

## Opinion

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# Tossing that mask puts others at risk to a persistent, deadly pandemic

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People walk into an entrance at the Space Needle under a sign that reads "Masks Required," Feb. 17. (Ted S. Warren / AP)

By [Nancy Jecker](#)

*Special to The Times*

Following a punishing surge, Omicron has [peaked](#) in Washington state. Effective March 21, the state's mask mandate ends for most public spaces. What is happening here mirrors the rest of the country: There will soon be [no state mask mandates](#) anywhere on the U.S. mainland.

Supporters who chafed at the mandates say they cherish their freedom. Americans have a short fuse for limiting liberty, and masks are a political lightning rod, with freedom to unmask signifying “land of the free.” When surveyed, many say they want [fewer restrictions](#).

Practically speaking, people are antsy. We hope to avoid scenes like the “Freedom Convoy” protesting Canada’s vaccine mandate for truckers crossing into the U.S., which spread to [several border crossings](#), crippling trade.

While the trendlines may appear rosy, ending mask mandates exposes vulnerable people to serious risk. What people, you may ask? The list likely includes someone you know. The CDC [reports](#) people are at high-risk of severe disease or death from COVID if they are pregnant or recently pregnant, smokers or former smokers, diagnosed with depression or schizophrenia, using steroids or immunosuppressives, diagnosed with ADHD or another intellectual or developmental disability, have spinal cord injuries, diagnosed with asthma, have HIV, or diagnosed with diabetes type 1 or 2. Just being age 65 or older is associated with a 97 times greater risk of death compared with ages 18-29. Know anyone who is physically inactive? They’re on the high-risk list, too.

Having a condition that raises risk can be disabling during a pandemic, not intrinsically but because of [choices society makes](#). If society refuses to reasonably accommodate individuals’ health and safety needs, then conditions like pregnancy, asthma and nicotine dependence will become disabling as part of the “new normal” we are creating in response to the pandemic.

Risks are not evenly distributed. Evidence shows racial and ethnic minorities are [more likely to be infected with COVID and fare worse](#). This is due to nonmedical factors, such as the [conditions](#) in which people grow, work, live and age.

Yet what about other vulnerable people, like children? Research [shows](#) what is most critical for kids’ development is keeping schools open. For now, that requires masking and other measures, which is why the CDC and the [American Academy of Pediatrics](#) endorse mask mandates for schools. [The best evidence](#) shows children “read faces”

even if masked, and [people compensate](#) for decrements in acoustical performance, talking more slowly, loudly and gesturing. Children under age 5 remain the only age group [ineligible](#) for vaccines. Masking keeps them safe.

Since most adults can get vaccinated, isn't that enough? While vaccinated people are far safer than unvaccinated, we are still learning how long [immunity lasts](#). Since today's vaccines were developed to protect against yesterday's virus, we don't know how effective they will be as new virus variants emerge; evidence shows [breakthrough cases occurring with greater frequency](#). Parallel concerns arise for COVID tests, and treatments.

Concerns about new variants are not hypothetical. Troubling [reports](#) of a subvariant of Omicron, BA.2, that may spread faster and cause more severe disease have appeared; early evidence suggests boosters are [less effective](#) against it. Even if BA.2 peters out, the next variant might not.

How long must we wait? However long it takes. Some changes should remain indefinitely, like flexible work and school schedules, good hygiene and enhanced ventilation. Others, such as masking, should come and go based on evidence and a [public plan](#) stating specific goals for imposing and relaxing mandates. The challenge is [managing the transition](#) to endemicity well, in ways that keep people safe, keep society open, and [protect](#) the most vulnerable.

Moving ahead demands more than the simple review of facts, as Gov. Jay Inslee suggests. We need an ethical reckoning. Considering the facts, what is the right thing to do? Will we be a society where only the fittest survive? Or one guaranteeing liberty and justice for all?

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