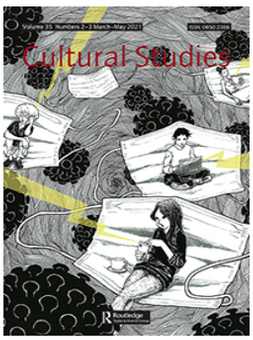

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Everyday life and the management of risky bodies in the COVID-19 era

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ABSTRACT

This essay explores how public reception of, and individual resistance to, public health mandates have reinforced agentic notions of bodily management in the COVID-19 era. Our collective approach to the pandemic continues to secure prevalent understandings of human agency over disease and illness by reifying the concept of personal choice. Notions of risk and shame shape these performances but do little to dislodge cultural frames that reify notions of individualism and the entrepreneurial subject. The wide circulation of viral videos highlighting the defiance of mask mandates is one site where choice and personal autonomy animate these debates. These confrontational acts are not easily segmented from the other cultural apparatuses where the privatization of risk is marshalled for political ends.

KEYWORDS Management; risk; viral videos; stranger relationality; public health

Pandemics have a way of drawing attention to the mechanisms of everyday life that were generally obscured prior to their arrival. The appearance of COVID-19 is certainly no exception. The novel coronavirus has refocused attention on our most rudimentary norms and habits: the space we share with others, the invisible infrastructure of supply chains, the risks that accompany publicness, the import of institutions, the necessity of competent leadership, and the dynamic interplay between global circulation and localized experience. The last year has revealed how the reduction of routine practices, such as commuting by car, can swiftly clear the air, while the advent of new conventions, such as wearing a mask, can destroy the oceans. Our homes lives have been put on full display as technologies become more essential to the operationalization of work, education, personal connection, and survival. Not surprisingly, this upheaval of our daily lives has had a disquieting effect on our collective psyche and contributed to skyrocketing rates of depression and anxiety. Scholars of performativity (Butler 1990, pp. 43–44) teach us that our identities are enlivened through the repetition of ordinary acts that 'congeal over time to produce the appearance of a

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substance, a natural sort of being.' The pandemic's dislocation of these seemingly unexceptional norms ruptured this presumed familiarity and beset our quotidian lives with uncertainty and alarm.

For many of us, the exposure of the ideological commitments of strangers has been among the most unsettling of these circumstances. As municipalities around the United States implemented public health measures to contain the spread of the virus, people visually communicated their support or opposition to these policies by wearing, or disregarding, a mask. This simple non-verbal gesture became an index of who should be trusted and who should be treated as a volatile vector of disease. Masks became a signifier of political allegiances, scientific literacy, and civic obligation. Donning a mask, or not, is the confessional medium of the pandemic and its emergence as a site of public controversy has much to teach us about contemporary biopolitical conceptions of disease management. Although mask use has become a marker of political polarization, ideas about personal choice were the major organizing trope of bodily management among those who reject the accoutrements *and* those who shame the agitators. And as we moved deeper into the pandemic, the focus on choice became even more intense and problematic. But with 400,000 people dead in the U.S. as of this writing, it is simultaneously impossible to argue that our collective decisions have been sound and equally challenging to lay blame at the feet of a few select individuals.

In this short essay I explore how public reception of, and individual resistance to, health mandates have reinforced agentic notions of bodily management in the COVID-19 era. The very essence of the pandemic – the materialism of disease in the population – continues to be personified in ways that secure prevalent understandings of human agency over disease and illness. Notions of risk and shame shape these performances but do little to dislodge cultural frames that reify notions of individualism and the entrepreneurial subject. The wide circulation of viral videos highlighting the defiance of mask mandates is one nodal point where choice and personal autonomy animate these debates. These fantastic acts are not simply standalone instances of bravado but also indicators of a pervasive sensibility about sovereignty, sacrifice, and the ethics of care. These outbursts run contrary to the acceptance of risk privatization where potential hazards are hidden from view, where our personal narratives can be judiciously curated, and where structural concerns can be given greater consideration. However, these obstreperous performances are not easily segmented from the other cultural apparatuses where risk is marshalled for devious ends. Politicians who have done little to help control the ravages of the epidemic, for example, often adopt reductive notions of choice to blame the citizenry for viral spread and deflect institutional responsibility for the proliferation of disease.

Risky stranger relationality

Public health responses to the pandemic brought to life a series of commonplace measures intended to reduce the risk of transmission. Those who hope to avoid infection have been cautioned to wear a mask when necessary, maintain distances of six feet from others, wash their hands, and eschew large gatherings. Early in the pandemic when little was known about the virus methods of circulation people also resorted to 'hygiene theater,' such as disinfecting groceries, to assert more control over their exposure to the virus. We have developed new rituals, such as bumping elbows rather than shaking hands, in order to mitigate risks but also to preserve degrees of human interaction. Of course, none of these exercises provide guarantees. A staple of pandemic writing has included those who remark that they did 'everything right' and were still unable to escape COVID's grip. *The New Yorker's* Carolyn Karmann (2020) referred to her experience as a 'parable' because she followed all public health guidelines but still got sick. She implored her readers to be vigilant: 'Even if you wear a mask, wash your hands frequently, and social-distance, as you must, you might still contract this disease. Call it an atmospheric threat.' The uncertainty posited by this writer was not uncommon, especially during the first six months of the pandemic: most people diagnosed with COVID did not know how they contracted it.

The images that will define this era, however, are far from ambiguous or circumspect. Videos of people refusing to wear masks, often under the guise of claims to individual liberties, were as viral as COVID in the summer of 2020. In one of the most famous clips of the genre, a white woman was recorded having a meltdown in a North Hollywood Trader Joe's after being told she had to use a mask while in the store (Rivas and Bernabe 2020). In another post, a white man wearing a 'Running the World Since 1776' t-shirt assaulted a woman in a Costco after she asked him to wear a face covering (Dorsey 2020). He screamed that he felt 'threatened,' even though he appeared to be armed. In yet another instance, a white woman had a temper tantrum in a Dallas grocery store after being told to leave for not wearing a mask. She callously smashed all of the items in her cart on the floor (Guerrero 2020). These recalcitrant citizens inspired a glut of popular press articles, including those that pondered why so many men refused to wear masks (Abad-Santos 2020, Marcus 2020, Willingham 2020). Although men certainly constitute a sizeable number of people who reject mask-use in the United States, the subjects of on-line videos and commenter discipline were almost always women. The 'Karen' phenomenon took hold and garnered an incongruous amount of attention from the notice given to so-called Chads. The 'extreme whiteness' of these disruptive consumers was glaring and became a marker of power, privilege, and entitlement (Kintz 2010, p. 759).

These conspicuous antagonists, coupled with our inability to document COVID's infectious transmission points, all but ensured that the threat of risky contact with strangers would become a persistent trope of the pandemic. For weeks on end, I would watch my screens as people would parade through stores attempting to pick fights with unsuspecting interlocutors. Indeed, on a trip to a local merchant that requires all customers to wear masks, I encountered a woman loudly proclaiming her right to be in the store without a mask. She was followed by security and eventually escorted out. But her obtrusive objection to the policy was far from an isolated incident. Across the country countless people performed excessive emotionality in public spaces as if they were possessed by the ghost of Ayn Rand and invited the judgment of an exhausted citizenry. Rather than keep risk behaviours to themselves, their bluster was put on full display for all to witness. The ensuing lesson was always the same: these selfish strangers posed life-threatening risks, and they could appear seemingly anywhere in the polity. In this way, COVID inspired its own brand of paranoid surveillance. The virus is simultaneously nowhere and everywhere and all people should be treated as infectious, lest the unsuspecting be caught off guard. This suspicious civic conjecture attempts to uncover peril wherever it may lie to determine which of our fellow citizens pose unfathomable risks.

By most measures, these eruptive denizens of retail are outliers. Upwards of three-quarters of Americans support a national mask mandate (Silverman 2020). Nonetheless, I contend that these nihilists are indicative of how we frame ideas related to bodily control and regulation more broadly. Scripts of management, especially when articulated to ideas about disease and illness, are inevitably bounded by rhetorics of risk that moralize everyday corporeal practices. Public accounts of risk tend to be future-oriented, and a major purpose of these warnings is to mitigate uncertainty. Narratives of risk perform a normative function that signal whose behaviours are acceptable and whose are intolerable. Deborah Lupton (2013, p. 132) asserts that individuals are 'increasingly expected to engage in practices identified as ways of avoiding or minimizing the impact of risks to themselves' and, as a result, 'the concept of risk has become more privatized and linked ever more closely to the concept of the entrepreneurial subject.' Within such a framework, ideas related to choice and personal empowerment stand in as markers of integrity and good character. In the pandemic era, electing to attend indoor gatherings or refusing to wear a mask are at least on par with not wearing an automobile seatbelt.

The development of risk as a central component of bodily management presents a striking paradox: while risks have become more globalized, incoherent, and conceived as a biopolitical project to be monitored and surveilled, risk also continues to be more radically individualized. But if the pandemic has proven anything, it is that the further individuation of bodily

management is a poor substitute for institutional oversight or for addressing structural barriers to necessities such as healthcare. An economically-disadvantaged person cannot simply make the decision to stay home from work. A Black man in America cannot always wear a facemask without fear of being racially profiled or violently accosted by the police. People living with chronic conditions that are regarded as 'manageable' know well the disciplinary effects of being told that if they just controlled their bodily urges or made the correct choices then they would live free of disease. People with HIV or those living with type-one diabetes recognize the detrimental practices of being told to reign in their desires or suffer the consequences that await. But these shaming tendencies have never proven to be an effective way of managing disease because such conditions do not exist in isolation. People living with diabetes, for example, know that their disease is complicated by macro-issues such as the high cost of insulin, but also vernacular practices such as the sociality of eating meals with others.

To be sure, the violent outbursts of intractable strangers are products of neoliberalism, ableism, and white supremacy and are actualized by mundane practices like the assumed ownership of public space. But they also exist in an apparatus of risk privatization that has been troubled by the pandemic. Even seemingly innocuous phrases such as 'social distancing' become a barometer of privilege, power, and good citizenship. Social distancing is, in Lily Scherlis' words (2020), 'both a prescription for interpersonal behavior and a way to figure mass inequality.' Scherlis observes that 'social distancing is now a social good. People rarely know if they're a vector or a victim, so we shore up our bodily boundaries to protect the inside from the outside and the outside from the inside.' Even as social distancing is fraught with a history of racism, classism, and colonialism that is often left unmentioned, it imparts commonsense values about sovereignty and choice. Social distancing reflects the complicated interplay of risk as both an individual surveillance practice and a biopolitical metric that gauges behaviour and, by rhetorical extension, morality. Public health guidelines about masks or social distancing certainly reduce rates of infection but they also deliver moral ideas about behaviour and the consequences of not properly performing safety. The binary foretells the existence of good subjects, and the failure to meet those expectations implies poor citizenship.

It is little wonder, then, that the audacious behaviour of public health detractors engendered an omnipresent fear of strangers. As psychiatry professor Jacek Dębiec told *The Independent* (in Bate 2020), the 'stranger on the street could [now], in theory, be deadly, even without deadly intentions.' Sociologists have long documented the social practice of 'civil inattention,' wherein strangers develop methods for overlooking others in public to share space and maintain order (Goffman 1972). However, in doing so, this inattention can have the effect of depleting the moral obligations we have

for others. Those resisting mask mandates turn this idea on its head: they feign shock that those in close contact would notice their behaviour, much less correct it, when in fact their flailing displays of whiteness 'under siege' demand an audience (Giroux 2018, p. 4). Perhaps more sincerely, those who refuse to tolerate such digressions are dumbfounded by the idea that they must necessarily notice these martyrs. These tense confrontations also bring to mind Danielle Allen's (2004) contention that in a democracy, strangers are often called upon to sacrifice in the name of the polity. But, sadly, some citizens, including the most economically marginalized, are often called upon to make a disproportionate number of those sacrifices. The pandemic seems to bolster the worst of neoliberalism's impulses by prizing individual choice in avoiding contact with strangers. But those who work in grocery stores or restaurants are passively positioned in regard to risk, having neither the resources nor the power to shy away from obstinate and unruly customers.

These vexed encounters of stranger danger cast a shadow over narratives that more truthfully detailed routes of transmission among intimate contacts. As I wrote this piece, there were countless news stories about the reckless judgment of people who disregarded public health mandates: members of Congress were infected by recalcitrant colleagues who spewed conspiracy theories; thousands of fans celebrated an American football championship by cramming into the narrow streets of a college town; and a professional basketball player was video recorded maskless at a party, violating the league's rules. The repetition of the message is clear enough: those who do not take safety measures seriously are wreaking havoc on the polity. But, importantly, the transmission of the coronavirus by the Congressional representatives, students, and pro-athletes mentioned above did not proliferate because of strangers. These were colleagues and kin. Whereas anecdotes of risk generally warn of unknown hazards brought by strangers in retail spaces, these examples conform to the data that shows gatherings among family, friends, and acquaintances are the most common cause for spreading COVID.

The binary between those who perform public health and those who do not obscures the fact that all us of think we are safe with our risks – it's those 'other people' we need to watch out for. Most of us want to believe that we are making the right choices and that our risks are low. But when couched in a public discourse organized around commendable and shameful choices, these practices become a zero-sum game. This has only intensified as hundreds of thousands of people have continued to die in the United States alone. The shame directed at those not following public health rules may be warranted and feel good in the moment, yet it also has the residual effect of contributing to an atmosphere where risks of all kinds are covered up. Perversely, the viral videos may encourage people to hide risks or make

unending disclaimers about the precautions they took to ensure the safety of others so that they are not perceived as being 'one of those people.' Are you ordering groceries for pick-up or actually going into the store? Are you in a secure pod or merely hanging out? Did you enter the salon to get your hair or nails done? Did you leave your car during that birthday parade? Choice becomes the default position in a reductive imagining of the pandemic. Few among us want to be one of the awful people from the viral videos. This dialectic of shame and choice leads to the self-censorship of social media feeds, the selective narration of our outings, and the omission of details that might keep others well for fear of reprisal.

Of course, the pandemic does supersede individual bodies in significant ways. An essay in the journal *Nature* (Maxmen and Tollefson 2020) found that decades of pandemic war games failed to account for the most glaring hole in our response: former U.S. President Donald Trump. His administration dropped the ball on manufacturing and allocation of reliable diagnostic tests, the expansion of personal protective equipment, and vaccine development and distribution. Trump silenced the Centers for Disease Control and Prevention and inhibited coordination at the federal level that has haunted the globe for the entirety of the pandemic. He encouraged state governors to keep businesses open, no matter the risks. For months he chided the use of masks and publicly heckled those who elected to employ them. The decentralization of any kind of federal guidance was built on a house of cards about individual responsibility. The Trump administration continued its relentless campaign to overturn the Affordable Care Act (ACA), which protects at least 133 million people living with pre-existing conditions (Abelson and Goodnough 2020). If the ACA were struck down by the courts, their doing so would raise significant questions about what constitutes a 'pre-existing condition' should one be diagnosed with COVID-19. Further, even as the global pandemic has stratified certain populations into identity categories where some will have access to cutting edge medicines and other will receive remedial care, what Elizabeth Povinelli (2006) calls 'ghoul health,' the White House continued to push an agenda that exacerbates inequalities.

The political uptake of blame

The systemic obstacles I highlight above have been repeatedly displaced by a rhetoric emphasizing personal choice. The mendacity of management discourses has materialized most notably in political communication that castigates the citizenry for the unchecked pandemic. The response of Tennessee Governor Bill Lee is a perfect example. Since the beginning of the pandemic, the governor has refused to implement policies that would keep residents safe. Businesses have largely remained open and no state-wide mask-

mandate has ever been issued. These efforts have been sidelined even as studies conducted at the local level found that counties with mask-mandates better contained the spread of the virus than those without them (Allison 2020a). The lack of government accountability came to a head the third week of December 2020, when Tennessee was recording some of the highest coronavirus infection rates in the world.

The explosion of diagnoses coincided with the state's first received allotment of COVID vaccines. That initial supply was less than 1000 doses, miniscule by any measure, but still could have provided vaccinations to the staff of at least one hospital. Rather than distribute the initial doses of the vaccine, however, the governor decided to place it in storage, citing concerns over 'equity.' One aid to the governor, who refused to be publicly identified, told Nashville's paper of record (Allison 2020c), *The Tennessean*, 'There's absolutely no way to equitably choose which facility got the 975 doses.' Lee himself told reporters (Allison 2020c) that distribution needed to take place in 'an equitable way that is safe and that makes certain that the right people with the highest risk in the shortest amount of time can receive this vaccine, and that is our goal.' The fact that Lee's administration had not thought to do the work of laying out a nuanced vaccine distribution plan was not lost on most citizens. 'Equity' meant no one got the vaccine.

Later that week, Tennessee received a more sizable amount of vaccinations to allocate to residents. In a speech announcing its arrival, Lee skipped over any optimistic take on the medication and decided instead to lambast citizens for rising infection rates. He excoriated Tennesseans for their poor decision-making: 'One thing that this vaccine will not solve, one thing that it will not cure, is selfishness or indifference to what is happening to our neighbors around us' (Burnside 2020). Rather than take responsibility for the crisis, Lee scapegoated his own citizens. He argued that 'Tennesseans need to wear a mask. It's important, it works,' but also stopped short of legislating a mandate, leaving that work to local mayors and county executives (Harris 2020). The governor (Lee 2020) completely dismissed the science and turned instead toward the politicization of the virus. He noted: 'Many think a statewide mandate would improve mask wearing, many think it would have the opposite effect. This has been a heavily politicized issue.' Scripts of individualism and personal choice were on standby to provide political cover for the governor's derelict decision-making.

Two days later it was announced that Tennessee's first lady, Maria Lee, had tested positive for the virus (Allison 2020b). The governor did not mention if his wife was selfish or merely indifferent, nor would he. His party laid the groundwork for questioning public health measures while simultaneously insisting that it was a few bad apples who inhibited progress in defeating the pandemic. But with 400,000 dead, we know it is not the individual choices of a few people devastating the country, much less the world. The

stark dualism between unacceptable and laudable behaviour has contributed to an atmosphere where risk is not only privatized, but narratively segmented for the worst political ends. Even as the pandemic has cast a spotlight on the invisible mechanisms of our everyday lives, cultural judgments have empowered people like the governor to chastise unnamed residents and then quickly hide from view. For him to admit anything more is to confess an identity constituted by shame. He has none.

Notes on contributor

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Further information

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References

Abad-Santos, A. 2020. Performative masculinity is making American men sick [online]. *Vox*. Available from: https://www.vox.com/the-goods/21356150/american-men-wont-wear-masks-covid-19 [Accessed 7 January 2021].

Abelson, R., and Goodnough, A. 2020. If the Supreme Court ends Obamacare, here's what it would mean [online]. *New York Times*. Available from: https://www.nytimes.com/article/supreme-court-obamacare-case.html [Accessed 5 December 2020].

Allen, D., 2004. *Talking to strangers: anxieties of citizenship since brown v. board of education*. Chicago: University of Chicago Press.

Allison, N. 2020a. Gov. Bill Lee enacts gathering restrictions, refuses mask mandate as Tennessee COVID-19 outbreak surges [online]. *Tennessean*. Available from: https://www.tennessean.com/story/news/politics/2020/12/20/tennessee-mask-mandate-covid-19-cases-surge-bill-lee/3977135001/ [Accessed 21 December 2020].

Allison, N. 2020b. Tennessee first lady Maria Lee tests positive for COVID-19 [online]. *Tennessean*. Available from: https://www.tennessean.com/story/news/politics/2020/12/19/tennessee-first-lady-maria-lee-tests-positive-covid-19/3978510001/ [Accessed 20 December 2020].

Allison, N. 2020c. Tennessee Gov. Bill Lee touts equitable rollout of COVID-19 vaccine, despite criticism over speed [online]. *Tennessean*. Available from: https://www.tennessean.com/story/news/politics/2020/12/15/tennessee-coronavirus-vaccine-

gov-bill-lee-touts-equitable-but-slower-initial-rollout/3911107001/ [Accessed 16 December 2020].
Bate, M. 2020. Stranger danger: when can we stop being scared of other people in a pandemic? [online]. *The Independent*. Available from: https://www.independent.co.uk/life-style/coronavirus-social-anxiety-fear-strangers-how-help-pandemic-a9694201.html [Accessed 12 January 2021].
Burnside, T. 2020. Tennessee governor: 'one thing this vaccine will not solve or cure is selfishness [online]. CNN. Available from: https://www.cnn.com/2020/12/17/us/tn-bill-lee-comments-vaccines-covid-trnd/index.html [Accessed 12 January 2021].
Butler, J., 1990. *Gender trouble: feminism and the subversion of identity*. New York: Routledge.
Dorsey, D. 2020. 'I feel threatened!' viral outburst at Fort Myers Costco costs man his job [online]. Fort Myers News-Press. Available from: https://www.news-press.com/story/news/2020/07/07/costco-yell-fort-myers-florida-man-video-viral/5393247002/ [Accessed 6 January 2021].
Giroux, H.A., 2018. Trump and the legacy of a menacing past. *Cultural studies*, 33 (4), 711–739.
Goffman, E., 1972. *Relations in public: microstudies of the public*. New York: Routledge.
Guerrero, M. 2020. Woman tosses groceries in face mask tirade [online]. NBCDFW. Available from: https://www.nbcdfw.com/news/local/woman-tosses-groceries-in-face-mask-tirade/2397702/ [Accessed 12 January 2021].
Harris, A. 2020. 'This vaccine won't cure selfishness,' Gov. Lee says as vaccine distribution begins in Tennessee amid COVID surge [online]. WVLT Knoxville. Available from: https://www.wvlt.tv/2020/12/17/this-vaccine-wont-cure-selfishness-gov-lee-says-as-vaccine-distribution-begins-in-tennessee-amid-covid-surge/ [Accessed 8 January 2021].
Karmann, C. 2020. How did I catch the coronavirus? [online]. *The New Yorker*. Available from: https://www.newyorker.com/culture/personal-history/how-did-i-catch-the-coronavirus [Accessed 15 August 2020].
Kintz, L., 2010. Performing virtual whiteness: george gider's techno-theocracy. *Cultural studies*, 16 (5), 735–773.
Lee, W. 2020. Remarks as prepared for delivery on the COVID-19 pandemic. Tennessee Office of the Governor [online]. Available from: https://www.tn.gov/governor/news/2020/12/20/gov–bill-lee-remarks-as-prepared-for-delivery-on-the-covid-19-pandemic.html [Accessed 5 January 2021].
Lupton, D., 2013. *Risk*. New York: Taylor and Francis.
Marcus, J. 2020. The dudes who won't wear masks [online]. *The Atlantic*. Available from: https://www.theatlantic.com/ideas/archive/2020/06/dudes-who-wont-wear-masks/613375/ [Accessed 25 August 2020].
Maxmen, A., and Tollefson, J. 2020. Two decades of pandemic war games failed to account for Donald Trump [online]. *Nature*. Available from: https://www.nature.com/articles/d41586-020-02277-6 [Accessed 1 September 2020].
Povinelli, E., 2006. *Empire of love: toward a theory of intimacy, genealogy, and carnality*. Durham: Duke University Press.
Rivas, K., and Bernabe, A.J. 2020. Video of woman's tirade after refusing to wear a mask in Trader Joe's goes viral [online]. ABC News. Available from: https://abcnews.go.com/GMA/News/video-womans-tirade-refusing-wear-mask-trader-joes/story?id=71505060 [Accessed 12 January 2021].

Scherlis, L. 2020. Distantiated communities: a social history of social distancing [online]. *Cabinet*. Available from: https://www.cabinetmagazine.org/kiosk/scherlis_lily_30_april_2020.php [Accessed 7 August 2020].

Silverman, E. 2020. STAT-Harris poll: most Americans would support Biden issuing a mask mandate [online]. STAT News. Available from: https://www.statnews.com/pharmalot/2020/12/21/biden-trump-covid19-coronavirus-pandemic-mask-vaccine/ [Accessed 5 January 2021].

Willingham, E. 2020. The condoms of the face: why some men refuse to wear masks [online]. *Scientific American*. Available from: https://www.scientificamerican.com/article/the-condoms-of-the-face-why-some-men-refuse-to-wear-masks/ [Accessed 12 January 2021].