Commentary

Do no harm: A call to action on COVID-19 and mask requirements

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The corona virus 2019 (COVID-19) pandemic has challenged physicians in all specialties in ways medical school could not have prepared us for. With the politicization of simple public health measures, such as masks, polarization of science communication and risk mitigation strategies,[1] and attacks on those delivering these messages,[2] our vow to uphold the Hippocratic Oath has been tested. "The physician must… do good or to do no harm."[3] We can no longer remain silent about the ongoing harms and loss of life, directly caused by the political theater showcased throughout this pandemic. Vaccination-only strategies are not enough for our diverse patient populations, especially those with cancer, and others who live in fear of contracting COVID-19 given their increased risk of disease and long-term consequences. Our community of medical and scientific professionals should lead by example and mask up for the protection of our patients, our communities, and each other.

Oncologists witness countless deaths each year. Yet, nothing compares to the deaths, many preventable, of one million people in the United States from COVID-19.[4] Since the emergence of this novel airborne virus, we have learned effective risk mitigation strategies that are not being implemented due to politics and deadly misinformation and disinformation campaigns. Among these deaths were people who had been cured from cancer[5] and those who completed or were receiving treatments at the time of their death. An overwhelmingly disproportionate number of deaths have been among older adults, Black, Latinx, American Indian, Alaska Native, Asian, Native Hawaiian, Pacific Islander, and LBGTQ populations.[6–8]

Local, regional, and national policies have highly varied in response to cyclic COVID-19 surges. Social distancing policies, which were required at the beginning of the pandemic, are a social privilege that many Black, Latinx, American Indian, Alaska Native, Asian, Native Hawaiian, and Pacific Islander populations are not privy to given their overrepresentation in essential, high-COVID-19 risk occupations that require in-person work, such as hospital janitorial and custodial staff, grocers, bus drivers, and transport workers.[9–12] Furthermore, social structures and policies continue to obstruct COVID-19 testing, vaccinations, and treatments and widen cancer disparities gaps among these populations, with lower cancer screening rates, higher rates of advanced cancer stages at diagnosis, and more extensive cancer treatment delays than White adults during the pandemic.[13–15]

Pandemic policies, which should be based in science, have largely become de-medicalized and increasingly politicized. Ever-shifting recommendations and regulations have resulted in public confusion, apathy, and pandemic fatigue, and, thus, obstruct adherence to public health safety recommendations.[16,17] Clinic policies, to this day, run counter to the "outside world." Although the nation unmasks, our clinics continue to require masks to protect patients and staff. Although the nation declares COVID-19 to be "over," our clinics continue to scramble to deliver timely cancer care with intravenous contrast and staff shortages that are a direct result of the ongoing pandemic. As many medical professional and scientific organizations choose to hold in-person, mask optional meetings, we, as the authors, know that requiring masks would provide another layer of much-needed protection.

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As a diverse group of oncologists, health educators, and advocates who provide clinical care to some of the most immunocompromised people in the world, we are united in our advocacy against ongoing harms that COVID-19 policies, or lack thereof, have inflicted on our patients with cancer, thus compromising health equity. We vowed to uphold a number of professional ethical standards, and, therefore, we stand firm in our views regarding requiring masks, which are based on principles of science. It is our professional and civic duty to promote policies that can allow us to live in a society where everyone has a fair and just opportunity to be as healthy as possible.

Our messaging is simple, consistent, and aligned with science.

1. **Lead by example.** As oncologists, health advocates, and educators for our community we must make decisions based on science and evidence, not politics or personal opinion. As COVID-19 remains widespread,[18] we must be vigilant in preventing the spread and promote the protection of our patients and our society by enforcing mask use indoors and in populated settings. Indoor masks and at any large in-person gathering ensure we are thinking of those who often do not have a voice, or a choice. The many staff that work these events or drive us to and from these events do not have a choice. We have the ability to protect everyone—the staff who are working at these events, our patients, other attendees, ourselves, and loved ones—by requiring masking.

2. **Address and acknowledge ongoing disparities.** The COVID-19 pandemic is not over, and the risk of acute infection remains especially high in many underserved communities. As health care professionals committed to saving and prolonging lives, we cannot be blind to the unintentional consequences of our actions and our contribution to widening disparities by increasing preventable COVID-19 exposures and infections among our most high-risk populations.

3. **Educate on long-term impacts.** Long-term consequences, such as long COVID, are highly prevalent and not well-characterized. Requiring masks indoors and ensuring good air quality with adequate ventilation at any large gathering demonstrates our evidence-based recognition that COVID-19 continues to needlessly take lives and creates a large population of individuals with newly diagnosed chronic disease. COVID-19 among our population of patients, as well as among our clinical staff members, has continued to result in delays in cancer and other medical care.

4. **We need a multi-pronged approach.** Many conferences require proof of vaccination and a negative test, yet from what we have learned over the last 3 years, we know a multi-pronged approach is the most effective way to stop the spread. In January and February 2022, 42% of people who died of COVID-19 were vaccinated in the United States.[19] One-way masking upholds an individualistic strategy to fight the ongoing COVID-19 pandemic and is simply not enough to prevent ongoing harms. Requiring masks indoors and good air quality are vital and effective interventions.

5. **Disparities in international COVID policies.** We are concerned about our international communities, particularly low and middle income countries still grappling with the challenge of accessing vaccines. The lack of attention to this public health crisis will continue to exacerbate the problems of ongoing infections worldwide.

Many lives have been, and continue to be, lost due to the politicization of this pandemic. We must take it on ourselves, as medical professionals and scientists, to lead by example and mask up.

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Manali I. Patel: Conceptualization, writing–original draft, and writing–reviewing and editing. **Emily H. Wood:** Conceptualization, writing–original draft, and writing–reviewing and editing. **Marjory Charlot:** Conceptualization, writing–original draft, and writing–reviewing and editing. **Narjust Florez:** Conceptualization, writing–original draft, and writing–reviewing and editing. **Ysabel Duron:** Conceptualization, writing–original draft, and writing–reviewing and editing. **Sanford E. Jeames:** Conceptualization, writing–original draft, and writing–reviewing and editing. **Kekoa A. Taparra:** Conceptualization, writing–original draft, and writing–reviewing and editing. **Ana Velazquez Manana:** Conceptualization, writing–original draft, and writing–reviewing and editing. **Shikha Jain:** Conceptualization, writing–original draft, and writing–reviewing and editing.

CONFLICTS OF INTEREST

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