONS data from December 2022 counted 58,000 children Long COVID. And though ONS isn't counting teachers data, in New Zealand, which by the way had almost zero COVID until 2022, between 1 in 10 and 1 in 5 teachers has Long COVID. And parents with Long COVID aren't able to be present for their children.

Businesses are quietly failing. Staff shortages, sickness absences, and the economic impact of long-term disability are cutting into productivity. The Welsh economy is bleeding out, but because the losses are scattered across thousands of workplaces, the alarm hasn't sounded.

And then there's the death toll. The Economist estimates that COVID has killed 27 million people worldwide. Covid has killed more people in 4 years than AIDS has in 40. The Welsh Covid inquiry found that 12,000 people in Wales have died with Covid. How many excess deaths will it take before we acknowledge the scale of this disaster?

Wales isn't just facing a public health emergency. We are living through an ongoing, slow-motion catastrophe that is reshaping our society. And yet, where is the urgency? Where is the plan?

This isn't about fear—it's about survival. Wales needs decisive action: investment in clean air, proper support for those suffering, and a real strategy to prevent mass disablement. Other crises get emergency responses. Why not this one?