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## The Illogic and Injustice of Mask-Shaming

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6-7 minutes

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A curious phenomenon has begun to emerge in the wake of the CDC's recent updated guidance on mask-wearing related to COVID-19, or its "Interim Public Health Recommendations for Fully Vaccinated People," as stated on the CDC's website. Specifically, the CDC states that fully vaccinated people "no longer need to wear a mask or physically distance in any setting," excepting where governmental or business/workplace requirements may differ.

Those possessed of even average critical thinking skills might have wondered why such a pronouncement was even necessary in the wake of a massive, publicly and privately funded vaccine research, development, production, distribution, and (most notably) marketing campaign designed to inoculate those so vaccinated. The common public understanding of vaccination programs generally is that they exist to prevent — and, in the case of COVID-19, also diminish the symptoms of — infection by the subject pathogen.

Leaving apart any considerations about COVID-19 infection survivability and severity rates among all but the most susceptible demographics, use of "effective" vaccines (i.e., those currently approved for use in the U.S.) combined with a dash of empiricism and common sense regarding exposure risk have resulted in a considerable majority of the general public — and residents of both red and blue states — functionally well ahead of the CDC. Indeed, outdoor, socially distanced, open-air transmission always seemed a long inductive putt. Except for those who harbor some political or other agenda unrelated to personal or public health, most people should by now find the guidance issued by the CDC last week to be self-evident — the decisions of certain jurisdictions to continue their mask mandates notwithstanding.

The phenomenon to which I refer is not (or not just) continued outdoor mask-wearing, which remains ubiquitous in New York City, but public statements — often by those on the political left — that they're either not comfortable with going maskless in the types of situations described by the CDC, even if fully vaccinated, or are concerned about the "message" associated with doing so, which they apparently construe as a form of reverse virtue-signaling. Here we find a tidy illustration of anti-rationalism, leavened by moral superiority.

Anti-rationalism, alas, will always be with us. And it is a small price to pay for a free society — your inability to properly assess risk, whether in the case of COVID-19 or otherwise, does me no actual harm, provided it relates only to you. If Joy Reid wants to say that those who are fully vaccinated are "irrational" to not also wear masks, as she did just a short time before the CDC reversed itself and stated the obvious, it is fine for her to take that position — insofar as it only relates to Joy Reid. Similarly, if David Hogg wants to continue to wear a mask publicly despite being vaccinated for fear of

being thought a “conservative” (horrors!), as he recently expressed on Twitter, he is of course free to do so.

Such anti-rationalism matters when it enters the sphere of governmental, commercial, or other social prohibitions on the behavior of others. In economics there is the concept of an “externality,” which is imposed on a third party who did not agree to accept the associated cost or benefit arising from the actions of others. Public policy deals in myriad consumption- and production-related “negative externalities” that ensue from commercial activity, and even with what are perhaps better thought of as “behavioral externalities” (the classic cases of loud music or secondhand smoke, where the injury done to the third party is derivative of a commercial transaction).

Requiring that fully vaccinated individuals wear masks in public risks inverting society’s — and government’s — objective of limiting the consequences of negative externalities, and it conversely consecrates the imposition of behavioral externalities onto those who should not bear them. For people at no realistic risk to others to be forced or even guilted into wearing masks to mollify the ideological sensibilities of those unwilling to accept the CDC’s (belated but nevertheless unambiguous) guidance inflicts real costs on parties simply acting at the direction of public health authorities.

It is particularly curious to see this inversion arise in the current cultural moment, one in which lifestyle choices that create actual negative externalities are not to be shamed — or even spoken about honestly. While obesity is among the highest comorbidities associated with the risk of dying from COVID-19, popular and social media actively promote “body positive” messages celebrating excessive weight and suppress an honest discussion of the health consequences of obesity. The same society that is in a headlong rush to legalize the sale and use of marijuana in the absence of meaningful research on its long-term effects would rather sanction those actually “following the science” and properly assessing the risk of COVID-19 than consider the consequences of largely unexamined tectonic shifts in drug policy.

One can and should hope that state and local governments will soon fall in line with the CDC’s revised guidance and move quickly to remove all COVID-related restrictions at odds with science and experience. What may prove more difficult is convincing decision-makers responsible for significant areas of American life — schools, universities, businesses, restaurants, entertainment venues, and the like, along with the elites responsible for shaping public discourse — to see the fundamental illogic and injustice of empty virtue-signaling.

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