Sydney Howe

Emerging from Lockdown

"Moral pioneering" in Everyday Practices for Women in Europe and North America

As Europe and North America begin to ease lockdown restrictions during the COVID-19 pandemic, this essay looks broadly at how people, especially women, assess and justify risk and the morality of social contact, and the actions they take as a result. In other words, how do women act as "moral pioneers" (Rapp 1988) while navigating a novel medical and social landscape as societies gradually emerge from lockdown in the wake of COVID-19? This blog piece is based on conversations with mostly-white, middle-class, educated women (and some men) ages 20-72 in Germany, Italy, the UK, Switzerland, Canada, and the US (California and Washington State), news sources, public and private diaries kept by myself and others, and online message board posts written as the world has changed since the middle of March 2020 through the end of May 2020. Cases were chosen for representativeness of experiences described. All names are pseudonyms, and some details have been changed to protect identities.



Images of social distancing in Munich. Copyright of all photos by Sydney Howe. Left to right, from top:

– Supermarket cash registers, April 2020: clumps of shoppers and cashiers gathered around registers without masks. Big spaces between people in aisles.

– Black Lives Matter Protest, 6 June 2020: backs of heads in a big crowd in Königsplatz. The vast majority of people wore masks and stood somewhat apart from their neighbors, though maintaining a full 1.5 meters was clearly impossible.

– Munich U-Bahn, June 2020: the back of a woman's head as she sits alone on a train with no other passengers visible. Older people with masks stand on the platform as the train passes.

– A Munich restaurant, June 2020: tables are spaced apart, large groups are seated close together. One waiter wears a face shield, but there are no other masks in sight.

When the Munich lockdown began, my neighbors looked like prairie dogs—peering out their windows, dashing out, then retreating to the safety of a locked apartment with plenty of soap. For me, going out was about accomplishing essential tasks, not the pleasure of being anywhere but the couch. Then, in late April, Germany announced the future loosening of restrictions. Even before reopening began, some people had stopped following social distancing guidelines entirely. At the supermarket that week, an older woman with a walker and no mask passed me so closely our arms nearly touched. She smiled at me as she placed orange juice in her cart. The near-miss made me extremely angry. Why was I, a younger person without risk factors, taking so many precautions to protect someone who clearly wasn't willing to protect themselves?

Therein lies the conundrum: why did I get so angry at this woman? Germany was about to reopen. I saw the older woman carefully park her cart 1.5 meters from the next customer in the check-out line; clearly, she wasn't flouting all social distancing measures. Plenty of cashiers physically touched customers when giving receipts, but I didn't direct my fury at them. In my moral framework, their status as "essential workers" precluded them from the judgment I piled on the elderly shopper squeezing past me in the aisle.

Moral pioneers

Rayna Rapp coined the term "moral pioneers" to discuss the liminal experiences of pregnant women weighing the risks of amniocentesis[1] (Rapp 1988); in this essay, I argue that we are all moral pioneers in the brave new world of reopening societies

during COVID-19. In Rapp's study, women weighed the risk of amniocentesis harming their fetuses against the risk of not testing and giving birth to a child with a serious and/or fatal genetic condition. If amniocentesis revealed a genetic disorder, women then had to choose whether to continue the pregnancy or abort. They justified their choices using personal experience, cultural background, scientific understanding, risk tolerance, religion, and current responsibilities. Medicine couldn't help women make the "correct" moral choice, nor was the "correct" moral choice for one woman necessarily the same for another. Women therefore had to define their own "philosophy of the limit" (Kittay 1997 in Rapp 1999: 309), or the moral framework necessary to make choices without clear answers.

Like the pregnant women in Rapp's study, those of us in reopening societies must negotiate medical risk even though medical and public health advice cannot tell us definitively what to do. While states and health authorities provide guidance on how to protect ourselves and others from COVID-19 infection, our interpretations of that guidance and the decisions we make must be based on our own moral frameworks, risk tolerances, and personal histories and situations. None of the choices we make guarantee our safety from COVID-19 or anything else, much as amniocentesis decisions cannot guarantee a baby will not suffer. Like choices during pregnancy, our choices are time limited: information and regulations regarding COVID-19 change frequently.

This essay is not about people who are unconvinced of the danger of COVID-19 infection or believe the pandemic is over. However, as societies reopen, citizens are often left to their own devices to (mis)interpret policy regulations and advice. Stay-at-home orders are relatively clear; regulations permitting some return to social life while maintaining protective measures are less clear…and sometimes so confusing they inspire parodies of official (and impossible-to-follow) advice about avoiding COVID-19 exposure (The Adley Show, April 2020). We are pioneers in a new moral landscape.

Rules v. Reality

Due to the sheer volume of information, the refrain in Germany, Switzerland, and the US is, "What are we allowed to do now?" In Germany, keeping abreast of current rules requires daily reading. While some people check the rules online for all "new" activities, most follow a common-sense approach, inferring what's allowed based on well-known rules, such as staying 1.5 meters apart from others and wearing a face mask in shops. Regardless of the approach, there's usually a mismatch between the rules and the reality of following them.

For instance, by May in Munich, we could spend time with people outside our households provided we remained 1.5 meters away from each other. In reality, it's impossible to stay socially distant from everyone on the street *and* stay socially distant from friends *and* not block car traffic. You must pick two. My friends and I universally chose not to keep 1.5 meters between ourselves, though we avoided touching each other. We waved and gave "social distance hugs" (arms outstretched while smiling). We sat half a meter from each other on park benches. We passed beers with outstretched arms, fingers carefully positioned to avoid touching hands. Were any of these measures helpful if we were already within a meter of each other, sharing beer and hand sanitizer?

Because outbreaks, medical response/capacity, and authority regulations are location-specific, some choices may be more fraught in some places than others. Things get especially sticky when discussing leisure activities. On an American online wedding forum, commenters discussed weddings in places that are permitting large gatherings. These couples may not be able to reschedule their venues for 2021, and therefore must hold their weddings as planned in 2020 or lose their deposits. While the initial post from someone in a locked-down state heaped judgment on a couple planning an August wedding, echoing "moral witch hunts" documented in Italy

(Bresciani & Hughes 2020), subsequent commenters noted that the couple may be planning a permissible event in their area of the country. Especially in places where the extent of COVID-19 infections is unclear, couples may be assessing risk with different information.

This adds another layer of moral choice: should we take (likely underreported) case numbers and (likely-political) lax government policies as reasonable guidance? Choosing to self-isolate is far more difficult in practicality without top-down policies, partly due to lack of legal protection. We do not make moral choices in a vacuum: Rapp's "moral pioneers" often cited other caregiving, work, and financial responsibilities when choosing to abort a fetus that would require extra care (Rapp 1999). During the current pandemic, moral options available in locked-down and open places are different.

In short, we are navigating overwhelming, location-specific, and everchanging information, regulations, and recommendations. Additionally, that advice often does not match what we observe outside our homes. As moral pioneers, we are picking our way through terrain that is both foreign and mutating.

Prioritizing

The WHO has acknowledged the extremely negative impact of prolonged quarantine on mental health (WHO 2020). Furthermore, as societies reopen, certain activities force people to choose between social distancing and engaging in life-sustaining activities, like commuting to work (RFI 2020). At first, we talked about how *much* we could lockdown; now, we talk about how *long* we continue. The question has become, "What is most important?" Many women maintain as many restrictions as possible until the risk of COVID-19 feels less important than the risks associated with continued confinement, especially to mental health. At this point, these women often

articulate their own "philosophy of the limit," which they subsequently renegotiate as rules and information change.

Christina, an essential non-healthcare worker in her 30s who lives alone in Italy, strictly respected social distancing measures at first, but as anxiety-reducing activities, like running, were heavily restricted, she allowed herself to visit her boyfriend because she "felt entitled to some support." After her mother died, Heidi, who is in her 60s and lives alone in California, debated for weeks whether to ask for a hug. Which risk was greater, she wondered: suffering alone, or catching COVID-19? Others compensate for perceived risk-taking by isolating themselves afterward: after Ingrid, a 20-something in Munich, attended a Black Lives Matter protest, she tried to limit contact with others by shopping and seeing friends less frequently over the following two weeks.

Risk and responsibility evaluations are deeply personal; therefore, negotiating comfort levels among friends means reconciling different moral frameworks. In Germany, Lucia and her husband, both in the 30s, visit only one other couple to minimize risk, even though that couple spends time with others. In Switzerland, Callie, a mother in her late thirties, worries that her personal activities might expose her children. She avoids taking public transit to prevent extra contact with strangers. When Callie and her friend Margaret met up for a walk near Callie's house, Margaret commuted by train with her baby. Callie felt terrible that she had "forced someone with a baby" to take what Callie felt was a huge risk. Margaret felt her baby was safe or she wouldn't have traveled by train, and she reassured Callie of this, but Callie still felt guilty.

Negotiating among competing moral frameworks becomes even more complicated when more people are involved. When Elaine, who is in her 60s, hosted a gathering, she discovered many of her friends were not comfortable sitting outside at a restaurant even though they went to each other's houses. Others asked her to carpool to the restaurant, which she refused to do. "I'm just not that fearful," she

said, “But I do have some limits. I don’t know, it’s confusing.”

Politics clearly impacts perceptions of morality regarding COVID-19. The morality and risk of disobeying the government is often entangled with the morality and risk of exposure to COVID-19. In Germany, Lucia, who grew up under a dictatorship in the Eastern Bloc, wore a mask in public until she saw that no one else was doing it: for her, the mask mitigated the risk of being stopped by the police, not COVID-19. The German Corona-Warn-App that monitors personal exposure to COVID-19 through location tracking has tried to reduce fears of government surveillance by anonymizing user data and storing tracking data on individuals’ phones only, but for many people, surveillance risks still outweigh increased information about COVID-19 risks (Bundesregierung Deutschland 2020). In Italy, Christina, raised in a democracy, discussed rebelling against government-imposed measures in Italy:

> *“I tried to be respectful of the rules by not visiting friends, but I kept visiting a guy because I didn’t think the government had a right to subject people living alone (like me) to more than two months of solitary confinement, which is legally classified as a form of torture… he was following the lockdown rules, I didn’t think there was a risk of him infecting anyone else even if I ended up being an asymptomatic carrier.”*

Christina framed her choice as a moral obligation to resist tyranny in the context of her own reasoned precautions to mitigate COVID-19 risks.

As societies continue to open, fewer people seem to be morally calculating the risks of every reintroduced activity. This is partly because our moral frameworks have become clearer from wrestling with our own limits. However, some have recently experienced a fundamental shift in what is at stake, both in politics and public health. The murder of George Floyd (among others) and the fight against white supremacy has prompted many people to join large scale protests that felt unthinkably risky

only a few weeks ago. The moral calculation is shifting rapidly towards larger questions: what is the relative value of democracy to public health? How do we address two public health emergencies, racism and COVID-19, in the context of the other? Dr. Taison Bell, the director of the intensive care unit at the University of Virginia's hospital in the US, put it more eloquently:

> *"The question is: How do you balance these competing needs to advocate for your life? I'm a black man and a physician... Two competing factors, racism and COVID, are killing my community. It feels really unfair that I can't fight both at the same time."* (Bell, quoted in Khullar 2020)

For people of color, and particularly Black Americans, both racism and COVID-19 are making it impossible to breathe and creating impossible moral choices.

Tolerating Difference

As societies emerge from lockdown across Europe and North America, everyday activities are morally implicated in relation to COVID-19 infection. Many factors contribute to individuals' risk and morality assessments of the safety and necessity of these activities. In particular, mental health concerns, conflicting and changing advice and regulations from health and/or government authorities, location, and personal values and/or histories with state restrictions of freedom all impact how people, and especially women, perceive and act on the guidance available to them. The constantly mutating landscape of regulation and risk often forces us to pioneer moral decision-making within novel situations.

We cannot rely on others to make our moral decisions for us, but maybe this crisis can give us more tolerance for the moral decision-making processes of others. We

could take our cue from the ultra-religious participants in Rapp's study:

> "*Yet even among the practicing Catholics and Orthodox Jews, evangelical Protestants, and Mormons with whom I spoke, none desired to limit the choices of other women. When someone felt she absolutely could not abort (at all, or for a specific disability), there was a strong tendency to leave open the door of possibility for other women: 'Oh, I couldn't do that…but she might,' was a formulation I heard frequently.*" (Rapp 1999: 310)

Our choices during COVID-19 impact our communities in a way that amniocentesis and abortion do not. However, even women from religions prohibiting abortion found understanding for women who aborted, despite deciding against abortion for themselves for moral reasons. Perhaps we can accept that for that woman in the supermarket, feeling like she was doing a normal grocery run gave her something so essential, it was worth the risk.

Written on 26 June 2020, Revised on 10 July 2020

Sydney Howe holds a Master of Science in Cultural and Social Anthropology from the University of Amsterdam and has over ten years of professional experience in sexual and reproductive health and rights and intercultural communication. Her thesis focused on the social and cultural meanings of infertility in Zambia, the anthropology of survey research, and knowledge production in mixed methods. During her Master's fieldwork, funded through a collaboration between Cardiff University, University of Zambia, and University of Amsterdam, she developed a novel ethnographic survey methodology that increases knowledge produced by surveys (publications forthcoming). She is currently seeking a PhD position in the social science of reproduction or health care systems. She can be reached at

sydneyhoweresearch[at]gmail.com.

#Witnessing Corona

This article was simultaneously published on the Blog Medical Anthropology. Witnessing Corona is a joint blog series by the Blog Medical Anthropology / Medizinethnologie, Curare: Journal of Medical Anthropology, the Global South Studies Center Cologne, and boasblogs.

Bibliography

The Adley Show (2020). What we should ALL be doing right now!. Accessed 24 June 2020. https://www.youtube.com/watch?v=wVs5AyjzwRM&feature=youtu.be.

Bresciani, Ciara & Geoffrey Hughes (2020). Virological Witch Hunts: Coronavirus and Social Control under Quarantine in Bergamo, Italy (#WitnessingCorona). Accessed 6 June 2020. https://www.medizinethnologie.net/virological-witch-hunts/.

Bundesregierung Deutschland (2020). Corona-Warn-App: Frequently Asked Questions. Accessed 26 June 2020. https://www.bundesregierung.de/breg-de/themen/corona-warn-app/corona-warn-app-englisch/corona-warn-app-faq-1758636.

Khullar, D. (2020). How the Protests Have Changed the Pandemic. The New Yorker. Accessed 4 June 2020. https://www.newyorker.com/science/medical-dispatch/how-the-protest

s-have-changed-the-pandemic.

Mayo Clinic (2020). Amniocentesis. Mayo Foundation for Medical Education and Research (MFMER). Accessed 6 July 2020. https://www.mayoclinic.org/tests-procedures/amniocentesis/about/pac-20392914#:~:text=Amniocentesis%20is%20a%20procedure%20in,fetal%20cells%20and%20various%20proteins.

Rapp, Rayna (1988). Moral Pioneers: Women, Men and Fetuses on a Frontier of Reproductive Technology. *Women & Health*, 13(1–2), 101–117.

Rapp, Rayna (1999). *Testing women, testing the fetus: The social impact of amniocentesis in America*. New York: Routledge.

RFI (2020). Paris Metros Full as City Enters First Day of Easing Lockdown. RFI. Accessed 3 June 2020. http://www.rfi.fr/en/france/20200511-france-paris-coronavirus-public-transport-metros-lifting-lockdown-measures-emmanuel-macron

WHO (2020). Mental Health and COVID-19. WHO. Accessed 4 June 2020. http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/technical-guidance/mental-health-and-covid-19

Footnotes

[1] Amniocentesis is a procedure in which a large needle is used to remove fluid containing fetal cells and proteins from the uterus during pregnancy which can then be tested, and carries a risk of miscarriage or other harm to the fetus (Mayo Clinic 2020). Amniocentesis may be done for a variety of reasons; in this essay, I discuss amniocentesis in terms of Rapp's 1988 and 1999 studies, in which the procedure was

Sydney Howe

used for genetic testing of the fetus for conditions such as Down Syndrome.