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The Case For A National Universal Masking Mandate

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The politicization of wearing a mask to prevent the spread of COVID-19 has directly contributed to our failure to control the spread of COVID-19. Medical and public health experts have been united on the importance of public masking since it became clear that the virus could spread before someone was visibly sick. And the data are clear: universal

masking is effective at curbing the spread of COVID-19. A *Health Affairs* article that explored the patchwork state approach to universal masking as a natural experiment showed slower growth rates in states that had passed face mask mandates compared to those that did not. Universal masking policies were estimated to have prevented 230,000-450,000 COVID-19 cases by late May.

Widespread support for universal masking exists among the medical community. The Council of Medical Subspecialty Societies, a coalition representing 45 medical professional societies and 800,000 doctors, are advocating for a national mandate on universal masking. They are joined by over 100 prominent academics (#MasksForAll) advocating for government officials to require masking in public and over 8,000 concerned citizens and health professionals who have signed a petition (#AmericaMaskUp) in support of a national mask mandate. The American Medical Association, the American Nursing Association and the American Hospital Association issued an open letter to the public strongly encouraging masking. Lastly, the Center for Disease Control and Prevention is now encouraging universal masking and refers to wearing a mask as a “civic duty.”

Encouraging Mask Use Has Not Been Enough: The Time Is Now For A Universal Mask Mandate

More than 85 percent of the world's population is living in a country that endorses masking. The United States is an outlier. Current White House guidelines for Opening Up America Again do not require masking or face coverings in public, leaving the issue to individual states. State leaders have been inconsistent on enforcing masking, contributing to an increase in community spread, especially in states that reopened early. We are now seeing exponential growth in detected infections, mounting hospitalizations, and increasing deaths in communities without universal mask mandates.

An extremely telling example is the state of Florida, which has not mandated masks. While it initially took three months for Florida to report 100,000 new cases of COVID-19, the number of new cases doubled to 200,000 in less than two weeks; this rise is not accounted for by an increase in testing. Over 50 Florida hospitals' ICUs are at capacity.

In contrast, states that passed universal masking have had lower growth rates of COVID-19 from the day the state mandate was passed. This is despite widely varying levels of enforcement of such mandates. A universal masking mandate likely serves as a strong signal or endorsement to a community to take masking seriously, and thereby helps shift community norms. While it is encouraging that states such as Alabama, Colorado and

Arkansas have all passed mask mandates recently, other hot zone states, like Georgia and Florida, are ignoring guidance to implement such mandates, increasing the urgency of federal action.

Masking can also help our economy by helping businesses open safely and stay open. A Goldman Sachs analysis showed masking could save 5 percent of the Gross National Product—one trillion dollars—by avoiding further lockdowns. Business leaders support universal masking. The Retail Industry Leaders Association, a coalition of major retailers including Target, Walmart and Home Depot, are not only requiring masking in their stores but are also urging all states to implement universal masking.

Adherence to universal masking is not an all-or-nothing proposition. Modeling data illustrates that the R0, or the rate of spread of coronavirus, can be reduced if masking adherence does go up. Data that has not yet been peer-reviewed suggests that if 80 percent of a population adheres to universal masking early in a pandemic, the spread of the virus would be mitigated and the impact would be even greater than a strict lockdown.

What Would A National Mandate Look Like?

Given the urgency of the situation, it is important to articulate what an effective masking mandate would constitute. At a minimum, masks should be mandated when indoors at public places and when outside and unable to socially distance (e.g., greater than 6 feet apart). A mandate could include prespecified reasonable exceptions for practical necessity, such as eating or drinking, sensory processing disorders, or severe breathing problems that make masking challenging. Because of concerns of over-policing particularly against Black and Brown persons, enforcement should be at the level of businesses or organizations that do not comply.

Likewise, the mandate could strongly encourage very young children (ages 2 to 5) to mask, but not punish those who cannot mask. For mandates to be effective, they need to occur in conjunction with widespread appealing and clear public messaging campaigns to normalize masking as part of our culture. Since not everyone has access to masks, it's imperative to ensure distribution of masks, especially to communities at risk. As these communities also face a higher risk of COVID-19 due to structural inequities, health disparities, and social determinants of health, we must address these issues as well.

How Can We Achieve A National Mandate?

While withholding pandemic relief funding for states that don't have mandates has been proposed, it may unfairly penalize citizens in states without mandates for the inaction of their leaders. This is exactly why a national mandate is needed.

The pathway to a national mandate could take several forms. Federal policy from Congress or the executive branch could mandate mask usage, and enforcement at the state level. For example, given the concerns of mask rage and specific issues facing retailers, a mask mandate for places of commerce could be legislated federally with enforcement by states.

A federal mandate could also include budgetary incentives for states to encourage adoption. Instead of a stick, we could enact a national masking mandate through the use of a carrot—a sweetener to encourage states to enact mandates that would be added to an existing bill. More specifically, states that mandate masks could receive financial incentives to promote masking policy and messaging to encourage mask wearing. While state legislatures may not be in session all year round, states could issue an executive order within a prespecified grace period (10-14 days) to allow for eligibility for the additional funds. This approach is not dissimilar to incentives that have been used to encourage states to not just pass seat belt laws, but ensure high compliance with such laws.

We are the United States of America and decisions made in one state impact many others. The patchwork policy currently being implemented in our country to fight COVID-19 is failing. Our federal leaders need to take a stand for what is right for public health, the country's economy, and our future. A national mandate for universal masking is key to saving lives, revitalizing our economy and uniting us against COVID-19.

Authors' Note:

This article represents the views of the authors alone.

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Sarah Eber • 3 days ago

Here is the problem with universal masking... there is no valid, reliable data that demonstrates that masking controls the spread. Staying further than droplet distance from other people and handwashing does have data. On the contrary... masking has been show to increase other bacterial and viral infections. Check the science. These two interventions work... the trick is getting people to be responsible for themselves to remain droplet distance from other people. Masking is not doing this.

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mvalspeed → Sarah Eber • 3 days ago

Could you share a short listing of publication suggesting masking increases risk of infection. A PubMed search did not uncover published data, or perhaps share your boolean string in the Google search. Thanks.