Request for Ethics Investigation: Wired's "The Painful Truth About Long COVID"

We respectfully request a formal ethics investigation of Wired for their June 2026 feature article, "The Painful Truth About Long COVID." The 7,000-word article - along with the subsequent public response by the author and Wired staff - misleads through the title and subtitle, materially omits critical context at key points, and fails to engage with the public in good faith.

The article has been heavily criticized by a broad and diverse coalition of patients, journalists, and leading Long COVID experts; not merely because it is 'controversial,' but because it falls far short of the standards of responsible journalism. A change[.]org petition calling for retraction has received more than 2,300 signatures in a matter of weeks. New York Times journalist Dr. Zeynep Tufekci, who has covered Long COVID a number of times, called the feature "an empirically poor article." Dr. Eric Topol publicly stated that "it was a damaging and horrible piece that WIRED should never have published." Dr. David Putrino, one of the leading worldwide Long COVID experts at Mt. Sinai, publicly and unequivocally called for retraction: "it is irregular for me to call for a media piece to retracted, but when faced with such an obviously biased and poor piece of journalism that is being platformed by bad actors that are harming the #LongCOVID community, it becomes necessary…"

We are not requesting your organization to resolve legitimate scientific disagreement, or to pronounce on the mechanisms of Long COVID itself; instead, we are requesting that you assess whether the article and Wired's subsequent response complied with journalistic standards for accuracy, context, fairness, transparency, and accountability.

A thorough ethics investigation is critical to adjudicating this issue and creating a shared understanding between Wired and the public about the existence and extent of any ethical violations.

The following is an illustrative, non-exhaustive list of allegations:

1. *Misleading Title:* "The Painful Truth About Long COVID" (The Painful Truth)

    a. "Let's start with the headline, which declares that Levinovitz is presenting "The Truth" about a medical condition no one has yet cracked. That's a revealing choice of words…" (Dave Tuller)

    b. This is a deceptive headline that misleadingly frames the entire article for patients and the general public alike.

c. SPJ Art. I ("Seek Truth and Report It"), §3: "Provide context. Take special care not to misrepresent or oversimplify in promoting, previewing or summarizing a story."

2. *Misleading Subtitle*: "There might finally be a way forward for long Covid treatment - if only you were allowed to talk about it." (The Painful Truth)

    a. "Mind-body" and other psychological interventions deserve rigorous scientific study, but they should not be elevated beyond the evidence. The article deceptively presents speculative, anecdotal mind-body approaches as "a way forward" for Long COVID while simultaneously ignoring the substantial (and growing) biomedical evidence that points to clear pathophysiological dimensions of Long COVID.

    b. "the idea that brain retraining is some breakthrough that's being ignored and that people can't talk about is complete nonsense." (Zeynep Tufekci)

    c. "'Talk' about this stuff is all over the place and has been going on for years, even decades…The notion that no one is talking about it is pretty ridiculous—a non-starter. But it allows Wired and Levinovitz to present themselves as prophets leading patients out of the biomedical wilderness." (Dave Tuller)

    d. SPJ Art. I, §3: "Provide context. Take special care not to misrepresent or oversimplify in promoting, previewing or summarizing a story."

    e. SPJ Art. I, §17: "Never deliberately distort facts or context, including visual information. Clearly label illustrations and re-enactments."

3. *Misrepresenting the Legitimate Concerns of a Patient-Advocate*: "the IRB approved it. But then a UVA law professor and long Covid patient emailed him and the IRB with 'grave concerns' about the trial…Angadi and his coauthors got spooked. 'We were like, this is just too much,' he said. 'So we bailed on it.'" (The Painful Truth)

    a. "The proposed study was to feature what is called "high intensity interval training" (HIIT), which involves short bursts of vigorous activity followed by periods of more gentle movement or rest. But some or many Long Covid patients report serious and lengthy relapses after minimal amounts of movement, a phenomenon known as post-exertional malaise (PEM). Engaging in "high intensity" exercise could trigger PEM in such patients. Researchers have an obligation to inform study participants about possible or likely risks.

    In discussing rehabilitation trials, Levinovitz offered only a parenthetical example of what "exercise" might entail: "standing up from a chair." He did not mention

that this specific UVA trial involved HIIT, which was the focus of the professor's complaint and is different from "standing up from a chair." In short, the article appeared to have misrepresented the context for the professor's fears about "the dangers involved," meaning these concerns were more likely to come across as exaggerated and histrionic rather than legitimate and rational. Wired's reported version of the incident therefore served to support Levinovitz' thesis." (Dave Tuller)

b. SPJ Art. I, §2: "Provide context. Take special care not to misrepresent or oversimplify in promoting, previewing or summarizing a story."

4. *Providing Identifying Information for Anonymous Patient-Advocate Without an Opportunity to Respond*:

a. "Because he did not share her name, he rejected the notion that he had "outed" her. In his view, she outed herself. However, as Stevenson noted, she is the only law faculty member who has publicly revealed that she has Long Covid, she mentions the illness in her UVA bio, and a quick Google search would have immediately surfaced her name. Even if no one who identified her could know with 100% certainty that she had sent the letter, she'd be the obvious candidate.

Removing the fact that she, like the investigators, worked at UVA—an incidental detail not essential for purposes of the story—would have made it impossible for anyone to find her. This is basic journalism—delete unnecessary information to protect people's privacy." (Dave Tuller)

b. SPJ Art. I, §8: "Diligently seek subjects of news coverage to allow them to respond to criticism or allegations of wrongdoing."

c. SPJ Art. II ("Minimize Harm"), §4: "Realize that private people have a greater right to control information about themselves than public figures and others who seek power, influence or attention. Weigh the consequences of publishing or broadcasting personal information."

5. *Failing to Provide Context for an Inaccurate Quote*: "She accuses scientists and clinicians who champion biomedical explanations of relying on shoddy, ambiguous research. 'It's poorly done studies that are really small,' she said. 'And patients will be like, 'Oh, well, this is micro blood clots and this is viral particles.'"" (The Painful Truth)

a. The author and Wired's editorial staff leave this factual assertion unchallenged. They do not reference the growing body of rigorous studies and scientific evidence,

let alone quote leading researchers to provide context for Dr. Kennedy's quote.

b. SPJ Art. I, §1: "Take responsibility for the accuracy of their work. Verify information before releasing it. Use original sources whenever possible."

c. SPJ Art. I, §2: "Provide context. Take special care not to misrepresent or oversimplify in promoting, previewing or summarizing a story."

6. *Portraying Exercise-Based Interventions for Patients with Post-Exertional Malaise as Promising*: ex. "the relationship between exercise and post-exertional malaise is a case study in how scientific results can clash with believing patients…" (The Painful Truth)

   a. "Any claim that exercise still needs to be tested is not made from a position of impartiality. These claims are made from the decision to ignore the existing literature. Continuing to treat this issue as an unresolved empirical question simply re-manufactures a sense of mystery. And that manufactured mystery, in turn, is used to justify trials that expose participants to an intervention we already know commonly causes harms." (Dr. Todd Davenport)

   b. "your part about exercise is missing the biomedical breakthroughs in understanding from the last few years." (Zeynep Tufekci)

   c. SPJ Art. I, §1: "Take responsibility for the accuracy of their work. Verify information before releasing it. Use original sources whenever possible."

   d. SPJ Art. I, §2: "Provide context. Take special care not to misrepresent or oversimplify in promoting, previewing or summarizing a story."

7. *Failing to Provide Context for Potential Harms of 'Brain Retraining Programs'*: while naming/promoting specific programs and highlighting anecdotal evidence of their success, the author and Wired's editorial team fail to include any meaningful discussion of the demonstrated harm they have caused to a subset of participants.

   a. "But the piece suffers from his decision to offer no testimony from even one among the masses of patients who have tried these sorts of interventions and report that they did not improve, or appeared to improve for a period of time before suffering a serious relapse, or got worse during or immediately after their participation in one of these programs." (Dave Tuller)

b. SPJ Art. I, §2: "Provide context. Take special care not to misrepresent or oversimplify in promoting, previewing or summarizing a story."

8. *Materially Misrepresenting and Omitting Key Context About the State of Long COVID Research*: ex. "Six years since the height of the pandemic, the scientific community remains baffled by long Covid." (The Painful Truth)

    a. "I have been reporting in this space for years, resulting in full page articles in the New York Times which involved interviewing, at length, lead PIs of the billion dollar NIH research fund, NIH agency leaders at the highest level, and leading scientists working on this field. Additionally, as an academic who got interested in this important, fascinating space, I am still reading the scientific literature and regularly keeping up with cutting edge science. They're all missing in your article!" (Zeynep Tufekci)

    b. The article repeatedly characterizes Long COVID as a phenomenon that has left scientists "baffled." While many important questions remain unanswered, this framing materially misrepresents current scientific knowledge about the disease. By omitting balanced discussion of the substantial advances in understanding Long COVID's biological mechanisms - including immune dysregulation, autoimmunity, viral persistence, autonomic dysfunction, endothelial injury, and mitochondrial dysfunction - the article conveys an impression of scientific ignorance that is inconsistent with the contemporary evidence base.

    c. Accurately characterizing the contemporary evidence base is critical for responsible reporting on Long COVID. By failing to include information about the considerable scientific progress made over the past several years, readers are deprived of essential context and are misled about the state of scientific evidence.

    d. SPJ Art. I, §1: "Take responsibility for the accuracy of their work. Verify information before releasing it. Use original sources whenever possible."

    e. SPJ Art. I, §2: "Provide context. Take special care not to misrepresent or oversimplify in promoting, previewing or summarizing a story."

9. *Failing to Prominently Identify Corrections:*

    a. Ex. "while I was quoted accurately, Wired got my job title wrong, referring to me as a "lecturer" at Berkeley, which I haven't been for years, and not "senior fellow," which I am. While I appreciated that Wired fixed the error, I was surprised at the

absence of any indication that a correction had been made." (Dave Tuller)

b. SPJ Art. IV ("Be Accountable and Transparent"), §3: "Acknowledge mistakes and correct them promptly and prominently. Explain corrections and clarifications carefully and clearly."

10. *Failure to Engage in Good Faith with Legitimate Criticism from Patients, Physicians, and Journalists*: patients, physicians, and journalists have provided extensive feedback and highlighted key concerns through numerous emails to Wired editorial staff and Condé Nast communications, and through comments on social media. [Correspondence can be provided upon request.]

    a. Editorial silence: To our knowledge, Wired and its parent company, Condé Nast, have failed to even acknowledge - let alone meaningfully respond - to members of the public, with the sole exception of a nonprofit advocacy organization.

    b. The author's public response: rather than consistently engaging substantive criticisms in a professional manner, the author responded to patients in an inflammatory way. Multiple experts have criticized the author's subsequent conduct, for example Dr. David Putrino: "[the author] has since displayed shocking behavior online…mocking severely ill people who pushed back against the misinformation he is peddling in his article." [Examples of the author's post-publication conduct on X are readily available and may be reviewed if they are relevant to evaluating Wired's response to legitimate criticism.]

    c. SPJ Art. II, §7: "Consider the long-term implications of the extended reach and permanence of publication. Provide updated and more complete information as appropriate."

    d. SPJ Art. IV, §1: "Explain ethical choices and processes to audiences. Encourage a civil dialogue with the public about journalistic practices, coverage and news content."

    e. SPJ Art. IV, §2: "Respond quickly to questions about accuracy, clarity and fairness."

    f. SPJ Art. IV, §4: "Expose unethical conduct in journalism, including within their organizations"

Responsible, ethical journalism plays an essential role in facilitating public debates about emerging scientific evidence. Our concern is not that Wired explored controversial ideas but that, in doing so, it may have failed its fundamental ethical obligations regarding accuracy, context, and accountability.

A thorough ethics investigation with factual findings and a final report will not only provide an invaluable contribution to the public discussion surrounding this particular Wired article, but it will also help shape ethical reporting of chronic illnesses like Long COVID going forward. People suffering from serious and disabling chronic illnesses like Long COVID and ME/CFS are already marginalized and stigmatized within society; we deserve responsible journalism that meets the standards of accuracy, fairness, and scientific rigor. Your investigation can dramatically improve future coverage of our poorly understood conditions.

We respectfully request that your organization conduct an appropriate review and, if warranted, publish findings regarding whether the article complied with accepted standards of journalism ethics.

With respect,

Scott Hugo*[1]
Emily Johnson**[2]
MEAction[3]
Amy Blackstone[4]
Billy Hanlon[5]
Kera Joseph[6]
Ya'el Courtney[7]
Katie Moon[8]
Theresa Kulikowski-Gillespie[9]
Rivka Solomon[10]
Liz Burlingame[11]
Josie Jestis[12]
Kyrie-Inn Blue[13]
Sallie W. Rediske[14]
Gillian McCrea[15]
Emily Fraser[16]
Richard Husser[17]
Elliott Karetny, EdD[18]
Maya Lindemann[19]
Tina Yesenofski[20]
Deborah Holcomb[21]

Melissa Rockefeller[22]
Betsy Barker[23]
Sumitra Joy[24]
Beverly Weiss[25]
Hannah Rice[26]
Bridget Collins[27]
Brian Buckbee[28]
Ty Godwin[29]
Kathryn Perelman[30]

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[1] *Lead author. JD/MPP/MPhil. Scott served as a local government public interest attorney for nearly a decade prior to becoming disabled by Long COVID in February 2024. He also taught graduate public policy ethics at Mills College from 2017-2022. Due to severe cognitive impairment and a diagnosis of Myalgic Encephalomyelitis, Scott can only engage in cognitive work for 15-20 minute bursts on good days. This request for an ethics investigation was drafted, in consultation with ChatGPT, in more than a dozen such bursts over the course of a week.

[2] Second author.

[3] #MEAction is a national nonprofit organization advocating for people with myalgic encephalomyelitis/ chronic fatigue syndrome (ME/CFS), Long COVID, and related infection-associated chronic conditions.

[4] Amy Blackstone, PhD, was a Professor of Sociology at the University of Maine for 23 years until her employer decided to stop accommodating her ADA-protected condition (Long COVID). She has been a Long COVID sufferer/survivor since March 2020 and was diagnosed with ME/CFS in 2025. Now in her "refirement," Dr. Blackstone shares her Long COVID experience through her Substack and podcast, NEVERTHELESS, PERSISTING. She accomplishes tasks through pacing and patience.

[5] Billy Hanlon is signing in his personal capacity as a patient-advocate.

[6] Kera Joseph, MBA, is a patient advocate who was diagnosed with ME/CFS in 2020, following her diagnosis of Graves' Disease and Hyperthyroidism caused by a third reactivation of Epstein-Barr Virus, along with Long Covid since 2022. She participated in the first Solve M.E. LC-Plan Cohort, served as ME Action's Michigan Chair for two years, and has been actively involved as a community patient advocate and in multiple clinical trials.

[7] Ya'el Courtney, PhD, is a postdoctoral fellow in the Division of Immunology and Rheumatology at Stanford University, where her research uses single-cell and viral genomics to study post-infectious disease, including ongoing work on Long COVID. She signs in her individual capacity; her institutional affiliation is provided for identification only and does not imply institutional endorsement.

[8] Kathryn Moon, MA, MS, is a patient advocate who was diagnosed with myalgic encephalomyelitis in 2023. Prior to that she was a graduate student researcher in the field of psychology (neurocognition research) at Boston University, and then finished another master's degree at Northwestern University to become a medical speech language pathologist. In 2023 she could no longer work, and became mostly homebound due to the severity of both cognitive and physical symptoms associated with her illness. She signs in her individual capacity.

[9] Theresa Kulikowski-Gillespie, PA-C, is a functional medicine physician assistant and certified mindfulness meditation teacher who has lived with ME since her deployment to Tikrit, Iraq, with the U.S. Army in 2011. Prior to becoming ill, Theresa was an elite gymnast, collegiate athlete, and Army physician assistant. Once bedridden with ME, she has now regained the ability to work part-time from home through functional medicine, mindfulness, pacing, and loving support. Along the way, she completed The Institute for Functional Medicine's certification, Jack Kornfield and Tara Brach's Mindfulness Meditation Teacher Certification, and authored two books that share inspiring stories and promote holistic wellness in high-achieving populations. She teaches on Insight Timer and advocates for all chronic illness warriors.

[10] Rivka Solomon, MS, long-time ME/CFS and Long COVID advocate.

[11] Liz Burlingame is a person disabled with long-term ME/CFS and an advocate.

[12] Josie Jestis is a person in her 40s disabled by ME/CFS since age 11 and an advocate.

[13] Kyrie-Inn Blue, age 56, dynamically disabled, ME/long COVID/neuro-Lyme advocate and service dog owner/trainer/advocate.

[14] Sallie W. Rediske, MPT, a childhood survivor of ME, and diagnosed 24 years later, ran a specialty PT clinic for people with complex chronic conditions for 18 years. Now fully disabled, she advocates as able, focusing on improving rehabilitation provider training.

[15] Gillian McCrea is a Long COVID disabled patient-advocate. Previously, she was a healthy athlete with a career in finance working for Fortune 75 global CEOs.

[16] Emily Fraser was a Stanford-trained documentary filmmaker & lecturer in film studies at Santa Clara University before becoming disabled and housebound by ME and Long Covid.

[17] Richard Husser, BS, Biology, age 58, former biomedical research assistant at Baylor College of Medicine, battled Myalgic encephalomyelitis following a severe bout of Mononucleosis since 1985, forced to stop working in 2016 after decades-long struggle, diagnosed in 2018, now disabled, and advocate.

[18] Elliott Karetny, EdD, was a high school science teacher and adjunct professor at Rowan University in the Biology and STEM Education departments. A COVID infection in 2023 left him medically retired and housebound. He had been a long distance runner, artist, and explorer.

[19] Maya Lindemann, RN, RWJF Clinical Scholars Fellow, Renegade Research PI, patient advisor, former Scientific Diver at Aquarium of the Pacific. Bedridden by Long Covid and ME since 2020.

[20] Tina Yesenofski, SolveME Lived Experience Taskforce member and Consumer (Patient) Reviewer for the Congressionally Directed Medical Research Program (CDMRP) for ME/CFS who previously worked as a project manager and data analyst in scientific research software and healthcare in Philadelphia, PA. COVID completely upended her life in July 2020, after which she was diagnosed with disabling ME/CFS, POTS, and Long-COVID. She now identifies as a person with a disability.

[21] Deborah Holcomb is a ME/CFS parent, patient, and advocate. She also serves as President of ME/CFS San Diego.

[22] Melissa Rockefeller, MD is a caregiver-advocate.

[23] Betsy Barker was forced by ME/CFS to retire from a job she loved managing critical computer systems. She has been bedbound since 2020, and this is her 4th episode since 1974. There are still no treatments or a cure.

[24] Sumitra Joy is a homebound disabled senior due to decades long suffering of ME/MCD and epitope of Chronic Ciguatera Poisoning. Sumitra has spent over 50 years as an advocate/activist for environmental issues and public health; she extended her advocacy to changing health care and housing policy to address the needs of the extremely low income disabled and seniors with a focus on creating healthy building housing with long term, comprehensive home community-based services.

[25] Beverly Weiss, MBA, prior co-advocacy chair for #MEAction. Parent of daughter who has been sick for 20 +years and who lost a promising career due to ME/CFS. It took over 6 years to get a diagnosis and we had to bring a psychiatrist's note stating she did NOT suffer from depression to the 15 NYC specialist appointments. When does this stop?

[26] Hannah Rice is a patient advocate in Colorado, now mostly too disabled to do advocacy work. As an ambitious undergraduate, she won a global grant to study in the Middle East & was nominated as top student in philosophy. However, her dreams of using her Arabic skills in a public service career were derailed by MECFS, with which she was finally diagnosed in 2013, a few years after becoming acutely ill. She's since also been diagnosed with Long Covid & other comorbidities. She's spent more than half of the prime of her life housebound & bedbound & is now the mother of a little boy who dreams of her getting better someday.

[27] Bridget Collins, Chair of #MEAction Maryland. She is a person in her 40s disabled by ME/CFS since age 11, as well as a person with first wave LC and other chronic conditions.

[28] Brian Buckbee's severe ME was triggered in 2018. A former university teacher, he is now fully disabled and living in Missoula, Montana. His memoir about his ME ("We Should All Be Birds") was one of Washington Post's Best Books of 2025.

[29] Patient Advocate.

[30] Kathryn Perelman, MBA, SolveME Lived Experience Taskforce member, was a two-timer marathoner living independently until she developed Long Covid, ME/CFS, POTS, and dysautonomia after a Covid-19 infection in 2022. She now resides with her caregiver parents and is bed-bound/apartment-bound. Kathryn works full-time from bed through a combination of remote work and workplace disability accommodations.