

Stanford staff stop masking during Long COVID clinical trial, prompting some participants to quit study

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On April 28, a Reddit post on the subreddit [r/covidlonghaulers](#) revealed that medical staff at Stanford Medicine had stopped masking when seeing Long COVID patients face-to-face as part of an ongoing clinical trial. The poster said that his wife quit and walked out of the study as a result. At least one other participant is confirmed to have also walked out on the trial.

“... Not only does it demonstrate a complete lack of regard and understanding for the illness in question, in my opinion it calls into question the legitimacy of the entire study,” the user said in the reddit post. “We’ve been traveling hundreds of miles for months in order to try to participate in their study and provide THEM with data about the illness, and this is what they think of us.”

The clinical trial, which is sponsored by Stanford University in collaboration with Pfizer and run by Stanford Medicine, seeks to compare the effectiveness of Paxlovid (nirmatrelvir and ritonavir) with that of a placebo (and ritonavir) in treating post-acute sequelae of SARS-CoV-2 (PASC), more commonly known as Long COVID. The study includes 200 participants with Long COVID who were randomly assigned to receive either Paxlovid or the placebo. Participants would take their drug for the first 15 days and come into the study clinic five times over the course of the next 15 weeks.

In early April, Stanford Medicine announced that masks are no longer required for staff, patients or visitors across the whole hospital system. Hospitals across the country have similarly been dropping mask mandates despite the spread of the new Arcturus variant.

The notion that hospital systems would remove mask mandates in health care can only be understood within

the larger context of the abandonment of all COVID safety measures in the US and around the world to ensure the continuing enrichment of the ruling classes. In the US, this bipartisan policy has been spearheaded by the Biden administration and followed by state legislatures no matter which party is in control.

On Thursday, the White House ended the national COVID-19 public health emergency, which means that the CDC will no longer track COVID-19 transmission at the “community level,” uninsured Americans will now have to pay full price for vaccines, tests, and other treatments, and millions of people are now at risk of losing their health coverage through the “unwinding” of Medicaid. This was preceded by the World Health Organization’s announcement formally ending the COVID-19 Public Health Emergency of International Concern (PHEIC), a decision with no scientific basis that serves to justify the ending of public health measures by governments around the world.

The ending of masking, especially in a health care setting, puts society’s most vulnerable at risk. In addition, health care workers, burned out and already bearing the brunt of the mismanagement of the virus, are now facing increasingly unsafe conditions as even the nominal protection from masks is taken away.

The Stanford Long COVID patients walked out not only to protect themselves, but also to protest the unscientific and dangerous policies that likely led to their infection in the first place.

Another reddit user who claimed to have also left the study said that even when medical staff wore masks, they were the less-effective surgical masks.

“I had to email them the second time (before

dropping out) and ask them to wear N95s for my next appointment,” the poster wrote. “With that said, not wearing them AT ALL when they make you do a swab is horrifying.”

“I felt the level of care taken to avoid me being reinfected was 0. They acted like it was crazy that I was worried about it,” said the same reddit user in a later comment.

The lack of masking in the clinical trial was later confirmed in a story by the Daily Beast published on May 5. The news outlet confirmed that at least two people, and possibly a third, had walked out of the trial as a result. The event has otherwise been completely ignored by the media.

“I knew that mask mandates were dropped, but I naively assumed that staff interacting with Long COVID patients would still wear masks,” another patient involved in the trial, Olivia H., told the *Daily Beast*. She did not walk out on the trial since her last visit to the study site was on April 24, but was disappointed by the change and it made her lose trust in the staff running the trial.

“To me it almost seems logical,” Olivia said, “that long COVID patients in a long COVID trial need to be protected from the virus that triggered their illness in the first place.”

Worldwide, over 671 million people have been infected with COVID-19, resulting in 6.73 million deaths—a vast undercount, with studies indicating that over 20 million excess deaths are due to the pandemic. In the United States, over 1.13 million people have officially died from COVID, according to the Centers for Disease Control and Prevention (CDC), although this too is a vast undercount.

Long COVID symptoms include cognitive impairment, fatigue, memory loss, coughing and difficulty breathing, nausea, erectile dysfunction and irregular menstruation. It impacts numerous organs and systems, including the brain, heart, lungs, pancreas, immune system, kidneys, spleen, liver, blood vessels, gastrointestinal tract and the reproductive system. There is currently no treatment for Long COVID.

Even in individuals who do not develop Long COVID, COVID infections increase the risk of medical conditions such as pulmonary embolism, cardiac arrest, heart failure, diabetes and death. Those who do suffer from Long COVID are at significantly higher risk for

ME/CFS (myalgic encephalomyelitis or chronic fatigue syndrome) and dysautonomia (a disorder of the autonomic nervous system that controls involuntary functions).

Moreover, the harms from repeated COVID-19 infections have been found to be cumulative. While the risks of getting Long COVID from a subsequent reinfection are not fully established, a survey of 484 adults and 112 children conducted by the UK charities Long Covid Kids and Long Covid Support and published in September 2022 found that 80 percent of the individuals with Long COVID who were reinfected had a worsening of symptom severity. For those individuals who had recovered from Long COVID, a subsequent reinfection resulted in a recurrence of Long COVID in 60 percent of the respondents.

The scientific literature clearly illustrates the long-term dangers of COVID-19, which only increase with each reinfection and can only be prevented by stopping the transmission of the airborne virus. The best method for decreasing transmission is two-way masking, along with improving ventilation, using FAR UVC technology, systematic testing and other mitigation factors.

The initiative taken by the Stanford patients reflects a growing anger among sections of workers who have not accepted the lie that the pandemic has ended. However, the fight for a rational and scientific approach to the pandemic must be connected to the fight for a socialist society in which human need and public health takes precedence over private profit.



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