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Version: Accepted Version

Article:

Appleton, Nayantara Sheoran, Long, Nicholas J. ORCID: 0000-0002-4088-1661, Aikman, Pounamu Jade, Graham Davies, Sharyn, Deckert, Antje, Fehoko, Edmond, Holroyd, Eleanor, Jivraj, Naseem, Laws, Megan ORCID: 0000-0002-7652-4279, Martin-Anatias, Nelly, Roguski, Michael, Simpson, Nikita ORCID: 0000-0001-5260-3266, Sterling, Rogena, Trnka, Susanna and Tunufa’i, Laumua (2021) (Alter)narratives of ‘winning’: supermarket and healthcare workers’ experiences of COVID-19 in Aotearoa New Zealand. *Sites: A Journal of Anthropology and Cultural Studies*, 17 (2). ISSN 1179-0237

10.11157/sites-id471

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(Alter)narratives of ‘winning’: Supermarket and healthcare workers’ experiences of COVID-19 in Aotearoa New Zealand

Nayantara Sheoran Appleton*¹, Nicholas J. Long², Pounamu Jade Aikman³, Sharyn Graham Davies⁴, Antje Deckert⁵, Edmond Fehoko⁶, Eleanor Holroyd⁷, Naseem Jivraj⁸, Megan Laws⁹, Nelly Martin-Anatias¹⁰, Michael Roguski¹¹, Nikita Simpson¹², Rogena Sterling¹³, Susanna Trnka¹⁴, & Laumua Tunufa’i¹⁵

Abstract

COVID-19 stories, especially from Aotearoa New Zealand, one of the leading nations ‘winning’ over the virus, will be important historical documentation. The ‘team of 5 million’ is writing its narratives of life with/out COVID-19 – stories of ‘being kind,’ of ‘being in it together’ and simply ‘loving your bubble.’ These are narratives of success which need to be examined alongside the narratives that have been absent from public national discourse but complicate understandings of ‘winning.’ To that end, in this article we map out (alter)narratives from supermarket and healthcare workers and highlight their stories of living and caring under lockdown. We posit that we need to pay attention to (alter)narratives of winning over COVID-19 in order to pay attention to the bodies and spaces that are often invisible but make winning possible. Thus, we see (alter)narratives not as counter or anti to the nation’s winning narrative, but rather essential and adjacent to it.

Keywords

COVID-19, Aotearoa New Zealand, Supermarket Workers, Healthcare Workers, Essential Workers, (Alter)narratives.

*Corresponding Author, Dr. Nayantara Sheoran Appleton. Email: nayantara.s.appleton@vuw.ac.nz

¹ Centre for Science in Study, Te Herenga Waka | Victoria University of Wellington, Aotearoa New Zealand

² Department of Anthropology, London School of Economics and Political Science, London, United Kingdom

³ Independent scholar, Wellington, Aotearoa New Zealand

⁴ School of Languages, Literatures, Cultures, and Linguistics, Monash University, Melbourne, Australia

⁵ School of Social Sciences and Public Policy, Te Wānanga Aronui o Tāmaki Makau Rau | Auckland University of Technology, Auckland, Aotearoa New Zealand

⁶ School of Social Sciences and Public Policy, Te Wānanga Aronui o Tāmaki Makau Rau | Auckland University of Technology, Auckland, Aotearoa New Zealand

⁷ School of Clinical Sciences, Te Wānanga Aronui o Tāmaki Makau Rau | Auckland University of Technology, Auckland, Aotearoa New Zealand

⁸ Department of Anthropology, London School of Economics and Political Science, London, United Kingdom

⁹ Department of Anthropology, London School of Economics and Political Science, London, United Kingdom

¹⁰ School of Social Sciences and Public Policy, Te Wānanga Aronui o Tāmaki Makau Rau | Auckland University of Technology, Auckland, Aotearoa New Zealand

¹¹ Kaitiaki Research and Evaluation, Wellington, Aotearoa New Zealand

¹² Department of Anthropology, London School of Economics and Political Science, London, United Kingdom

¹³ Te Kotahi Research Institute, Te Whare Wānanga o Waikato | University of Waikato, University of Waikato, Hamilton, Aotearoa New Zealand

¹⁴ Anthropology, Te Whare Wānanga o Tāmaki Makaurau | University of Auckland, Auckland, Aotearoa New Zealand

¹⁵ School of Social Sciences and Public Policy, Te Wānanga Aronui o Tāmaki Makau Rau | Auckland University of Technology, Auckland, Aotearoa New Zealand

At the end of March 2020, and throughout the month of April, Jennifer, a Pākehā woman in her 40s, got into a new lunchtime routine. She and her partner would come together in front of the television shortly before 1PM, ready to watch what Jennifer described as ‘the “Doctor Ashley” show’. For it was at 1PM every day that Aotearoa New Zealand’s prime minister, Jacinda Ardern would, in conjunction with Dr Ashley Bloomfield (the Director-General of Health), take to the podium in parliament, in Wellington. From there, speaking at two distinctively striated lecterns, they would update the nation on the previous day’s COVID-19 cases, the various ministerial actions being taken to prevent the spread, and provide a general morale booster.

Widely considered a communication victory, these 1PM briefings not only made the government appear accessible and compassionate, they also brought the nation together to receive its daily information about COVID-19. McGuire et al. (2020) consider these briefings as integral in fostering a sense of ‘confidence and social solidarity’ amongst Aotearoa’s population. Such outcomes partly derive from the careful choice of messaging adopted by New Zealand’s political leaders, but they can also be seen as effects of the briefings as a political ritual (Martin-Anatias Forthcoming). Not only did the briefings invite a sense of ‘imagined community’ – as if everyone else was also watching the briefing in their working from home lunch break or catching up with choice excerpts in subsequent news bulletins or on social media – they afforded a space to reflect on being part of a unified nation. Having been exhorted to envision themselves as part of a ‘team of 5 million’ ‘unite[d] against COVID-19’, the briefings revealed how ‘the team’ was doing. They allowed viewers to see ‘success’ on the horizon, and, eventually, as having been grasped. And indeed, it was at the 1PM press briefing on 27 April that Jacinda Ardern was able to confirm that the Government’s elimination strategy had achieved its aims. ‘There is no widespread undetected community transmission in New Zealand,’ she announced, ‘We have won that battle.’ This

confirmation led to articles, like the one in *The Lancet* titled, “New Zealand eliminates COVID-19” (Cousins 2020).

Ever since then, winning, success, and victory became integral to mainstream narratives of Aotearoa’s early experience of the coronavirus pandemic. Not only had it ‘won’ against the virus, the nation and its leadership were seen as ‘winners’ in their handling of the crisis, compared to countries such as the US and UK, which had witnessed high death tolls and profound socioeconomic disruption. But while it is undoubtedly true – and undoubtedly welcome – that the coronavirus was temporarily eliminated from Aotearoa, an anthropological perspective attuned to the lived experiences of people during lockdown, and the narratives through which people have come to describe and remember that period of their lives, reveals how this pandemic has often been about many things besides the spread and suppression of a virus. In this article, we draw on insights gleaned from a qualitative online survey (discussed in more methodological detail below) and from participant observations in Aotearoa to ask what, exactly, it might mean to say that ‘we’ have ‘won’, thereby excavating (*alter*)narratives of COVID-19 that deserve to be heard as a part of Aotearoa New Zealand’s collective reckoning with the events of 2020.

Background and Positioning

To say that ‘we have won’ is to suggest a collective victory. But whose? Linguistically, across different languages, ‘we’ can function differently. A turn to Indonesian grammar – with which several of our co-authors are familiar from our homelands and field research – can prove instructive here. Bahasa Indonesia forces its users to choose between an inclusive we (*kita*) and an exclusive we (*kami*), signalling to the listener as to whether or not they are included in the action being described. English is more ambiguous, leaving the question of

who would have felt themselves included in the pronouncement ‘we have won’, and to what degree.

For many of our research survey respondents, participation in the collective victory seemed and felt self-evident. Jennifer’s responses, for example, described how by sticking to the rules of lockdown she knew that she and her partner had ‘helped the country’; a Pākehā [a term for non-Māori New Zealanders primarily of European descent] woman in her sixties described how the lockdown had not only brought her closer to her family and neighbours but also to “the team of 5 Million!.....the use of simple, easily repeated messages and mantra of stay home, stay safe, we are in the [sic] together etc has made us as a nation feel closer, especially in Level Four [the strictest phase of lockdown]”. Yet it should not be assumed that the collective was coterminous with the nation, even for those who might have heard in Ardern’s announcement an ‘inclusive we’. On 9 April, after the 1PM briefings had announced four successive reductions in cases, an Auckland-based pastor of Yoruba descent took to his Instagram to celebrate. ‘We are winning’ he posted, ‘God is taking control. Thank you Jesus!’ So who, then, was the ‘we’ here? The nation? Christians? The forces of good? An assemblage of human and non-human actors? All of these seem possible, and such interpretations are not mutually exclusive. But they might nevertheless exclude, bracketing out those relatives, friends and neighbours who were believed to be ‘selfishly’ flouting the rules and thereby jeopardising the national effort, something that filled some of our respondents with fury. Would such transgressors be allowed to take credit for the victory, or did the rest of ‘us’ win despite them? Stories about collective winning are inevitably stories about whose narrative company we want to keep. The claim that ‘we have won’ is thus not unlike the lectern from which it was announced: striated and multi-layered.

There is another way in which the physical layout of the 1PM briefings exemplify the problems with taking a mainstream narrative at face value: the fact that there were only two

podiums, and that the bodies standing at them were invariably, inevitably, white. Dr Rhys Jones, a Māori public health physician working at Te Whare Wānanga o Tāmaki Makaurau | University of Auckland writes poignantly about what the briefings communicated to another audience:

Tuning into the daily 1PM briefings, for example, we've been treated to an exercise in whiteness. The two lecterns on that stage could have been used to represent a partnership; instead Māori leaders have, once again, been sidelined. Similarly, the 'trusted voices' in the media have predominantly come from a certain demographic, demonstrating the valuing of a particular type of expertise. Māori experts and commentators have generally been overlooked or called on only to comment on more fringe issues. In the context of a global pandemic that threatens to disproportionately affect Māori communities, the silence of Māori voices speaks volumes.

(Jones 2020)

The absence of Māori voices is significant not because there was a fundamentally different 'alternative' Māori approach to handling on the pandemic that went unheard: our Māori interlocutors were as committed to the elimination strategy and as thrilled by its success as others we heard from. In that sense they, and other people of colour, were still encompassed by the 'inclusive we' of victory. Yet as Jones's comments demonstrate, the fact that Māori voices were absent at the briefing (and in the media) provides an additional narrative: one in which Covid-19 was not an exceptional, self-contained event, so much as the latest episode in an ongoing story of dispossession and exclusion; one in which membership of the 'we' that had won was marked by colonial ambivalence; one in which victory in the battle against a virus did little to assuage an ongoing embattledness.

Thus, narratives of success and resistance need to be examined alongside the narratives that were made absent from the larger public national discourse and make space for *(alter)narratives* of COVID-19 that tell complicated stories. This paper is inspired by Māori and public health scholars like Rhys Jones, Melissa McLeod, Jason Gurney, Ricci Harris, Donna Cormack, Natalie Talamaivao, Sarah-Jane Paine, and Paula King (Jones 2020;

McLeod et al. 2020; Talamaivao et al. 2020) who outline research that shows racial inequities in COVID-19 outcomes and thereby create space for voices that diverge from the key narrative(s) within Aotearoa of and about COVID-19. These scholars enable us to understand that the story of COVID19 has many narratives – and, indeed, it was not only Māori voices and perspectives that were excluded from mainstream discourse. Their work shows powerfully how any analysis of New Zealand’s victory against the coronavirus must attend to the multiple narratives of winning furnished by variously positioned citizenry: an endeavour that we consider to be best characterised as the pursuit of (*alter*)narratives.

Thus, in this paper we wish to complicate any singular narrative of Aotearoa’s experience of COVID-19. This is not to refute such a narrative, but rather to highlight the nuances lost if we focus on the singularity of the winning outcome. In this article, we thus aim to create space for narratives not foregrounded in the mainstream media and public discourse, especially those of people on the ‘front-line’ of the battle to get the nation through the pandemic, such as healthcare and supermarket workers, whose experiences were necessarily more complicated, and often more ambivalent, than simply ‘staying in a bubble.’ The (*alter*) allows for highlighting narratives that provide an alternative lens to experiences of life under lockdown. It creates space for acknowledging the agentic practices, choices and experiences of the people who supported the national public health effort, in the spirit of making a collective contribution to ‘winning’, even in the face of exclusion from the main narrative. Winning against the coronavirus is a complex matter. It is temporary. Some may feel ravaged by the border closures necessary to sustain elimination, and may find the victory pyrrhic. Yet even if one wishes to celebrate the win, to do winning justice requires us to pay attention to the bodies and spaces that are often invisible but make winning possible.

While Aotearoa New Zealand has been globally hailed as an example for managing COVID-19¹, our experiences of living and researching in and about Aotearoa New Zealand

and its many different publics' experiences of COVID-19 has made us keenly aware of perspectives and accounts that are rarely aired in news stories or key social media sites. Thus, our research has been focusing on and highlighting not only the stories that were 'most prominent' or thematically recurring (as is the nature of qualitative social sciences) but also using some of our own embeddedness in the field as a way to pay attention to the stories that may not take up the most space – but deserved to be recognized. We read between the lines of newspaper articles and news stories on our television sets, we spoke to our families and colleagues, and brought our own diverse lives and academic backgrounds to bear as we listened. We used our interlocutors narratives and 'constructed narrative out of narratives' to write the ethnographic story (Bönisch-Brednich 2018) of winning over COVID-19 in Aotearoa.

Within the selection of narratives we draw on here as *alter*, we could see thematic patterns emerge that tell us of the ways winning is made possible – by contributions from those that sometimes do not make the spotlight but are agents in their own rights. We see the value of having social scientists contributing to conversations with/in public policy in order to ensure that the everyday sociality is accounted for both in human behaviour in COVID-19 times (Henrickson 2020), but also how to ensure we can make space for conversations around how those health frameworks and policies are experienced. Good public policy, like good research, is of course cyclical – with the hope of being better with each iteration based on feedback received. In order to fully come to terms with the events of March – May 2020, and to reflect on how the approach taken might be fine-tuned should there be a future outbreak of SARS-CoV-2 or a similar respiratory virus, it is incumbent upon us as social scientists to ensure that the story of 'winning' offers more nuance than a simplistic reading in which everyone came together and won!

(Alter)Narratives of Winning

Narratives of historical events are often examples of wins, winning, and winners. This unfortunately leads to erasures of other narratives and privileges continually the re-telling of a partial story from a particular vantage. In particular, in and of Aotearoa New Zealand, the historical story is one of ‘discovery’ and an egalitarian society formation until very recently when Māori scholars challenged this narrative (Nolan 2007; Skilling 2013; Kirkwood, Liu, and Weatherall 2005). From global epochs (Bargh 2007) to everyday stories (Holmes 2005; Nadar 2014; Abu-Lughod 1993), from the ‘arrival’ of Captain Cook to the writing of the Te Tiriti o Waitangi (the treaty of Waitangi) locally to the global struggle to be heard, it is important as to who tells the stories, which stories get told, for whose benefit, and finally who hears them (Chakravorty 1999; Maggio 2007).

Using *alter* before narratives as a prompt allows us to offer an opportunity to simultaneously alter the mainstream narrative around winning over COVID-19, but also offer alternative readings of that very same narrative of winning. Further, for us, the *(alter)narrative* is imbued with political potential in the spirit of Ghassan Hage’s focus on the alter-political. Of alter-politics he writes,

If radical political thought is grounded in both an ‘anti’ and an ‘alter’ moment – that is, a desire to oppose existing oppression, domination and exploitation and an equal desire something better – it can be said that the first sociological tradition is more relevant to an ‘anti’ politics whereas the second tradition provides ammunition for an ‘alter’ politics. (Hage 2015, 84)

While Hage was talking to social scientists of/within Arab societies, the political project of desiring something better than what we have currently is universally recognizable – particularly in light of the current pandemic. Thus, to write about *(alter)narratives* of winning affords us opportunities to re-think winning and how it is made possible.

The *alter* in our analysis is further inspired by the ground-breaking Indigenous studies journal *AlterNative* which was started in Aotearoa New Zealand in 2005 by Linda Tuhiwai

Smith. Of the journal's aspirations she wrote in her opening editorial, 'We expect *AlterNative* to be revisionist, rewriting, re-thinking and re-interpreting many accepted wisdoms of Western academia' (Smith 2005). And it this spirit of revisiting, rethinking and reinterpreting the contemporary moments that guides us to complicate the narratives that have emerged around COVID-19 in Aotearoa. In a similar vein, Michelle Murphy's *alterlife* offers us another prompt to think about how *alter* can help us understand, research, and write about life altered (in her work, by chemicals) but also rife with the potential to alter further (Murphy 2017). In Murphy's rendition of *alter* the agentic possibilities in and for Indigenous lives is as important as recognizing the historical damage of/on those lives. These framings of *alter* as a space from wherein we see social life both as altered by structural forces, but also sites where alternative possibilities emerge is what prompts this writing.

Within the context of the response to COVID19 and the impressive response that has been made possible in Aotearoa New Zealand, it is indeed a case study in winning over the virus. However, as Pamela Benoit shows us, the narratives of success for individuals are acts of self-presentation which require a tight rope walk between being proud and yet not arrogant (Benoit 1997). How then does a nation similarly perform success? Perhaps making space for *(alter)narratives* is one way to read the story of Aotearoa New Zealand's success as winning, albeit perpetually temporarily in light of the nature of COVID-19.

For us, then, the opportunity to live, collaborate globally, and research collectively in Aotearoa New Zealand while a pandemic renders everyday life asunder is a chance to make space for local *(alter)narratives*, but also outline the political yet mundane work they do. It is a chance to recognize that the structural forces which shape our collective experiences of winning over COVID-19 need to be understood as narratives that demand denaturalizing and complicating. More than resisting those singular narratives, we suggest a more complicated and nuanced picture of 'winning' emerges when examined through *(alter)narratives*. While

paying particular attention to the narratives that were emerging from the participants who did the survey, we were careful about how we contextualized these responses. While there were dissatisfactions and a deep desire to have space made for their experiences in the survey responses; there was also an appreciation for the way COVID-19 had overall been managed in Aotearoa New Zealand. Drawing on the idea of “‘critical ethnographic request’ as an ethnographic tool to help read responses and respectfully contextualise the materiality from within which these narratives emerge,” (Appleton 2020b) this article is an attempt at *(alter)narratives* of COVID-19 from Aotearoa New Zealand.

Collaborative Research, Embedded Researchers: A Methodological Imperative

It was April 2020. Those of us working on this project in Aotearoa New Zealand were in ‘Level 4’ of lockdown and our scheduled Monday night ‘meetings’ were a place we could talk about the day or the week, both as research but also as a way of sharing and reflecting on our lives. Those of us in the UK were dealing with a different form of lockdown, where the UK Government was struggling to accommodate people’s needs for social contact while the coronavirus remained in widespread circulation. While exchanging notes, talking about the survey results that were rapidly coming in, unpacking the concept of ‘bubbles’ as medical and public health vocabulary (Appleton 2020a), examining the public’s responses to lockdown measures (Trnka 2020a; 2020b; Trnka et al. 2021; Martin-Anatias et al. 2021; Long 2020a) and sharing our findings to help generate socially informed policy (Long et al. 2020; Trnka and Davies 2020; Trnka et al. 2021), we realized that we were engaged in an interesting collaborative project that was challenging some (not all) of our own historically bounded disciplinary boundaries.

At a time when lockdown restriction left us limited in our capacity to conduct ‘conventional’ ethnographic fieldwork, we sought to learn first-hand about experiences of the

pandemic by distributing three nationwide online surveys, released at Levels 4, 3 and 2, with respondents recruited via digital marketing campaigns on Facebook, Messenger and Instagram, complemented by requests for participants to share the survey through their social networks (for more on such methods' value for anthropological enquiry, see Long 2020b). The first survey, which took place during Level 4 [6 – 26 April 2020] had 1770 valid responses. The second, taking place during Level 3 [28 April – 13 May], garnered 1338 respondents, 105 of whom consented to join an online panel and respond to open-ended questions in writing or via audio recordings. A final survey during Level 2 [21 May – 6 June] encouraged respondents to reflect on their experiences of Levels 3 and 4 and recruited 536 participants. Though the samples were self-selecting and by no means representative – responses skewed towards Pākehā (New Zealander of European descent), female, and educated voices – the surveys nevertheless allowed us to capture a wide variety of voices and narratives, including 187 people who had to work outside their home during Level 4, and 177 people who had to work outside their homes during Level 3.

While our data set was extensive, and we could have focused on multiple emerging (*alter*)narratives, we focused on the experiences of two key groups – supermarket and healthcare workers – as their positioning on the frontlines of the COVID-19 response led to them experiencing the pandemic in distinctive ways (see also Holroyd and McNaught 2008; Major 2008). For our analysis in this article, we focused on the responses of the supermarket workers and healthcare workers. The respondents self-identified as supermarket or health care workers, alongside personal identifications that we use in this article (for example, bisexual, man, grandfather, etc). Of that cohort of responses, we thematically coded and identified our key themes from the responses and identified quotes that spoke best to those themes. While healthcare workers and supermarket workers were instrumental in making the win over COVID-19 in Aotearoa possible, it has often been the 'state response,' the clear

communication, the team of 5 million, the 1:00 PM briefs, the teddy bear walks, being kind, etc. that have garnered more attention. Through our research we highlight the diversity and complexities of the everyday experiences and narratives of these workers who made this winning possible.

Supermarkets and Supermarket Workers

As a supermarket worker customers on occasion [sic] treat us like leppers orr dont [sic] understand why some stock not available. Also we are informed that we are b grade essential workers yet we face more people in any one day than most other essential workers yet cant get simple aids like flu jabs till well down the list.

1/06/20 13:25

*English Man, Shelf Filler Duty Manager Supermarket
Level 2 lockdown response (after) Level 4*

Social scientists/anthropologists have often turned to public gathering spaces to write of community experienced. Yet the COVID-19 lockdowns at Level 4 and Level 3 in Aotearoa New Zealand had limited the public spaces that we as anthropologists or our interlocutors could visit. Large gatherings were forbidden. Nevertheless, a new and interesting site for understanding social behaviour emerged – the supermarket. This was one of the only places where the public came together ritualistically – once a week with the same member of the ‘bubble’ or family going to the shops, standing at marked spots to ensure social distancing, and avoiding physical proximity while seeing the visual manifestations of COVID-19’s ability to shape human behaviour. These new behaviours also became points of contention and conflict. For example, a Pākehā man (aged sixty-eight) described queuing to enter a grocery store when ‘the person in front of me perceived I was too close and told me to back off (rudely I thought); I was actually far enough away.’ And even for a large majority of our respondents, who were aware of their privilege and able to enjoy ‘quiet time’ it was the supermarket that was the one site of stress and anxiety:

Very appreciated experience for myself and my family. Plenty of time to observe the change of world and reflect my life philosophy. More time to have activities with my

family members together. However, I do not like the anxiety I feel every time when I have to do grocery shopping during the lockdown.

(Working Mother, Asian, Level 4 response)

The supermarket became a locus of particular anxieties.

Going to the supermarket most stressful experience. Watching people who have no knowledge of social distancing, lack of infection control due to poor understanding. And in some cases just ignorant and rude actions. Would have been much safer to have allowed small grocery and specialty shops/businesses e.g butchers, fruit and veg stores, bakeries etc to have remained open. Would have allowed more choice, assisted the economy, employment, even in a minor way and may have reduced some of the inappropriate and greedy behaviour at supermarkets.

(Working grandmother, Pākehā, Level 4 response)

During the pandemic, narratives abounded around the experiences of shoppers, from stories of bulk buying and toilet paper wars (Otsuki 2020; Alford 2020) and public messages assuring abundance of supply if purchasing was prudent and allowed stores time to restock. The prime minister spoke repeatedly to this as part of her 1:00 PM briefings. She appealed to kindness and collective responsibility. On March 21st, she said: "I cannot reiterate this more clearly or firmly enough. We will continue to have food supply in New Zealand," Jacinda Ardern said, adding "There'll be families who need formula, and if you panic-buy that'll be a family who may need that immediately where it won't be available." (Dexter 2020). Further, to ensure the nation could provide for its public's grocery needs, grocery workers were given a small raise (10% on their salaries) and were deemed 'essential workers.' However, by the end of Level 4 lockdown, their salaries had been reduced to a regular scale – while COVID-19 and its spread continues (Radio New Zealand 2020). The workers wrote and signed a petition to continue their 'bonus' in light of the fact that their duties, hours, risks, and working conditions continued to be the same under Level 3 (Scoop 2020).

Thus, while one of the only gathering public spaces came under scrutiny and multiple narratives around prudent shopping and physical distancing while in the aisles; the

experiences of grocery workers did not occupy the imagination of the nation. The negotiations that happened in households that were not part of the struggle of parents working from home with children (which did and continues to get attention to garner global attention) seemed to form the major narrative around COVID-19 experiences. Yet, stories of households and bubbles with supermarket workers were often missing from the national imaginary, while, all the while in some sense grocery workers (and other essential workers) were being recognised as heroes (McMichael 2020). For example, the simple negotiations around who to interact with and invite into a ‘bubble’ were full of tensions if there were questions around a grocery worker:

My other son and his girlfriend [...] were their own little bubble living away from us. Interestingly I had initially advocated for our bubble to include them (i.e. a family who lived in two houses which was allowed in some circumstances) but my partner was adamant he didn’t want to be exposed to my son’s girlfriend who was a supermarket worker. He is a nurse and also coming into contact with the public as was I. But as soon as we went down to Level 3 they came back into the bubble and we saw them about 2 x a week.

(Self-employed working woman with older children, Christchurch, Pākehā, Level 2 response)

And while their stories were also mundane like others in some sense around not getting time with family, it was responses like this that made visible the home conditions where grocery workers had extra considerations: “ My grandson would like to spend time with us. But as we are a house of essential workers three of us at a supermarket, we think the risk is too high.” (Working grandmother, Pākehā, Level 3 response). The negotiations of who to let into bubbles, who and how to care for, and manage life under lockdown as supermarket workers were often more fraught.

The anxiety around the supermarket worker, while rife in the minds of the family members of those workers, also appeared as sites of concerns and thus monitoring by others:

I understand the premise of these questions [about allowing bubbles to expand during lockdown] but it's far too risky to allow households to mingle as suggested, unless necessary because of helping lonely elderly relatives or for childcare reasons.

Households are already interacting with supermarket workers and courier drivers.

There would be too much potential for spread during a pandemic.

(Working mother, unemployed during COVID19, Pākehā, Level 4 response)

On the ground, experiences of shopping or in our case extreme cases of participant observations where we were shopping, but also observing, it was easy to see the anxiety that the shoppers displayed, especially in the first lockdown at Level 4. And while there was anxiety around other shoppers, it was also directed at the workers who tried to maintain stocks on the shelves, social distancing between customers, and a general 'follow the rules.'

While the anxiety and stress of life under lockdown was understandable for most of our survey respondents, it was the life and living conditions of our grocery workers who were sometimes working overtime that also warrant attention. A supermarket supervisor responded to a question about their activities during the previous 24 hours with: "Working, At home house work and sleeping" (Supermarket supervisor, working grandmother, Pākehā, Level 3 response). When there was a collective national anxiety about not being able to surf or mountain bike, the reality of the grocery store worker's life under COVID-19 for a paltry increase in salary is a stark contrast. This is an *(alter)narrative* that requires us to pay attention to the ways our winning was made possible. Another supermarket worker wrote, to that same question: "Working in a supermarket, cooking meals, studying online (tertiary), watching on-demand, fruitlessly driving to gas bottle refill place (closed), sleeping, back to work again." (Working woman from the Bay of Plenty, Level 3 response). The day-to-day life of a grocery worker in COVID-19 conditions, which involve no extra time for 'walks around the block,' or discussion around the exhaustion from Zoom meetings, are indeed prime examples of *(alter)narratives*.

Health Care/Frontline Workers

*I got tired of hearing people complain about being bored. I would have loved to be safe at home in a bubble. I am a nurse. Working through lockdown takes over your life. You can't get away from Covid19. It's a concern of the majority of patients I had contact with during lockdown. Continually hearing ads on radio/tv effected many, causing unneeded mental stress on people already under stress with loss of income and changes to their life.
(Working grandmother, Pākehā, Level 4 response)*

Like the grocery workers, healthcare staff also were often visible in a very singular narrative as heroes. In that particular rendering, there is no space to examine the complications and ambivalences that can accompany the 'heroic' processes of saving lives and saving the nation. Their working conditions, like those of the supermarket workers did not allow time for 'boredom' as pointed out by the working grandmother (above). The need to create space for exercise and 'walks around the block' for mental wellbeing were not an option for a lot of the health care workers. While most of the country worked at home, and social media stories abounded about the sacrifice of people in staying home and following the rules, the recognition of health care workers' complex reality was not a key narrative that emerged from the public discourse in Aotearoa New Zealand.

While the extraordinary efforts of healthcare workers have been recognized here in Aotearoa and globally, the focus has always been on the heroic nature of their sacrifices. Currently in Aotearoa, there are calls for investigations into how and why about ten per cent of the total cases in New Zealand infected healthcare workers (Wade 2020). We suggest that paying attention to the mundane experiences of not being able to undertake any form of self-care or not being able to order takeaway, could be relevant to such an investigation. COVID-19 created wider contexts of caregiving were often not part of the narrative that emerged around the heroic health care workers. As noted by one of our male healthcare workers:

The complicated risks of being health care professionals adds another layer of stress within our experience of this isolation, we work but then maintain strict isolation when at home given risks of transmission. That's led to increased stress as we're

unable to engage in our normal stress relief or self care activities. Plus we're exhausted after work but the lack of takeaway food options means we then have to cook every meal.

(Bisexual male, identifying as 'other European,' Level 4 response)

A midwife below responded about the daily exhaustion that was often not acknowledged noting,

Stress of being frontline worker, with little acknowledgment - ie midwives very rarely mentioned or acknowledged publicly - other health professionals were, as well as supermarket workers, truck drivers, etc (as they should be!), but midwifery felt / feels like thankless task, only in the media when dads not allowed to stay after the birth.

(Midwife, single woman, Nelson, Pākehā, Level 2 response)

Being invisible or being seen only through a particular lens or narrative is equally debilitating. Thus, when health care workers, are recognized as great saviours or for making great sacrifice, their more complex realities are side-lined. It is these more everyday, mundane, and unrecognized life experiences that create the need for (*alter*)*narratives* as they provide opportunities to see the complex ways winning is accomplished.

While writing about the *alter* as prefix that does the work of re-envisioning what is assumed to be static, anthropologist Ana Ivasiuc pushes us to 'see ordinary agency' in alter-narratives. In a chapter based on reflections about fieldwork with the Roma and being on a panel in an anthropology conference, she talks of the way anthropologists have rendered the Roma experience:

To my sense, our panel failed at eliciting a different framing, prompting reflection on the mechanics that preclude the emergence, in engaged scholarship and activism, of "alter-narrative": alternative framings that explicitly build on forms of agency, away from familiar narratives of subordinating and suffering. (Ivasiuc 2018, 130)

Drawing on Hage she writes that framing of Romani activism and militant perspectives in response to subjugation embody an 'anti-politics'(Hage 2015), which while important to recognise, tend to 'frame the Roma mainly as passive victims, rather than active shapers of tactics and strategies of resistance and escape' (Ivasiuc 2018, 130). It is thus essential as

scholars and social scientists, to provide a nuanced reading of experiences of COVID19 that do not always frame people as passive victims of policies that impacted their day-to-day; but rather to view their experiences and narratives holistically where they themselves made decisions even in the face of exclusion to contribute to the winning effort.

Like the supermarket workers, healthcare workers too had to make decisions about who and how to include in their day to interactions. As one of our female healthcare workers wrote, “I’m a frontline worker during lockdown and I live alone. Not worth the risk to have three “bubbles” (work, home and a “buddy”). I work twelve hour 24/7 rotating shifts so I kept my sleep work routine as normal as possible.” (Pākehā homosexual female, Level 4 response). These workers were indeed making sacrifices and working hard, but also making decisions on how they supported the elimination strategy taken up by the state. For example, most were self-regulating and putting in place protocols for their own selves and their families or ‘bubble’ units, to ensure care for other members of their group (see also Long et al. 2020; Trnka et al. 2021) While the larger narrative of winning was around bubbles and behaviour management to ensure wellbeing of others, in the responses from health care workers it became clear that often they were self-regulating their behaviour and movements to keep themselves (and theirs) protected whilst also contributing to the larger project. Responses from family members of front-line workers, like below, make clear that the narrative of care of others had to go hand in hand with care for oneself as well:

My wife is a healthcare worker, and son is a security guard at a hospital there is little PPE for them, and we have had to establish our own protocols for them as other son is immunity compromised. (Unemployed and primary caregiving father, Pākehā, Level 4 response).

From buying their own PPE to creating their own protocol, they participated in the nation’s winning project, but they were also protecting their own child. In other cases, however, the goal of protecting oneself and one’s loved ones could come into conflict with broader

national imperatives to secure the mental and subjective wellbeing of the nation, filling work with a sense of dread and political vulnerability:

I am a midwife, very nature of my job means I have no choice but to be in close proximity to mothers and babies, in particular when helping with breastfeeding, or mothers in labour / giving birth / dealing with emergencies. Most stressful has been waiting to see what the visitor policies are at each Level - ie, if visitors will be able to come into the hospital en mass; pressure from members of the public to have visitors present, concern [that] the govt, MOH, DHB managers will prioritise presence of visitors over the concerns of front line workers. Not all visitors 'obeying' the rules - ie, not honest if they have cold symptoms, as they want to be able to visit loved ones, but this places us at risk. anxiety better with this as less cases present, but still a concern.

(Single working woman, Pākehā, Nelson, Level 2 response)

If winning is imagined as sacrifices, it can cast people of a nation with only a singular motivation (i.e. sacrificing to win); yet, in viewing sacrifices from front line workers like those above, we see the *(alter)narratives* that contribute to nuanced understanding of winning; perspectives that, as several of our respondents highlighted, were often omitted or flattened in mainstream accounts of the pandemic.

Discussion

For the front-line workers who participated in our research, the key *(alter)narratives* that emerge were around the extra considerations that they had to continually undertake – not just to ensure the care of others, but for themselves as well. They had to work through incredibly difficult working conditions, and while the public was willing to recognise their sacrifices, they were often ill-treated or lied to (in medical settings) when they asked members of the public critical health questions. The daily working conditions, with limited time for rest or outdoor exercises which were paramount in COVID19 speak in Aotearoa, were often not recognized or acknowledged. In paying attention to the narratives of front line works in a country that is in many ways winning against COVID-19, we use *(alter)narratives* as a way

to create space for stories and experiences that may not be part of the mainstream public discourse. We show these *(alter)narratives* to be vital for rendering visible the myriad ways winning happens beyond the often flattened narratives in public discourse. *(Alter)narratives* of winning, are then about the complex motivations and agentic possibilities of a diverse range of participants and interests that contribute to winning, but often are not attributed as such. They allow us to see how New Zealand's elimination of the virus – while undoubtedly something that these respondents celebrated, and even felt proud of their part in, was accompanied by more difficult feelings – of exclusion, underappreciation, of compromised home life and relationships, and of being put in harm's way.

These *(alter)narratives*, and the 'ugly feelings' (Ngai 2005) associated with them should not be repressed. Just as clinical and ethnographic studies have demonstrated the potential value of telling - and listening to - diverse narratives in processes of post-traumatic and post-conflict healing and reconciliation (Esala and Taing 2017; Lesley 2019; Van Dijk, Schoutrop, and Spinhoven 2003) so teasing out the diverse experiences of the pandemic in Aotearoa stands to be a more constructive way of reckoning with the tremendous, and often traumatic, disruption inflicted by COVID-19 and the lockdown restrictions than reiterating a singular triumphalist narrative of victory. It can, moreover, allow us to envisage the *alternatives* that could have been, and that might be advocated for should the nation ever find itself in a similar situation. Just as Rhys Jones's *(alter)narrative* of the 1PM briefings allowed his readers to envision a world in which Māori were treated as partners, their expertise and contributions to public health interventions valued and celebrated, so the *(alter)narratives* of our respondents' gesture towards possibilities for a pandemic *otherwise*. Crucially, this is not a world in which SARS-CoV-2 never arrived on Aotearoa's shores, desirable though that would be. It is a world in which the COVID-19 crisis was met with a somewhat different public and policy response: a world in which 'being kind' did not just extend to providing

care packages and phone calls to elderly neighbours, but also to the stressed out frontline worker down the road; a world where bubble policies were complemented with measures that could allow supermarket and healthcare workers to enjoy social contact but without feeling they were putting others at risk of infection (for example by allowing or even encouraging physically-distanced outdoor contact); a world where workplace policies were developed through collaborative practices that allowed workers to feel they could safely voice their anxieties and have practical support (whether through workplace arrangements or counselling sessions) in managing them on a day-to-day Level; a world, perhaps, where key workers' wellbeing was as much something to be monitored at the 1PM press briefings as the ebb and flow of viral contagion; a world where those taking some of the biggest risks in Aotearoa New Zealand's fight against the virus did not feel their struggles were going unheard, or being taken for granted.

Conclusion

We opened this paper with a narrative of the 1:00 PM briefs and how it worked to create a singular narrative around winning in and for Aotearoa, all the while also working to relegate to the side other narratives that made this winning possible. For people like Jennifer, with whom we opened the paper, watching the 1:00 PM briefs could even be understood as exercises in contributing to winning, folded into a narrative of sticking to the rules, establishing a routine, and playing one's part that was characteristic of how 'lockdown' was portrayed in mainstream discourse:

We have stuck to the rules of lockdown; we had to cut short our planned 11 week holiday and spend more time at home than overseas - while we were initially upset, seeing people stuck overseas we know we made the right decision to come home when we did. We have not struggled to get food - although our first two online supermarket purchases when we first arrived home ended up lacking some things that we wanted (having emptied our cupboards before we went away we were really

wanting some things, but had a friend drop of some things the day before we arrived back). We haven't used the time to learn new skills, but have kept active with daily walks, kept a daily routine of watching the " Doctor Ashley" show at 1PM each to get the daily updates...We know we've helped the country and starting remote teaching over the last few weeks and connecting with my class (whom I've not met) has been a new adventure...

(Pākehā working woman, Level 4 response)

The ways in which we in Aotearoa claimed victory by doing our bit was indeed a narrative of winners and their 'sacrifices.' However, in focusing on (*alter*)narratives of this process of winning, we have hopefully outlined the ways this winning was and is made possible by the other less-than mundane sacrifices that never make the public discourse.

To that end, in this article we have examined some key narratives around the experiences of grocery workers and health carer workers, taking inspiration from Jones's critique of the 1:00 PM news briefings to outline the ways that some of the mainstream narratives of 'being kind' or 'loving your bubble' did not convey the 'whole' picture of life and living in Aotearoa New Zealand during the pandemic. We also need to make space to see who, which bodies, and how some of the day-to-day winning was made possible. This with the clear idea that the experiences and narratives of the front line workers should not be read as those of victims or complete exclusion from the polity, but rather how they worked to support the larger project of winning. It is important to work in the register of 'possibilities' that *alter* offers us as anthropologists and social scientists (Ivasiuc, 2018). Thus, in this article we have outlined the differential experiences and understanding of essential frontline workers lives and decision-making processes – to broaden and complicate our understanding of how winning was made possible. It is not always about exclusion, but rather the complicated ways one is included but excluded as well.

To be sure, we make no pretence to have offered an exhaustive account of the multiple narratives of the pandemic in this article: indeed, there were many additional

narratives that we encountered in our survey that also deserve extensive consideration: those of migrants who had recently arrived, those impacted by border closures, those struggling to access vital medical treatments, those who experienced direct and indirect discrimination, and many more. This collaborative article is thus but one early step in de-centring power and privilege to write out COVID-19s (*alter*)narratives. To draw back to Michelle Murphy's work, while articulating *alterlives* she writes:

In orienting toward decolonial futures, I have tried to work with the concept of alterlife as a prompt. *Alterlife names life already altered, which is also life open to alteration.* It indexes collectivities of life recomposed by the molecular productions of capitalism in our own pasts and the pasts of our ancestors, as well as into the future. (Murphy 2017, 497. Emphasis added by authors)

Thus, in providing (*alter*)narratives of what has happened here in the first half of 2020, we outline experiences of what has already happened and shaped the key narratives, but with the hope of de-centring that short history to make space for altering the narratives that may further emerge for the remainder of our time with COVID19.

Even as we are finishing writing up this article, the country has experienced a subsequent wave of COVID-19 cases which are currently contained; yet the future is uncertain. However, there is a continuity in the 1:00 PM briefs, which aim to update the nation and provide a singular narrative that seems assuring to the nation. As one of our respondents noted:

[I] have been so impressed with the calmness, the clarity, the single voice/s [Jacinda and Ashley Bloomfield] each day; it made it easy and 'safe' feeling. I actually found it really the opposite - very non-reassuring - to have different voices pipe up - e.g. winston peters / david seymour / the national party - it felt political and not the caring health focused messages, which i felt the daily 1PM message was. (Single working woman, Pākehā, Level 2 response)

Maybe sometimes we need one narrative, maybe it makes people feel reassured. However, who gets to decide which narrative and whose voice gets to be heard? Who gets to reassure

and whom do they reassure? While for some “different voices” are non-reassuring, for others dissent is an essential part of a democracy. As COVID-19 has made clear that victory in and of itself is an act of impermanence, we need to recognize that narratives themselves are also impermanent. And only in multiple renderings of narratives – of past events and future possibilities – in making place for (*alter*)*narratives* can we hope to understand and write about winning.

Acknowledgements

We would like to thank all the participants in our survey for candidly sharing with us a snapshot of their lockdown experiences. We would also like to thank the two anonymous reviewers for their very generous response to the article. A note of appreciation also for Prof. Ruth Fitzgerald (the journal editor) for her support and thoughtful recommendations. Ethics approval for this research was granted by the London School of Economics and Political Science Research Ethics Committee [refs. 11.08; 11.08b] and the Auckland University of Technology Ethics Committee [ref 20/142]. It was further approved and ratified by the University of Auckland and Te Herenga Waka | Victoria University of Wellington’s Human Participants Ethics Committee.

Notes

¹ To contextualize, the response of the New Zealand government under the leadership of Prime Minister Jacinda Ardern with a clear ear to scientific advice and emphasis on empathy has been impressive (BBC 2020). The first case of coronavirus in Aotearoa New Zealand was confirmed on 28 February 2020. At that point, the government decided on COVID-19 elimination as a strategy for winning (Baker, Wilson, and Anglemyer 2020; Baker et al.

2020). This required implementing lockdown at Level 4 (highest Level restricting most movement) on March 25th, less than a month since the first case. The country had 48 hours from March 23rd onwards to prepare for the full Level 4 lockdown. This response was dubbed, “go early, go hard” as a policy framework, recognising that a speedy elimination of SARS-CoV-2 would protect citizens not only from the sickness and fatalities associated with this virus, but also from the crippling social and economic effects of a permanent outbreak. Thus, on March 25th, 2020 Aotearoa New Zealand went into lockdown Level 4, with severe restrictions on movement and including the closure of all public places except hospitals, pharmacies, and grocery stores. Wage subsidies, to the tune of \$5.3 billion were put into place to support businesses and individuals who were not able to work during these lockdowns (Carroll and George 2020). People were asked to stay in place in their ‘bubbles’ and not move households – except in very limited circumstances, such as for people in single person households, people in households where all members were vulnerable, or those who had co-parenting or other complex childcare needs, in which case it was possible to join one other household in a multi-household bubble. These measures, alongside rigorous nationwide contact tracking, testing, clear public communication, and a sense of collective purpose made eliminating the virus an accomplishable goal – and thus, on April 27th, 2020, after a full four weeks under the stringent Level 4 lockdown, the nation moved to Level 3, which allowed a little more movement, access to public space, and takeaways – but required people to stay in bubbles (albeit bubbles that could now be ‘slightly expanded’), meanwhile public gatherings were capped at ten and allowed only for weddings, funerals, and *tangihanga*.

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