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*A Journal of Political Thought and Statesmanship*

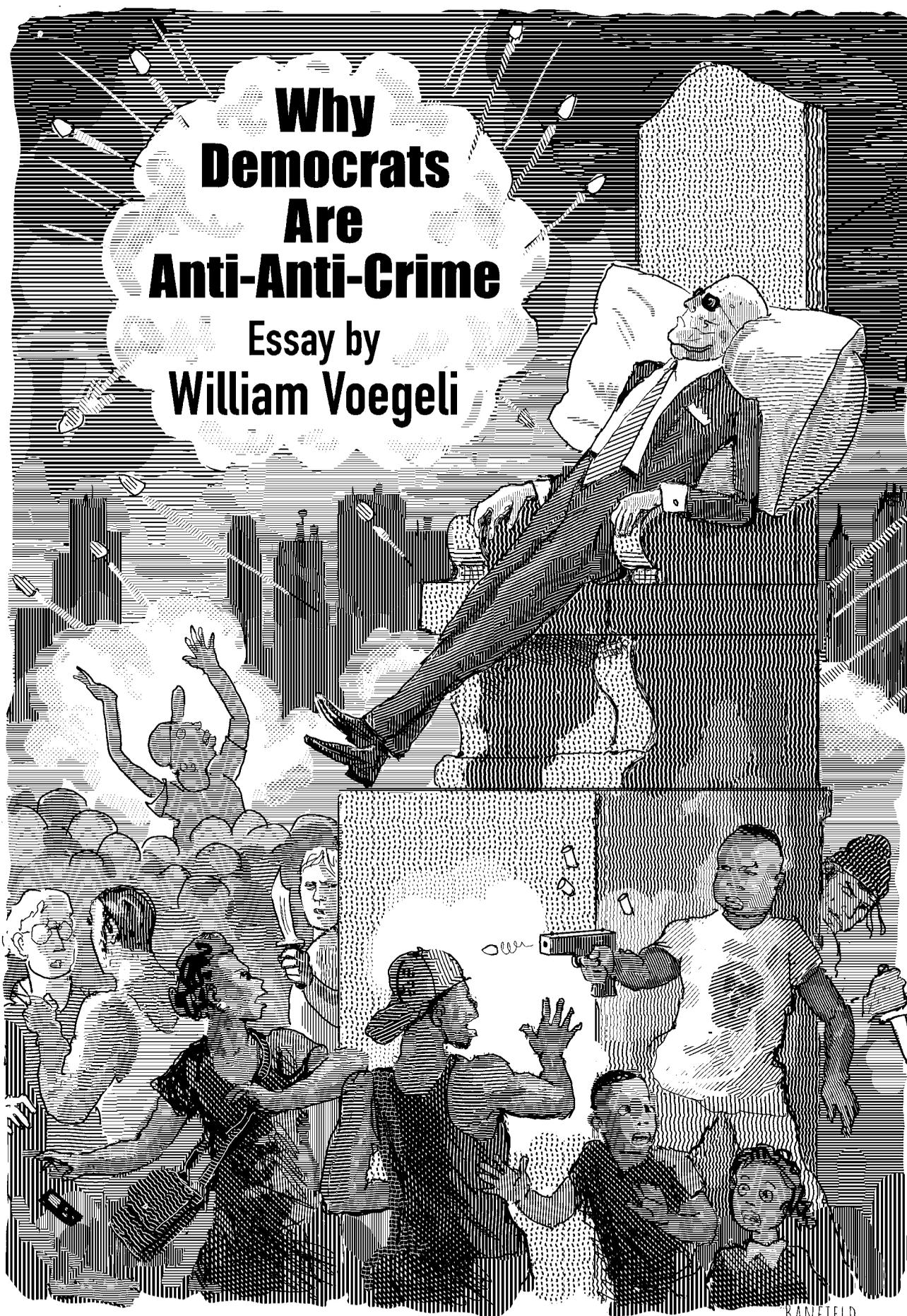
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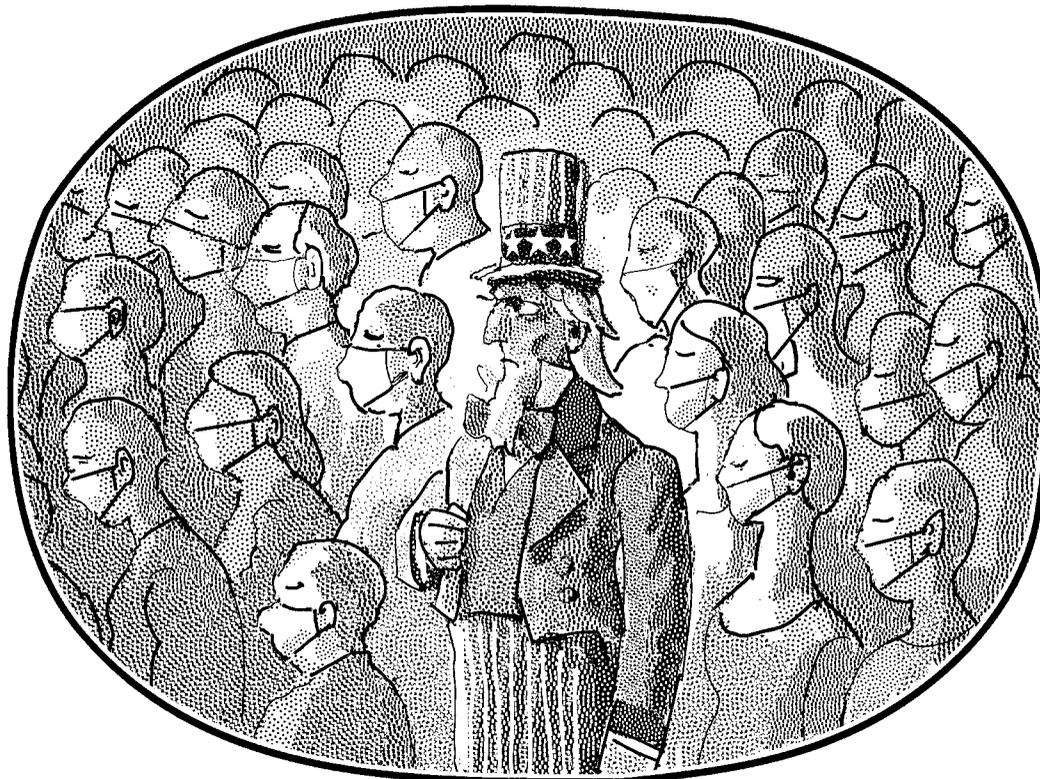


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Essay by Jeffrey H. Anderson

# THE MASKING OF AMERICA

*Faceless people make compliant subjects, not good citizens.*



“WE SHOULD NEVER FULLY RETURN to our maskless society where only health care providers donned a mask, because judicious use of masks will continue to save lives” (emphasis added). This is not the fringe statement of some obscure crank. It is the view of two doctors at New York’s Mount Sinai School of Medicine, one of the nation’s most prestigious medical schools, writing in a *New York Daily News* op-ed this spring.

Now that the COVID-19 pandemic is retreating, it may seem absurd to propose further mask mandates in response to lesser—or even seasonal—viral threats. But Julia Carrie Wong, writing in the *Guardian*, reports that many Americans like their masks just fine. Francesca, a 46-year-old, fully vaccinated professor in New York, will not abandon her “invisibility cloak” just yet. “It has been such a relief to feel anonymous,” she explains. “It’s like having a force field around me that says, ‘don’t see me.’” Becca, a 25-year-old bookstore employee near Chicago, reports that she and her co-workers “prefer not having customers see our faces,” because “[w]ith a mask, I don’t have to smile at them or worry about keeping a neutral face.” Bob, a 75-year-old retiree

in New Jersey, says wearing a mask “frees” him from having to “appear happy.” Aimee, a 44-year-old screenwriter in Los Angeles, likes the “emotional freedom” that comes from wearing a mask: “It’s almost like taking away the male gaze.”

Ostensibly, the point of wearing masks is not to furnish oneself with an emotional crutch but to prevent viral transmission. Many Americans have been taught to believe that masks work—at least a little—and that wearing them comes at a minimal cost. Nearly the opposite is true. The best scientific evidence invites a far less rosy assessment of masks’ effectiveness than is broadcast by public health officials. And the dubious health benefits of widespread mask-wearing come at an enormous social cost, which is almost never acknowledged by those writing and enforcing the mandates.

Seeing and showing the face is a fundamental aspect of human existence. A society that forgets this straightforward truth will likely also fail to realize that faceless people may make for compliant subjects but not generally for good citizens. (We may distinguish those cases when masks are worn for special occasions—Halloween, Carnevale, classical Greek

plays.) Nor will COVID-19 be the last time public health officials and governors demand we embrace mask-wearing. The question is whether Americans—and the legislators who most closely represent them—will realize the high costs of wearing masks before this new and noxious practice becomes ingrained in our culture.

In its worldwide impact, the COVID-19 pandemic has been the worst in a century. As a threat to Americans’ health, however, it is closer to the 1968 Hong Kong flu or the 1957 Asian flu—neither of which noticeably altered Americans’ everyday lives—than to the 1918 Spanish flu. In a head-to-head comparison, COVID-19 makes the Spanish flu look like the Black Death of medieval Europe. According to the best available figures from the Centers for Disease Control and Prevention (CDC) and elsewhere, the typical American under the age of 40 in 1918 was more than 100 times as likely to die of the Spanish flu than the typical American under the age of 40 in 2020 was to die of COVID-19. Whereas COVID-19 sadly shortened the lives of many older people already in poor health, the Spanish flu took people in the prime of life and left orphans in its wake.



Americans' reaction to COVID-19, however, has been radically different from their behavior in 1968, 1957, or even 1918. Writing in the *Wall Street Journal*, the Hoover Institution's Niall Ferguson recalls that President Dwight Eisenhower asked Congress for \$2.5 million in additional funding for the Public Health Service during the Asian flu. Overall, Congress has authorized about 2 million times that much for COVID-19. In 1957, there were no widespread school closures, travel bans, or mask mandates. Ferguson quotes one person's recollection of those days: "For those who grew up in the 1930s and 1940s, there was nothing unusual about finding yourself threatened by contagious disease. Mumps, measles, chicken pox, and German measles swept through entire schools and towns; I had all four.... We took the Asian flu in stride."

One major difference between then and now is the increased role of public health officials. Long before their ascension, Socrates made clear in Plato's *Republic* that he did not want doctors to rule. Philosophers or even poets would be better governors of society, because they at least attempt to understand political and social life in its entirety and minister to the human soul. Doctors, by contrast, tend to disregard the soul: it is the nature of their art to focus on the body in lieu of higher concerns. Moreover, Greek philosophers and poets alike celebrated courage in the face of death—Plato's Socrates and Homer's Achilles were undeterred from their noble missions by fear of the grave. But rule by public health officials, under which we increasingly live today, encourages excessive risk-aversion and almost transforms cowardice into a virtue.

### Wear the Mask, Neanderthal

**S**URGICAL MASKS WERE DESIGNED TO protect patients' wounds from becoming infected by medical personnel, not to prevent the spread of viruses. When COVID-19 hit our shores, the CDC initially recommended that most Americans not wear masks. On April 3, 2020, the CDC abruptly reversed this position. Surgeon General Jerome Adams explained that "new evidence" had revealed that "a significant portion of individuals with coronavirus lack symptoms" and "can transmit the virus to others *before* they show symptoms" (emphasis added).

As a rationale for wearing masks, this did not entirely make sense. According to the World Health Organization (WHO), "potentially pre-symptomatic transmission...is a major driver of transmission for influenza." Yet the CDC does not (yet) recommend that

seemingly healthy people wear masks during flu season. It seems likely that the CDC panicked in April and wanted to be seen as doing something. Plus, public health officials are naturally enthusiastic about public health interventions. Here was an opportunity to introduce an intervention that would previously have been unthinkable to Americans. Granted, the research on masks' effectiveness, or lack thereof, had not changed to suggest healthy people should wear masks. But why quibble about evidence in the interest of a good cause?

The day after the CDC endorsed nationwide mask-wearing, President Trump announced, "I won't be doing it personally." From that instant, the mask quickly became a symbol of civic virtue—a sort of Black Lives Matter flag that could be hung from one's face. For many it conveyed a trio of virtues: *I'm unselfish; I'm pro-science; I'm anti-Trump*. What it also conveyed, incidentally, was rejection of longstanding Western norms, unhealthy risk-aversion, credulous willingness to embrace unsupported health claims, and a pallid view of human interaction.

**Americans have been  
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The most reliable science on whether masks are effective in stopping the transmission of viruses comes from randomized control trials (RCTs), almost all of which were conducted before COVID-19 began. RCTs, in which researchers assign subjects randomly to different groups and study how those groups react to various forms of treatment, are the gold standard in medical research. They make it very hard for researchers to produce their own preferred outcomes. Observational studies, so called because researchers merely observe outcomes in pre-existing scenarios without being able to isolate one specific cause of those outcomes, are as much sociology as medical science. They introduce more bias and are far more apt to be politicized. Anyone doubting that researchers in the COVID-19 era have been more likely to benefit from generating pro-mask findings than anti-mask findings, might also be interested in some oceanfront property in Wuhan.

Randomized control trials have found little to no evidence that masks work to prevent

viral transmission—either from the wearer to others or vice versa. In fact, some significant evidence from RCTs indicates that masks *increase* transmission. One team of researchers, led by Raina MacIntyre at the University of New South Wales, explained how masks could actually be counterproductive: "The virus may survive on the surface of the face-masks" and "transfer pathogen from the mask to the bare hands of the wearer."

Forcing children to wear masks is particularly unreasonable. Minors are far less apt to spread the virus, and CDC statistics show that 99.9% of COVID-19 deaths in the U.S. have been of adults. Few spectacles are more ridiculous than that of school kids, outside, playing sports, wearing masks. Moreover, the WHO guidance on mask-wearing for children is comical in its implausibility: "Before putting on the mask, children should clean their hands...at least 40 seconds if using soap and water.... Children should not touch the front of the mask [or] pull it under the chin.... After taking off their mask, they should store it in a bag or container and clean their hands." Sure. Got that, kids?

A 2020 study by Professor Henning Bundgaard and his team in Denmark is the only RCT that has tested the effectiveness of mask-wearing against COVID-19. It found that 1.8% of those participants in the group wearing masks, and 2.1% of those in the unmasked control group, became infected with COVID-19 within a month. This difference was not statistically significant. The study must have had difficulty getting published, since it appeared months after it was conducted. Once it was eventually released, Vinay Prasad, a medical doctor at the University of California, San Francisco, described it as "well done" but noted (critically) that "[s]ome have turned to social media to ask why a trial that may diminish enthusiasm for masks...was published in a top medical journal."

In attempting to justify its mask guidance on its website, the CDC has relied almost entirely on observational studies while studiously disregarding RCTs—aside from criticizing a couple of the more revealing ones, like Bundgaard's, that do not support the agency's guidance or goals. Anyone who thinks the CDC is an impartial, politically neutral agency, dedicated solely to the pursuit of scientific truth, should perhaps consider the recent e-mail evidence that the teachers union and Joe Biden's White House effectively rewrote sections of the agency's return-to-school guidance. Like so many unelected leaders, CDC officials consider themselves more accountable to "stakeholders" than to

# MAGISTERIAL WORKS

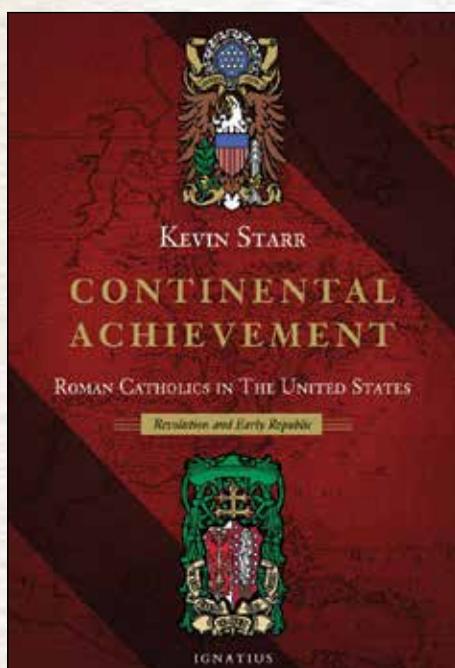
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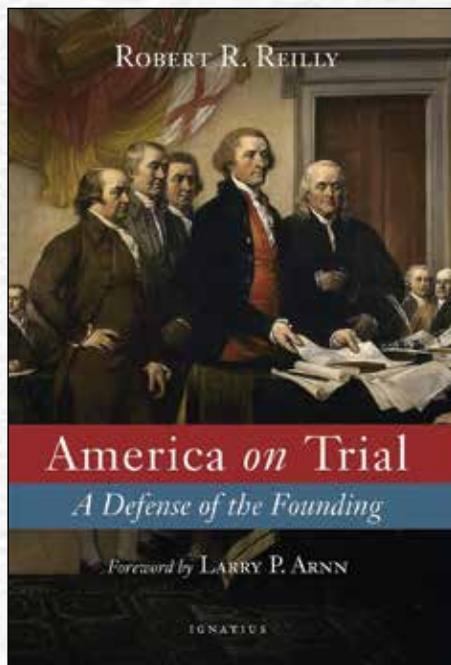
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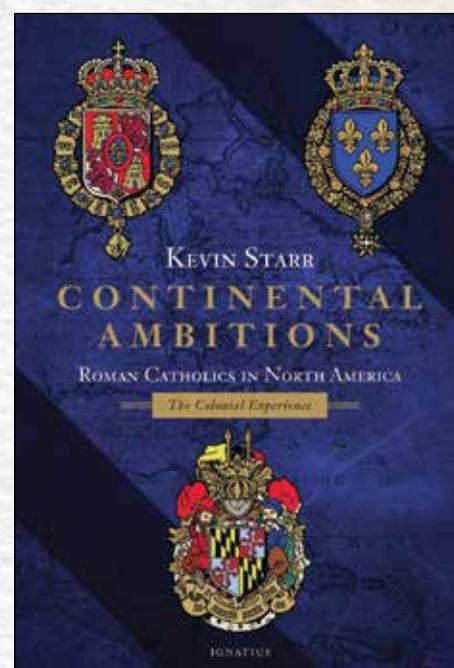
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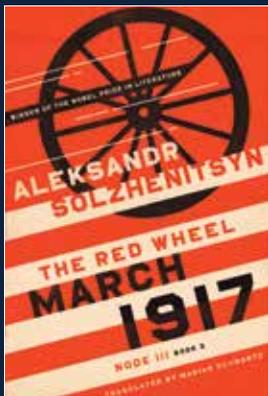
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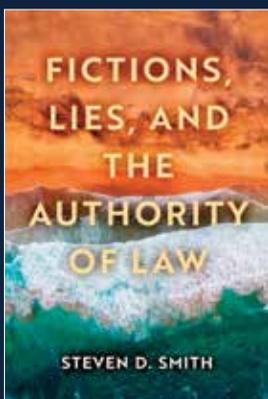
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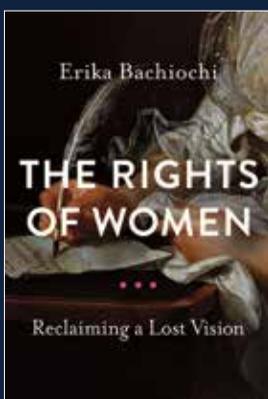
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the American people. That is why the founders vested power to make policy decisions—of all sorts—in elected legislatures rather than in remote bureaucrats. Yet legislatures have largely been AWOL during the coronavirus period, while public health officials and executive branch leaders have reveled in their newfound powers.

## What's in a Face?

**E**VEN IF MASKS DID WORK, WHAT SHOULD we sacrifice to wear them? In addition to being unattractive, masks are uncomfortable and make it harder to breathe. It is not uncommon to see a mask-wearer pull his or her mask out of the way just in time to cough or sneeze—which is understandable, since otherwise the mask effectively becomes a used handkerchief that remains affixed to one's nose and mouth. Human beings were meant to feel the sun and wind on their faces, not a (potentially moist) piece of fabric. Even Muslim women's veils are apparently more comfortable than masks. One York University professor told science writer Sandy Ong, "I find my face gets very hot when I wear a face mask, whereas with the niqab it generally doesn't."

But comfort is not the only reason masks and veils offend our sensibilities. Westerners, at their best, recognize that each individual human being is unique and has inherent value. Perhaps in part as an expression of this belief, we have always ensured the visibility of the face—the part of the body that principally gives expression to one's thoughts and feelings. Other civilizations place less value on individual liberty and are also less committed to republicanism. Thus political philosopher Pierre Manent, addressing debates in France over the use of veils in Muslim communities, writes: "It is by the face that each of us reveals himself or herself at once as a human being and as this particular human being... To present visibly one's refusal to be seen is an ongoing aggression against human coexistence. Europeans have never concealed the face, except the executioner's."

When we look at our fellow human beings' faces, we tend to process the whole face at once. Almost needless to say, a mask covering the lower two-thirds of the face greatly disrupts such processing—which is harmful to children, especially to babies. One wonders how much damage we have done to those born in 2020 by blocking our faces from them during their crucial first year of life. Stanford medical professor Jay Bhattacharya states that "the evidence is overwhelming that masking can harm children's developmental progress."

All of this helps to answer the blithe question so frequently posed by mask enthusiasts: what's the big deal? It is a very big deal. Masks hide from view the familiar faces, infectious smiles, and warm glances that bring light and color to everyday life. To dismiss this loss so cavalierly is to devalue human warmth and sociability in a remarkably callous way. In his detailed study of emotions, Charles Darwin observed that human beings' reliance on facial expressions is a key difference between us and animals. He wrote an entire book on the subject, *The Expression of the Emotions in Man and Animals* (1872). Communication, according to Darwin, was "of paramount importance to the development of man." Human communication is "much aided by the expressive movements of the face and body," and the face is "the chief seat of expression." Darwin adds that we immediately perceive the importance of facial expressions "when we converse on an important subject with any person whose face is concealed." It is worth noting that this is precisely why the mask *appeals* to its most devoted fans, like the ones quoted above from the *Guardian*: longing to wear masks means longing to hide from human social life.

## The Face of Freedom

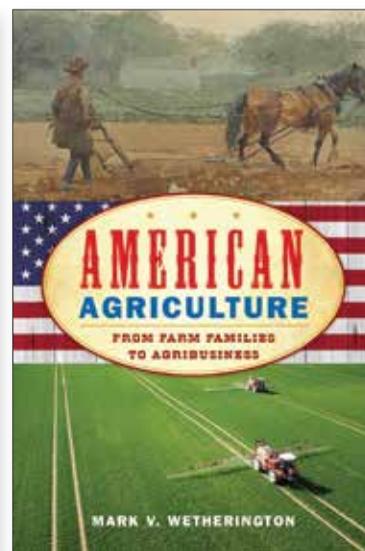
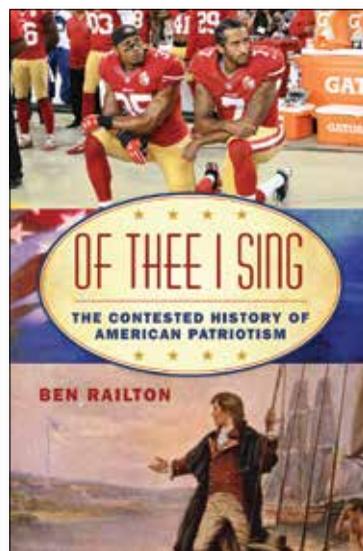
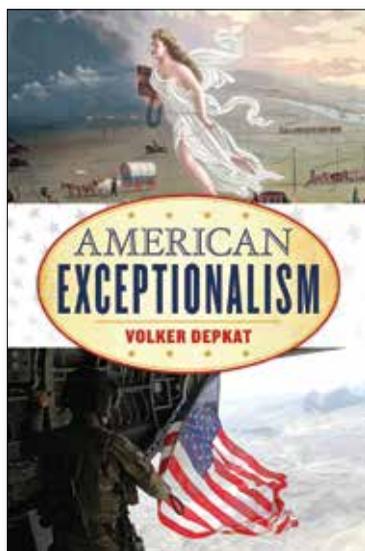
**I**N SUM, NOT ONLY DO MASKS APPARENTLY not work as advertised, they are uncomfortable and unhygienic. They obscure our humanity and undermine our children's development. They prevent us from seeing the emotions, sensibilities, and affections of others, or sharing our own. They limit communication and erode understanding. They profoundly compromise human interaction and substantially reduce our quality of life.

Public health officials understand none of this. They pretend that mask-wearing is an action without a cost. Or perhaps, because they are neither trained nor inclined to look at the whole picture of human society, they are simply blind to these costs. Their guiding light is the avoidance of risk—narrowly defined as the risk of becoming sick or dying. The risk of stifling, enervating, or devitalizing human society is not even part of their calculation. Under their influence, America has been conducting an experiment in mask-wearing based largely on unsupported scientific claims and an impoverished understanding of human existence. It is an experiment we should not repeat.

*Jeffrey H. Anderson served as director of the Bureau of Justice Statistics at the U.S. Department of Justice from 2017 to 2021.*



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