A Cross-Cultural Analysis of COVID-19 Mask Mandates and Social Distancing Measures

By

Zoë Henley

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Thesis Committee:

{Dr. Ida Fadzillah Leggett), Thesis Director
{Dr. John R. Vile}, Thesis Committee Chair

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APPROVED:

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[Dr. Ida Fadzillah Leggett], Thesis Director
[Professor, Anthropology and Sociology]

_____

[Dr. John R. Vile], Thesis Committee Chair
[Dean, University Honors College]

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Abstract

Since its discovery at the end of 2019, COVID-19 has heavily affected the world in a myriad of ways. This recent viral outbreak has spurred a shift in societal behaviors globally, from a growing popularity of mask usage, to a normalization of social distancing procedures, along with highlighting cultural idiosyncrasies in regards to disease, illness, health and wellness. Based on the research gathered and presented in this thesis, I develop a cross-cultural inspection of the various components of the COVID-19 pandemic, and how it has affected the countries Spain, Japan, and the United States. Along with analyzing perceived risks, adaptations, and stigmas present in the advent of the novel pandemic, I also incorporate a holistic, anthropological approach in order to better elucidate deeper cultural components at play, such as how American ideals of freedom and personal responsibility and Japanese views of group adherence and public spiritedness influence how the virus and subsequently how social distancing procedures are perceived and followed.

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I. THESIS STATEMENT:

The current COVID-19 pandemic, which began to spread from Wuhan, China, to other locations around the world in late November/December of 2019, has heavily impacted the world around us. The first murmurs of the novel virus spread from various news sources early 2020, and by March 2020 the virus outbreak from China had spun into a full blown pandemic of historic proportions. The response from many countries was some form of a lockdown, along with mask mandates and an insistence of social distance to curb the spread. Soon, an abundant array of research on COVID-19 cultural implications, and socially constructed patterns of behavior were made evident by the novel virus and resulting international policies. As someone interested in social conceptions of health and illness, I became curious how different nations interpreted safety protocols and appropriate pandemic behaviors. Therefore, in this thesis, I utilize a cross-cultural analysis of Spain, Japan, and the United States to examine when the virus was first acknowledged in the respective countries and how they responded to it. I glean a deeper understanding of the different cultural aspects of how this pandemic has affected these countries, such as perceived risks, adaptations, and stigmas, along with understanding the deeper social components at play, and how cultural concepts of health and illness explain why other countries' responses to the virus mirror/differ from the US.

In this thesis I examine how three different countries have responded to the issues raised by the COVID-19 pandemic, along with seeking to demonstrate that there are very specific social factors that go into global pandemic responses. Spain was one of the hardest hit countries at the beginning of the pandemic, and became a hotspot in Europe. Japan on the other hand, while being much closer to the virus' origin than Spain and the US and having a larger aging population, has one of the lowest deaths per capita from

COVID-19. Lastly, the US has the highest number of cases both among the developed nations and in the world. Using the examples of Spain, Japan, and the United States, I will show that (in addition to national policies and medical mandates) cultural factors-- like exposure to deadly epidemics, cultural ideas about beauty, and social concepts of personal and communal responsibility-- have shaped different nations' reactions to the COVID-19 pandemic. Through my research I demonstrate that consideration of these cultural factors are key to understanding and implementing effective pandemic responses in the future.

II. INTRODUCTION/BACKGROUND:

Research into the effects of Covid-19 from a medical anthropology perspective is crucial to understand such a global pandemic. It might be important here to first define medical anthropology as "an interdisciplinary subfield of anthropology with a long history of research on environmental health-related issues, especially those pertaining to human health within environments of risk, consequences of ecological degradation, and the way patterns of development and globalization impact environmental (and therefore human) health" ("Medical Anthropology"). In particular, medical anthropologists "study health and illness as biosocial states of being in the lifeworlds of different populations, are attentive to links and flows between macro- and microenvironments, and pay close attention to the distribution (and maldistribution) of diseases and resources promoting health" ("Medical Anthropology") Overall, medical anthropology aims to look into how cultural systems and societies grasp and in turn respond to disease, illness and notions of health and wellness. Along with determining how societies deal with disease, medical anthropology also seeks to understand why cultures react the way they do to illness and disease, and which aspects of their response are intrinsically bound to their cultural perceptions. This is very useful, since "Anthropologists are well-positioned to critically examine the biological, cultural, historical, and structural issues that shape the trajectories of disease, from who is at risk of infection to how individuals, communities, and institutions respond" (Mallin, 2021).

Oftentimes however, medical anthropology and its valuable insights based in holistic anthropological theories is overlooked when it comes to handling global disease spread and understanding how to properly navigate disease eradication response:

> Many of Medical anthropology's leading lights are currently lamenting the undervalued place of ethnographic work in public health and medicine. Vincanne

> Adams argues that in the field of global health, demands for randomized, controlled studies have become an 'empirical tyranny' (Adams 2010:48). João Biehl and Adriana Petryna assert that 'ethnographic evidence consistently dies within the dominant conceptual paradigms of global health' (Biehl and Petryna 2013:16) (James et al., 2020).

Medical anthropology is a valuable subdiscipline for better understanding disease, health, illness and wellness. In the realm of disease spread, medical anthropology has shown its ability to offer a more nuanced approach to interpreting and subsequently combating global outbreaks. As mentioned earlier in this introduction, anthropologists are not heavily involved in emergency task responses; however during the Ebola outbreak, medical anthropologists were able to provide valuable insight into the outbreak and crucial background into the disease proliferation, "While the social sciences are rarely included in emergency interventions, anthropologists have been increasingly mobilized by the WHO in Ebola outbreak response efforts since the 2000–2001 epidemic in Uganda. Some of their experiences and lessons learned are relevant to outbreaks of other diseases, as well as to future epidemics of EVD" (Sams et al., 2019). This quotation highlights how medical anthropologists working on the Ebola outbreak were able to use the lessons gathered to add relevant information for other outbreaks.

This is not the only case of medical anthropology being utilized during pandemics to glean crucial knowledge and cultural patterns. For example, the HIV/AIDS epidemic called attention to socially embedded issues that needed addressing, "... as seen in the HIV/AIDS pandemic, social and biomedical responses, from stigmatization to the inadequate allocation of intervention resources, reflect underlying social patterns and socially constituted attitudes" (Singer, 2009). Following along the lines of noting socially constructed patterns and attitudes, such as alienation and stigmatization, "…the people

among whom the disease has been made visible are often pathologized and tainted by that association through medical profiling" (Plagues and Epidemics, 1). Disease almost always winds up stirring up less-savory social responses, usually in part due to fear and ignorance. This was seen during the Ebola outbreak, as the survivors of the virus were excluded from properly functioning in everyday societal customs due to negative attitudes and beliefs attached to Ebola and those associated/affected by it, "Some EVD survivors have been prevented from visiting public places such as public toilets and have experienced difficulty in trading commodities at their local market due to a community reluctance to touch their items or money" (BMC Public Health 2). Another prominent example of stigma tied to disease outbreak is present with the HINI pandemic that occurred in recent history. During the H1N1 outbreak an urge to blame others was noted, "In the case of the H1N1 influenza pandemic, a geography of blame was quick to be invoked. As Fuller (2009) reported, 'Radio, TV and newspaper personalities have jumped on the illness as a platform to attack 'illegal aliens' for being responsible for carrying the disease across the Mexican border and infecting innocent Americans.'" (Singer, 2009). In many cases during global outbreaks and disease spread, these common social patterns such as inadequate allocation of resources and a culture of blame are issues that were able to be deconstructed and analysed through the lens of medical anthropology.

Given this extensive background on medical anthropology and its influence in global outbreaks, this honors thesis explores a cross-cultural analysis of COVID-19 mask mandates and social distancing measures in order to better grasp inherent social implications and their impact on COVID-19 preventative and combative means, and offer a more nuanced screenshot of understanding of COVID-19's impact globally by applying

a medical anthropology perspective. This research is important for a plethora of reasons. Pandemics are something humans have and will always contend with, and will become more frequent with the advent of globalization/modernization and bacterial/viral resistance to medicine, “Globally, in fact, infectious diseases remain the leading cause of death almost ten years into the 21st century, and even in highly developed nations like the United States infections rank third among causes of mortality. Moreover, the danger posed by infectious agents has been growing” (Singer, 2009). Also, COVID-19, like other previous outbreaks throughout time, is a historical event, and as such meaningful information can be gained from this pandemic. Lastly, adding to my previous point, knowledge gained from implications surrounding mask mandates and social distancing can be as valuable as the socially constructed patterns discovered in other global outbreaks, and this information can hopefully be used in future contexts to improve social conditions, “Disease outbreaks are often major catalysts to social and cultural change. Sometimes disease is a catalyst for modernity, rationalization, sanitary reforms and an embrace of science” (Medical Anthropologist Offers Insights from Past Pandemics | College of Liberal & Creative Arts, 2020). Based on my research, the result of this thesis yields that the role of culture, and interpreting other cultures is not just important in understanding disease, but the treatment of disease as well.

III. METHODOLOGY:

I am adding to the existing anthropological understanding of how culture plays a heavy role in how disease severity is perceived and how the disease is handled by

evoking a holistic approach in my analysis of the countries of focus for this thesis. I accomplish this by applying a cross-cultural perspective and asking the questions about who complied with or disagreed with measures taken to flatten the curve, how were mask mandates rolled out and enforced, where were they first started (based on where outbreaks first started occurring), and why there are those who easily comply versus those who oppose the COVID-19 social distance measures. Then I further look into the US and dig deeper into how American culture has affected the adherence of mask mandates and social distancing strategies.

The foundation of my thesis mainly consists of traditional research from scholarly articles, anthropological texts, and reputable news sources. Secondary sources found from library databases have proven to be useful due to the sheer nature of information on the topic already accessible on the internet. The materials that will be used for this thesis is a computer, a notebook and writing utensil, internet access, along with a plethora of books, articles, and other scholarly texts. Many of the texts I will be using will be ethnographic in nature, which is a qualitative research method that involves full immersion in the community being studied. In general, I will primarily be utilizing qualitative research methods to better analyze and understand important key concepts in medical anthropology pertinent to this pandemic, such as notions of global health, health disparities, and cultural relativism.

The set-up of this project as a comparative analysis of countries affected by the novel pandemic emphasizes the medical anthropological approach in this thesis. Although this thesis could have only focused on the policy, politics, and quantitative data of the countries being analyzed, instead this thesis follows more definite anthropological

methods to help better conceptualize the cultural implications at play in regards to this pandemic. I chose the countries featured in my thesis for a variety of reasons. They are all "developed" countries, have free-market economies, and have a history of dealing with pandemics in the past. Although these similarities tie these countries together, the differences, such as governmental differences (Spain and Japan are both parliamentary monarchies, the US is a federal constitutional republic), geographic location and size, and differing cultural perceptions are what help elucidate the differing responses to COVID-19.

IV. THE CASE OF COVID-19:

COVID-19, known initially as 2019-nCoV and officially as the disease caused by SARS-CoV-2, is a novel type of virus belonging to the coronavirus family. Coronaviruses were discovered less than a century ago, and were found to be linked to

animals, “Coronaviruses (CoV) were first identified 1960s… CoV are commonly found in animals and it is possible to transmit some of the viruses to humans. Bats are a natural host of CoV, but they are not the only animal with the ability to transmit the virus to humans” (Bruns et al). As discussed in the previous quote, though bats are more susceptible towards being a host of coronaviruses, other animals can carry coronaviruses that can cause an assortment of other ailments, including the common cold, Middle East Respiratory Syndrome (MERS-CoV), and Severe Acute Respiratory Syndrome (SARS-CoV). “The Middle East Respiratory Syndrome Coronavirus (MERS-CoV) has been found to be camel to human transmission while the Severe Acute Respiratory Syndrome Coronavirus-1 (SARS-CoV-1) is civet cat to human transmission” (Bruns et al).

Previous outbreaks of the viruses belonging to the coronavirus family are not uncommon, and many epidemics spurred from these viruses have occured within the 21st century. For example, almost 20 years ago there was a SARS outbreak that “was first reported in Asia in February 2003. Over the next few months, the illness spread to more than two dozen countries in North America, South America, Europe, and Asia before the SARS global outbreak of 2003 was contained” (“SARS”). This was a significant pandemic that infected thousands of people around the globe, “According to the World Health Organization (WHO), a total of 8,098 people worldwide became sick with SARS during the 2003 outbreak. Of these, 774 died” (“SARS”). More recently, the MERS pandemic occurred a decade ago in the Arabian Peninsula. “Health officials first reported the disease in Saudi Arabia in September 2012. Through retrospective (backward-looking) investigations, they later identified that the first known cases of MERS occurred in Jordan in April 2012. So far, all cases of MERS have been linked through travel to, or

residence in, countries in and near the Arabian Peninsula" ("MERS"). While first discovered in the Arabian Peninsula, the most major outbreak took place in South Korea, "The largest known outbreak of MERS outside the Arabian Peninsula occurred in the Republic of Korea in 2015. The outbreak was associated with a traveler returning from the Arabian Peninsula" ("MERS").

While the aforementioned outbreaks caused by coronaviruses were global and affected millions of people overall, these previous pandemics pale in comparison to COVID-19's magnitude.

> Most of the pandemics in the 20th and 21st centuries have either been caused by an influenza virus or a coronavirus. The 2003 SARS coronavirus pandemic – had a much smaller impact than this current coronavirus pandemic, and killed fewer than 1,000 people. In terms of the number of deaths COVID-19 has caused (349,095 as of 27 May 2020), it is actually more comparable with previous flu pandemics (How Does COVID-19 Compare to Past Pandemics?, 2020).

As mentioned in the past quote, the current COVID-19 global outbreak is more analogous to flu pandemics, such as the 1918 Spanish Flu pandemic, one of the deadliest viral outbreaks in history. Though the Spanish Flu outbreak was over 100 years ago, there are common themes in its history that mirror that of the COVID-19 pandemic, notably the emphasis of mask/covering usage and social distancing measures in order to combat the disease. In that same vein, the contention surrounding the importance of face covering usage was equally present,

> For preventing the spread of infectious diseases, probably since the 1918 outbreak of the Spanish flu, the century-old debate about whether the public should wear a facial mask has begun. During that outbreak, in some places around the world, such as Japan, the wearing of a layered gauze mask over the mouth in public were recommended, and the practice of mask-wearing has since become a custom" (Barceló et al).

Masks are as important now as they were back then, as they have shown throughout history as being an effective means towards the prevention of the spread of diseases, in particular viruses such as influenza or COVID-19.

One of the primary reasons masks have had such success towards preventing spread of these certain types of viruses is their ability to reduce the virus particle spread of symptomatic, asymptomatic and pre-symptomatic infected people,

> COVID-19 is spread by human-to-human transmission via one on one contact or respiratory droplets… Symptoms range from mild to severe and consist of cough, shortness of breath, and fever. Patients who screened positive for pneumonia associated with COVID-19 experienced high fever and persistent coughing… The symptoms closely resemble common symptoms of the influenza virus and clinicians can easily assume symptoms to be influenza (Bruns et al).

COVID-19, like the flu, is spread through respiratory droplets, usually through close-contact with someone presenting symptoms such as coughing and sneezing.

> … a piece of cloth blocks those droplets. People without symptoms who do not even know they are sick are responsible for around half of the transmission of the COVID-19. This research suggests that transmission of COVID-19 by asymptomatic and pre-symptomatic individuals. These studies emphasize that people can spread the virus before realizing that they are sick and that wearing a public mask could help keep the infected person from spreading infectious droplets (Rab et al).

Based on how the virus is transmitted, masks and face coverings have historically shown to be effective in reducing these infected respiratory droplets from spreading and infecting others.

As mentioned earlier, with the advent of masks evident in respiratory pandemics, social distancing measures and mask mandates are typically also emphasized. This was seen during the SARS pandemic in East Asia, and, as a result of that outbreak, there is still wide-spread mask usage even during regular cold and flu season, “After the 2003

outbreak of Severe Acute Respiratory Syndrome (SARS), mask-wearing is widely adopted in East Asia as a form of non-pharmaceutical intervention for reducing transmission of respiratory infection" (Barceló et al). However, while other measures to prevent respiratory infection spread such as hand-washing/general cleanliness are usually universally accepted, the acceptance of wearing masks and face coverings is not as mutually agreed on, "… unlike hand-washing, which is universally considered to be the most important measure for preventing infectious disease, mask-wearing enjoys a mixed reception across countries until today" (Barceló et al). The 3 countries of interest for this analysis of mask mandates and social distancing, Spain, Japan, and The United States of America, tackled the novel virus in markedly different ways, from forced lockdowns and mask mandates, to a more laissez-faire style approach where virus protection and awareness is left up to individuals.

V. SPAIN:

Spain is not new to pandemics, as the country was affected by the Spanish flu in 1918. While the name implies that the virus originated in Spain, researchers are actually unsure of its origins, with some theories being East Asia and even Kansas. During that pandemic, Spain was not as deeply as affected as other countries, but as a result of its

lack of wartime censorship as a neutral country, it ended up bearing the name of the pandemic,

> Spain was not hit especially badly compared to other countries but wartime censorship exaggerated the effects of the virus there. While Britain, France, Germany and the United States censored and restricted early reports, papers in Spain – as a neutral country – were free to convey all the horrid details of the pandemic. This made it look much worse there, so the unfortunate name spread with the disease around the world (Whyte, 2021).

Although Spain has dealt with respiratory outbreaks before, unlike Eastern Asian countries such as Japan's cultural adherence towards wearing masks, Spain is not a mask-wearing country as a whole, and mandatory mask mandates were not implemented initially. Lockdowns were imposed in Spain before the emphasis on masks, and at the beginning there were differing ideas on whether masks were safe and effective against the virus, "At the time of the survey in Spain, however, health experts and authorities had provided mixed advice on the role of facemasks" (Barceló et al). As a result, these findings produced some interesting consequences on determining Spainards who wear and do not wear masks during this pandemic.

Demographic research suggests those with a higher education in Spain are less likely to wear masks due to disagreement among Spain's medical community and top officials. "… respondents who are better educated were consistently less likely to wear a protective mask in the early stages of the pandemics in Spain… Educational attainment is significantly associated with mask wearing behavior. More specifically, college and graduate-educated people are significantly less likely to wear a protective mask than the rest of the respondents" (Barceló et al). Those with a higher education are more likely to use critical thinking, and are therefore more skeptical about following public advice, especially if the advice is debated among those proliferating the information,

> … there are significant contradicting opinions among medical experts and government officials about the necessity to wear a facial mask in Spain. Higher education encourages critical thinking, and hence highly educated but skeptical members of the public are less likely to naively follow government recommendation of mask-wearing when there are contradicting opinions provided by medical experts (Barceló et al).

This is a common theme in "Western" countries, where blindly accepting government-mandated advice is not the norm with more highly-educated individuals who need more fact-based evidence, "This result indicates that when the government is encouraging mask-wearing, solid arguments—in conjunction and alignment with advice form medical experts—are necessary to convince their highly educated citizens" (Barceló et al).

Another theme evident from the results of Spain's COVID-19 prevention measures is the disparities between age and mask wearing. On average, younger people were less likely to wear masks than older people in Spain. "The age cohort that is least likely to wear masks is the youngest (18-25). The subsequent age cohort (26-35) is significantly more likely to wear a mask. Further, every older age group is significantly more likely to wear a mask than the youngest cohort (18-25)" (Barceló et al). While gender is a major indicator of mask usage in other countries in East Asia such as Hong Kong and countries in North America like the US, Spain had no such data to support this. Spain's response to the novel virus with strong lockdowns in March, while temporarily effective, became increasingly unpopular and ridiculed, "Spain's central government imposed a harsh coronavirus lockdown in March, using emergency powers, and brought the number of cases and hospitalisations down. But the lockdown became increasingly controversial and the emergency powers lapsed on June 21. Within about two weeks an increase in cases became visible" (Dombey). Spain's unstable governmental responses to

the virus, coupled with misinformation and distrust of the advice being provided, caused many to disregard lockdown procedures and avoid wearing masks. Consequently, Spain was one of the most deeply affected countries from this pandemic, with over thousands infected and dead.

VI. JAPAN:

To shift gears, Japan's response to the COVID-19 outbreak is not as intense as Spain's, in that Japan did not have to stress certain COVID-19 procedures as stringent as Spain. For example, emphasis on the usage and efficacy of masks is more normalized in

Japan than it is in the other countries mentioned in this thesis, Spain and the United States. Japan has a unique history surrounding face mask usage, and the culture is known for its strong affinity for donning masks for various reasons. “Observers have pointed out that while it is a more common sight in several East Asian societies than elsewhere in the world, mask-wearing is particularly widespread and normalised in Japan (see Depleted Cranium 2011, Glionna 2011), where masks are commonly worn outside medical or industrial settings” (Omura et al., 2020). In order to analyze this from an anthropological perspective, the theoretical foci employed are symbolic anthropology and structuralism, as it is important to recognize how notions of health and wellness are structured on the premise of culturally developed symbols of health, communal well-being and “public-spiritedness”. Present face mask customs and practices are based on peer-pressure communal expectations tied to other heavily influential ideologies in Japan. Along with ideals of communal wellness being a trademark factor in Japan’s facemask usage, there lies a dichotomy in Japanese culture where outside is dirty and unclean, and inside is pure and clean. To relate this to Japan’s fondness for face masks, the mask serves as a barrier between the dirty outside and clean “inside” (usually meaning inside the body). “Because the outside is regarded as dirty, most Japanese used, and some continue to use, a face mask when they go outside, especially in winter… The ‘scientific’ rationale given is that the mask prevents the wearer from breathing in germs from the outside air. Others explain that a mask protects the sensitive membranes of their nostrils and throat from exposure to cold air” (Ohnuki-Tierney, 1984). Given these cultural factors, it is clear that Japan’s use of face masks has deeper cultural implications linked to societal distinctions of the dirty outside/clean inside, communal notions of wellness measures, and intrinsic

social pressures based on eastern philosophies to uphold public wellness for the common good.

Japan has a distinctly unique relationship and history with the practice of using face masks.

> In other East Asian nations, the public practice became widespread in 2003 when SARS… spread from China to neighboring countries… the sickness ingrained a profound fear of viral respiratory diseases and opened eyes to the importance of masks in containing outbreaks. Japan, however, was largely spared from the SARS epidemic, recording zero fatalities. To understand the nation's relationship with masks, there's a need to look further back in history… (Martin, 2021).

Japan's adoption of face masks and covering mouths dates back hundred of years ago in the form of certain practices in religious rituals,

> Covering the mouth with paper or the sacred sakaki (Japanese cleyera) leaves to prevent one's "unclean" breath from defiling religious rituals and festivals has been common from ancient times, Hirai says, and is a custom still observed at Yasaka Shrine in Kyoto and the Otori Grand Shrine in Osaka, among others. During the Edo Period (1603-1868), the practice seems to have penetrated a significant portion of the population. During an interview at his office in Western Tokyo, Hirai pulls out a framed, multicolored woodblock print showing kimono-clad patients receiving treatments from people who appear to be a masseuse, an acupuncturist and a doctor. "This nishiki-e dating from the Edo Period depicts a scene of a medical clinic," he explains. "If you take a close look, you'll see one of the patients covering his mouth with what appears to be a piece of cloth." (Martin, 2021)

The previous quote demonstrates face masks' background in ancient ritualistic customs and festival practices. While face masks may have had its origins in this medical-religious context, a shift occurred following the Spanish Flu pandemic that turned masks from a sacred luxury item, to a essential survival item,

> the single most important event that elevated masks from being a luxury item to an everyday product for the masses was the Spanish flu, which killed tens of millions around the world between 1918 and 1920. In Japan alone, 450,000 perished according to some estimates, with an additional 280,000 believed to have died on the Korean Peninsula and in Taiwan, which were under colonial Japanese rule at the time (Martin, 2021).

Many people suffered from, and succumbed to the Influenza outbreak, initially referred to by some Japanese at this time as a "bad cold",

> Saburo Shochi, a famously long-lived academic, was often interviewed about his experience during the pandemic… Shochi recalled losing his classmates to 'the bad cold.' Shochi said most of his family, including himself, then around 10 years old, caught the disease and were unable to get out of the futon for days. The infectious nature of the virus eventually became known, and people started wearing masks, which seemed to offer protection from the influenza, he said." (Martin, 2021).

During this time, public service adverts and information flyers were disseminated in Japan to further promote mask popularity and emphasize face mask's role in preventing the spread of illness, "Educational posters from the period feature slogans such as 'reckless are those who don't wear masks.' And for those who couldn't afford to buy masks, newspapers began giving instructions on how to make them at home, much like the online mask-making tutorials that flourished during Japan's latest mask shortage" (Martin, 2021). However, it was not until World War II that face masks' ubiquity in Japan would be solidified in society.

> During the early part of the Showa Period (1926-89), masks similar to today's three-dimensional models were produced, but shortages arose during World War II when raw materials were reserved for the military. Simple and cheaper gauze masks became the norm. By the end of the war, the face mask — once a symbol of affluence — was reduced to a piece of gauze with strings attached. "These were the bare essentials," Hirai says, pulling out a flimsy sheet of cloth tucked into a thin, paper package bearing the words "aikoku masuku" ("patriot mask"). By the end of World War II, the face mask — once a symbol of affluence — was reduced to a piece of gauze with strings attached. In the postwar years, masks gradually evolved into the current form, with white, disposable, nonwoven pleated masks becoming mainstream. "This evolution of masks is something quite unique to Japan," Hirai says. (Martin, 2021).

After World War II, face masks became a prominent symbol of mainstream health consciousness among Japanese people.

As a result of Japan's deep history with face mask use, face masks are very popular in Japanese society. Masks are usually seen worn the most during the cold and flu season, and in the spring when hay fever is common. It is not a secret to non-Japanese people that Japan is known for its wide acceptance and normalization of face masks practically year round.

> Head to Japan and you'll notice that many Japanese people wear face masks. Even before the time of COVID-19, it wasn't unusual to see people donning white masks while waiting for their trains, or out with their friends. Not only relegated to flu season or fears of catching colds, masks have long been a regular part of Japanese society. They've evolved to carry a wider definition, some not having anything to do with health reasons at all" (Phanthanh, 2021).

The aforementioned quote discusses how face masks are not limited to health reasons in Japan, and that there are various forms of practices and customs surrounding face masks. Much as Westerners don sunglasses to enjoy some benefits of anonymity, the face mask carries similar connotations in Japanese society, "Many Japanese wear surgical masks on a daily basis not with the purpose of shedding infections or pollens but to achieve inscrutability, similar to the Westerners wearing sunglasses. It is referred to as "mask dependency" in a number of cases. While people may wish to achieve anonymity, they also want to avoid making others uncomfortable" (Miyazawa, 2020). Many Eastern Asian cultures regard eyes as the window to the soul, and therefore find sunglasses rude, much like how Western cultures view face masks as a threat as it seen in the lens of Western society as suppressing an important communicative region of the body,

> whereas Western Caucasian internal representations predominantly featured the eyebrows and mouth, East Asian internal representations showed a preference for expressive information in the eye region . This tendency may be the major reason why it is considered rude to wear sunglasses among eastern Asians and why wearing face masks among Westerners is considered suspicious, which could be why the western population exhibits a low face mask wearing rate" (Miyazawa, 2020).

However, inscrutability is only one example of the many reasons why Japanese wear masks as frequently as they do.

Face masks are also often used by women for beautification/cosmetic purposes. “Japanese women in our surveys reported how, ironically, some Asian women wear them to avoid getting a suntan in an effort to appear more western. They also reported wearing them simply to cover their faces on public transport when they hadn’t had time to put on their make-up” (Burgess & Horii, 2012). Face masks’ mainstream popularity also presented itself through a lucrative mask industry in Japan.

> There are masks that cut ultraviolet rays and prevent glasses from fogging, and masks that make the face look slimmer. There’s even a term for women who look good in masks — masuku bijin (masked beauty) — and contests are held to decide who among them looks the most attractive donning one. The key, apparently, is the enhancement of the eyes. It’s good business, too. With global cases of the novel coronavirus on the rise as Japan’s humid summer arrives, companies across industry lines are rushing to produce cooling and drying face masks to help cope with the sweltering heat that medical experts warn could lead to breathing difficulties and dehydration. Other, lesser known makers are also devising creative ways to make masks bearable in the summer heat. Knit Waizu, a Yamagata Prefecture- based knitwear manufacturer, began selling reusable cloth masks in refrigerated vending machines in mid-March when cases of COVID-19 began climbing and a nationwide shortage of masks made headlines (Martin, 2021).

There are recurring themes evident in the previous quote, like Japanese womens’ face mask use for beauty reasons, and the mention of eyes being an important facial feature. Another theme that was mentioned earlier in this paper’s introduction, is the concept of the outside being dirty, and the inside being clean. Consequently, mask-wearing became a form of “risk ritual” in Japanese society, where face masks provide a means to control the percentage of risk from “unclean air” from outside factors, or controlling one’s own outside breath from tainting nearby people or things.

> When mask-wearing embodies certain symbolic order, such an effect of symbolisation upon human behavior is often termed as 'ritual.' More specifically, mask-wearing in Japan has been conceptualised as 'risk ritual' (Burgess and Horii 2012)... a significant number of Japanese people immediately started to wear masks when perceiving health risks in the air… in hopes of avoiding these risks." (Burgess & Horii, 2012).

While all of these habits and customs indicate face masks' influential presence in Japan, societal pressure to adhere to wearing masks for communal benefit is one of the most recurring and influential themes evident in Japanese society.

Japanese society's expectation that one should wear masks for the good of the community is a common theme throughout history. An example of Japan's societal pressure to wear face masks was mentioned earlier in this paper in the quote discussing Japan's campaign to stress the use of masks during World War II for the greater good. However, the pressure to wear masks for the benefit of the community persists today in many facets of Japanese culture. "Japanese people have taken to wearing face masks during the pandemic, but the main reason for doing so has more to do with going along with others than preventing the coronavirus from spreading, a new study says. Peer pressure emerged as the dominant factor for wearing face masks amid the health crisis in Japan, according to the results of a survey administered by academics" (Kobayashi, 2020). As mentioned in the previous quote, face mask usage is typically based on peer pressure rather than simply wanting to wear one.

In reality, while masks are ever present in Japanese life and considered to be a hallmark of Japanese society, face mask usage in general is considered to be mildly inconveniencing to the average person,

> Japanese people have taken to wearing face masks during the pandemic, but the main reason for doing so has more to do with going along with others than preventing the coronavirus from spreading, a new study says. Peer pressure

> emerged as the dominant factor for wearing face masks amid the health crisis in Japan, according to the results of a survey administered by academics" Kobayashi, 2020).

There are a couple factors at play that have determined Japan's insistence on mask usage despite its slightly inconveniencing nature. Eastern philosophies, such as Confucianism, encourages others to care for vulnerable members of society like the eldery and children,

> Confucianism, a philosophy that has significantly influenced East Asian cultures, encourages respect for elders and care for young children. It would therefore be largely unthinkable to discuss sacrificing older people to the pandemic using a cost-benefit analysis. If wearing a face mask can help protect someone's grandparents, that is your duty. It is also considered a social responsibility to do one's part in controlling the pandemic to ensure that schools remain open for the younger generation" (*3 Questions: Historian Emma Teng on Face Masks as 公德心*, 2020).

Based on this philosophical mindset, the practice of wearing face masks is seen as being mannerable and polite in Japanese, "In Japan, it is also seen as good manners to wear a mask representing thoughtfulness to others when one is ill, and companies may have policies mandating mask use (Nakamura 2020)" (Omura et al., 2020). Along with being seen as thoughtful, wearing a face mask is also associated with good hygienic skills, "In many Asian countries such as China and Japan, the use of face masks in this pandemic is ubiquitous and is considered hygiene etiquette" (Wong et al., 2020). The commonly held belief in Japanese culture is that doing good for the community with something as simple as wearing a face mask, is good for me also, "when it comes to wearing face masks, certain aspects of culture have almost certainly been coming into play. At an MIT Starr Forum faculty panel on 'When Culture Meets Covid-19,' Professor Yasheng Huang of the MIT Sloan School suggested that communitarian norms in East Asian countries support the ethos that 'doing something for the community good is good

for me also.'"(*3 Questions: Historian Emma Teng on Face Masks as 公德心*, 2020). This concept of community good is exemplified through a phrase in Japanese, "kootokushin", This value is known as 公德心: in Mandarin, gongdexin; in Japanese, kootokushin; in Korean, kongdkshim; and in English, public-spiritedness… Research that has emerged from East Asia over the past several months supports the efficacy of community mask wearing, even for the asymptomatic or presymptomatic, as a public health measure" (*3 Questions: Historian Emma Teng on Face Masks as 公德心*, 2020). The concept of "kootokushin" is seen in context of mask usage in Japanese society, and is thereby tied to communal pressures regarding "public spiritedness." The Japanese are expected to uphold society by abetting risk to vulnerable populations as much as possible, showcasing their care of others and therefore themselves. This ideology is highlighted in the practice of mask wearing, as Japanese society, along with research to back it, that wearing masks is hygienic, showing respect to others by helping protect against illness, and ultimately for the common good.

In essence, the crux of Japan's ubiquitous use of face masks in everyday society is dependent on a plethora of cultural factors. These factors are rooted in Eastern philosophy and historical events such as the Spanish Flu, and World War II, and highlight Japan's notions of health and wellness through communal expectations. The result of Japan's cultural implications on face masks play out in society in a variety of ways and through a variety of reasons. Face masks can be worn for cosmetic reasons just as readily as they are for health reasons. Due to these same cultural implications surrounding "public spiritedness" and preventing risk to the community, societal pressures to wear a

face mask are present in Japanese society, resulting in many wearing the masks to fit in and follow peer pressure.

VII. THE UNITED STATES:

The United States' response to COVID-19 is significantly different from the other countries analyzed previously. The US's reaction to the novel outbreak was mired with misinformation and distrust of authority figures from the very beginning, eventually

setting the stage for the highest number of cases and deaths in the world. Similar to Spain, health officials such as Centers for Disease Control (CDC) and World Health Organization (WHO) initially disagreed on the successful nature of mask wearing, caused a lot of wariness and suspicion around their effectiveness, "...in North America and Europe, public health officials have discouraged healthy people from wearing masks. Previous studies across five countries suggested a significant gap between willingness (71%) and real action (8%) to wear a mask in the US" (Li et al). While lockdowns were encouraged by the CDC as an effective measure towards combating the spread of COVID-19, a federal lockdown was never implemented, and was left up to states' discretion. Masks were more difficult to encourage, as the initial confusion and misinformation surrounding wearing masks dissuaded many from using them. Masks have become slightly more prevalent due to individual cities around the nation implementing mask mandates, but, like the lockdowns, they are not federally or even state mandated, "the awareness of wearing a mask during the COVID-19 pandemic recently became more popular in the US, and the percentage of Americans wearing masks increased to approximately 12% by the end of March 2020" (Li et al). The government and health officials lacking direction with regards to combatting the virus, along with subsequent emphasis on group prevention procedures such as "stay-at-home" social distancing protocols and mask mandates have proven difficult to impose as many US citizens are distrustful of authority figures enforcing communal prevention tactics. This is due in part to the US's strong cultural emphasis on individualism,

> Most notably, Americans are more individualistic and are less supportive of a strong safety net than are the publics of Britain, France, Germany and Spain. Nearly six-in-ten (58%) Americans believe it is more important for everyone to be free to pursue their life's goals without interference from the state, while just 35%

> say it is more important for the state to play an active role in society so as to guarantee that nobody is in need ("The American-Western European Values Gap").

This notion contrasts heavily with Japan's notions of group prevention through culturally agreed mask usage.

This is mindset of individualism is also highlighted with assertion of "personal responsibility" in light of public health, from the personal choice to wear not wear masks, to the decision on whether or not to get vaccinated against COVID-19,

> A common refrain of Republican politicians and those on the right of the political spectrum is that wearing a face mask or getting vaccinated is a matter of "personal responsibility." In a sense, this is true. Under current conditions of widespread infection by the readily transmissible Delta variant, it is the responsibility of individuals to wear masks in public settings and become fully vaccinated. And, if they fail to wear a mask or become vaccinated, then they are being irresponsible (Miller, 2021).

This mindset is prevalent in the United States as it emcompasses the inherent "right" or "freedom" to choose to adhere to governmental advisories, as many harbor a notion that COVID-19 preventative measures encroach on their liberties, "Mandates to wear masks and become vaccinated are viewed by many of those on the right and their political representatives as unjust interferences with the values of freedom and personal responsibility" (Miller, 2021). As a result, the pandemic has not been adequately contained as a large number of people have felt the need to assert their ideas of "personal responsibilities" during a public health crisis.

Another factor in the US's response is its democratic nature. As mentioned previously, while there have been city and state wide orders aimed at preventing the spread of COVID-19, there have been no major governmental actions other than a travel ban.

> Democratic regimes might have more difficulty taking forceful or even appropriate action but can benefit from better information flow and public trust. Within countries, there is an echo of this regime effect – leaders with an authoritarian approach in a democratic country will damage the flow of information. Thus, President Trump in the United States and Bolsonaro in Brazil both adopted destructive denialist approaches to the epidemic, which undermined efforts to respond effectively (Greer et al).

Discussed in the aforementioned quote, authoritarian-like leaders such as Trump actively undermined health official's valid information and intentionally proliferated harmful language such as antagonizing China by calling the virus the "China Virus." Similar to Spain, older people tend to wear masks over younger people. However, another added dimension evident in the US's mask wearing is gender, "… significant gender and age differences in mask-wearing behavior with older people and women being more likely to wear a mask than younger people and men in three different convenient samples from the United States" (Barceló et al). While Spain and Japan both did not have major results in mask usage and gender disparities, the US had more women accepting mask usage over men.

VIII. DATA ANALYSIS:

Looking at pandemic responses through the lens of medical anthropology is useful in better understanding not just cultural reactions to disease outbreaks, but also how these cultural reactions indicate a deeper interpretation of disease, illness, wellness,

and notions of healthcare in the mindsets and ideologies of the cultures affected. Each country examined in this thesis has displayed its own unique approaches to COVID-19 based on and informed by past pandemics and cultural beliefs and concepts formed on disease and illness in general.

As stated earlier in the thesis Spain, like the United States, had trouble in the beginning of the COVID-19 pandemic on deciding on an effective, comprehensive plan to combat the outbreak due to shaky governmental responses and misinformation and distrust of the advice being provided. This in turn led to many ignoring the COVID-19 preventative measures such as adhering to lockdowns and wearing masks and as a result Spain was deeply negatively affected by the pandemic. Japan did not struggle to combat and control COVID-19 cases as much as the other countries discussed in this thesis due to there being a very strong history of mask wearing embedded in the fabric of its culture and society, and as a result the country fared marginally better than Spain and the United States, even in spite of a large and ever increasing population of elderly. On the contrary, the United States has grappled with and is continuing to grapple with the consequences of an out of control pandemic largely based on the country's erratic governmental response (very similar to Spain) engendering distrust and views and mindsets on the efficacy of face masks and the role of personal responsibility in the face of public health.

An important theme present in Spain, Japan, and the United States is how a particular facet of culture, the role of public health in each society, affects the severity of the COVID-19 pandemic. As seen in each country in different ways, from Spain and the United States difficulty in containing the virus based on ideas of "personal responsibility", to Japan's emphasis on "public spiritedness", it is abundantly clear that

the concept of personal responsibility in the context of a pandemic is not a viable option, as it contradicts the goal of preventing the spread of disease,

> Yet, if wearing masks and becoming vaccinated were solely matters of protecting individuals from harm to themselves, then the claims of freedom and personal responsibility would be warranted. Individuals, however, are vectors of infectious disease. As the pandemic rages, refusals to wear a mask or become vaccinated exposes others to risks of infection, serious illness, hospitalization, and death. Moreover, with hospitals and their intensive care units filling up with unvaccinated COVID-19 patients, the health care of individuals suffering from other conditions is negatively impacted and societal resources are needless expended (Miller, 2021).

To reiterate, one of the primary reasons why Japan's COVID-19 response was markedly more positive than Spain and the United States is not that they happened to have a head-start on the acceptance of mask wearing, but also understanding the importance of communal adherence to pandemic-ending measures, even if that meant sacrificing some level of perceived comfort and freedom in the process.

IX. CONCLUSION:

COVID-19 has undoubtedly made its mark as one of the most influential and world-changing pandemics in recent history. This current outbreak has been the catalyst of many changes in society now, like the popularity of mask usage and a heavier emphasis on social distancing technology such as delivery apps. The research gathered

and presented in this work reflect how this pandemic has affected many countries and almost every continent around the globe, from Europe to Asia and North America. As a result, there were some major themes highlighted in how some countries handled the virus and some distinct differences in the perception of COVID-19 prevention procedures, especially the wearing of masks and adherence to lockdowns. Through my examination, I conclude that each nation's response reflects deep cultural and social factors, and that understanding these factors can help us better cope with other global pandemics that are sure to come in the future.

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XI. APPENDIX

A. LIST OF TERMS

Ethnography - a branch of anthropology and the systematic study of individual cultures. It is a description of "the customary social behaviors of an identifiable group of people". Ethnography is often referred to as "culture writing," and it refers to a type of documentation often employed by Anthropologists in their field work. This genre of writing uses detailed first-hand written descriptions of a culture based on first-hand research in the field.

Cultural relativism - the idea that a person's beliefs, values, and practices should be understood based on that person's own culture, and not be judged against the criteria of another.

Holism - the perspective on the human condition that assumes that mind, body, individuals, society, and the environment interpenetrate, and even define one another. In anthropology holism tries to integrate all that is known about human beings and their activities.

Symbolic anthropology - studies the way people understand their surroundings, as well as the actions and utterances of the other members of their society. These interpretations form a shared cultural system of meaning–i.e., understandings shared, to varying degrees, among members of the same society. Symbolic anthropology studies symbols and the processes,such as myth and ritual, by which humans assign meanings to these symbols to address fundamental questions about human social life.

Structuralism - a mode of knowledge of nature and human life that is interested in relationships rather than individual objects or, alternatively, where objects are defined by the set of relationships of which they are part and not by the qualities possessed by them

taken in isolation. Claude Lévi-Strauss was the spokesperson for structuralism in Anthropology, incorporating the work of many authors along the twentieth century.