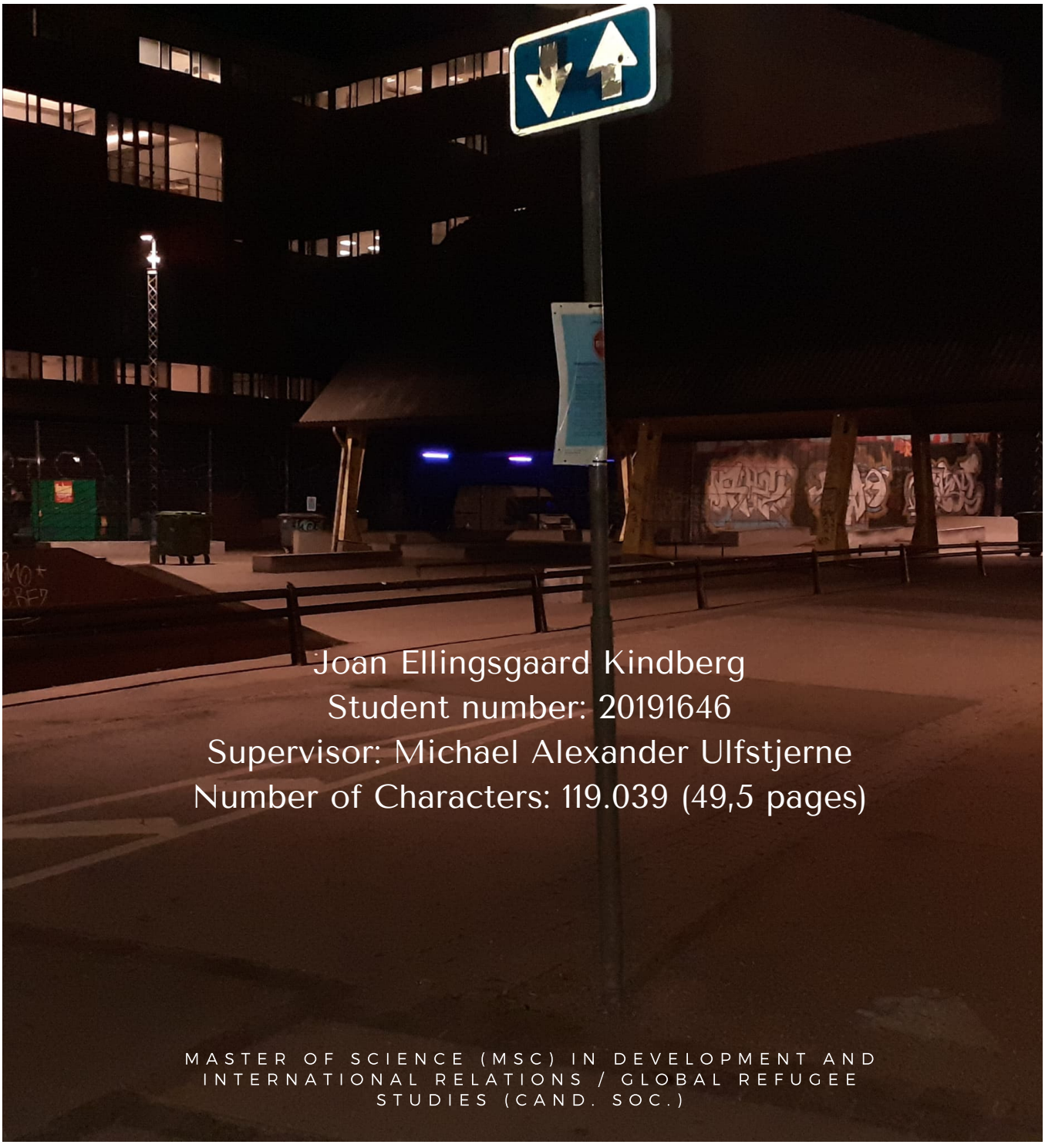
CARE AND EXCLUSION

Exclusion Area Zones as a Social Distance Measure in Times of a Pandemic



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Abstract

"Travel with care – Keep distance" and "Keep a Safe Distance – Thank you for Caring". For more than year, such messages, whether depictured on posters, billboards or video installations, have been a very prevalent part of being at, or moving around, any public space. In Denmark and across the world, encouraging social distance has been a key part of the policies set in place to hinder the spread of the Covid-19 virus. The notion that we need to keep a distance in order to care for each other, has been a very prevalent part of legitimizing these social distance measures. Do you want to care for others (and yourself)? Keep (social) distance. In Denmark, one of such social distance measures has been the set-up of exclusion area zones in public spaces - a zone in which you are allowed to pass through, but not stay. One may say that the idea of caring (for each other), excludes, although maybe only temporarily, the public from a given public space.

In this thesis I seek to explore and discuss how care takes form during the Covid-19 pandemic. I focus both on spatial and temporal implications of this. The aim is both to advance how we understand care, and to critically assess the politics of care during the exceptional times of the Covid-19 pandemic. Part of the analysis and discussion is based on observations of a skatepark at Nørrebro (and the outdoor area of the neighbouring café) when this public space was turned into an exclusion area zone during the fall of 2020. These observations of the exclusion area zone serve as an analytical example to critically engage with how politics of care has reconfigured during the Covid-19 pandemic. Besides viewing care as an expression of power relations, it is also a crucial part of the analysis to approach care from a more than human ontological perspective. This approach means that I analytically look for care at places which one would usually not associate with care such as posters, face masks and hand sanitizers.

I argue that, while the skatepark was an exclusion area zone, care showed in quite ambiguous ways. Commonly though, care showed in regulatory terms. Care appeared in materialized form as various social distance objects (face masks, hand sanitizers etc.), and care appeared through a complete abandonment of an otherwise popular public space once the exclusion zone applied. At the same time care also showed in more subtle ways: passing each other in social distance curves or greeting each other with an elbow. I furthermore argue, based both on a historical context of virus outbreaks and a suggestion made by the incumbent government of the Danish parliament to implement the concept of 'safetyenhancing exclusion area zones'

(*tryghedsskabende opholdsforbud*), that part of the politics of care during a virus outbreak may become normalised through time and shape both city-planning and future legislations.

Contents

Introduction 3
Methodology 6
Ontology: A More Than Human Approach to Care 7
Data Collection 8
Foucauldian Genealogy and Displacement of Care as an Analytical Method 10
Literature Review 11
Theories 17
The Exclusion Area Zone 20
The Epidemic Act 21
The Skatepark and the outdoor area of Café Friheden as an Exclusion Area Zone 26
Politics of Care in the Danish Health Care System 27
Spatiality of Care: past, present, future 29
How previous Plague and Virus management has influenced the development of Copenhagen 29
Social Distance Objects and Police Presence 33
Excluding Public Partying 35
Exclusion Area Zones for the Future? 39
Conclusion 41
Bibliography 43
List of Figures 51

Introduction

We see the grass of parks being marked with white 'social distance' boxes (Kjeldtoft 2020), and popular jogging routes in Copenhagen made into one-way streets (Himmelstrup and Lind 2020). Tapes on floors in supermarkets, restaurants, bars and canteens to mark the appropriate physical distance we should keep towards each other (Appendix 1, 2; Bank 2020; Butikstime n.d.; Erhvervsministeriet 2020). Elbow-greetings replacing handshakes and hugs (Munk 2020), and online meetings replacing in person contact with colleagues, co-students, friends, family and lovers (Convinced n.d; Alfort 2020). These are all attempts to reduce the amount of physical social contact and gatherings. Public and semi-public spaces are filled with billboards, video-installations, posters, and banners encouraging social distance. "DON'T BE THE ONE SENDING EVERYBODY HOME" or "WE CARE – KEEP DISTANCE" (Appendix 1, 1-2), has become messages, we encounter daily when we move around the city. 'Caring' and 'social distance' are, intuitively, quite opposite notions. And yet, during the Covid-19 pandemic[1], these two: 'social distance' and 'care', have come to be intertwined and with increasingly equal meaning (Chatzidakis et. al. 2020). Do you want to care for others (and yourself)? Keep (social) distance.

Such encouragement of social distance has in Denmark and across the world, been a key policy part of hindering the spread of the Covid-19 virus (Honey-Rosés et al 2020; James 2020; Karampampas 2020; Pfattheicher et. al. 2020; Frederiksen 2020). Common for the various laws, policies and initiatives implemented for this purpose is that the notion of care is a quite essential part of justifying these restrictions. In Denmark, one of such measures is the set-up of exclusion area zones (*opholdsforbud*) at public spaces, which are considered a 'hotspot'[2] for larger gatherings of people. An exclusion area zone is a demarcated public space in which no one is allowed to stay. It is allowed for people to pass through an exclusion area zone, but not to stay inside of it (Politi n.d.). In this sense, turning a public space into an exclusion area zone not only regulates people's movement around the city of Copenhagen it also regulates a given public space through the notion, or idea, of care. These exclusion area zones have been set up

[1] A pandemic is, by WHO defined as an epidemic which appears worldwide (WHO B 2011).
[2] By the police a 'hotspot' location is defined as an area which is "…estimated to be at risk that many people gather" (Politi n.d.).

in different parts of Denmark, but Copenhagen has in particular had different public 'hot spot' locations made into such a zone. One of these has been the public areas of a skatepark of Nørrebro Park (*Nørrebroparken*) – a popular public space for social gatherings, and well-known for being a site for public space partying.

From September 10 to October 18, 2020, the Copenhagen police department turned this skatepark and the outdoor area of the neighboring café, café Friheden, into an exclusion area zone. This public space will in this thesis be used as an example of how the notion of care has affected a public space. This area was defined as 'Zone A' and 'Zone B' by the Copenhagen police department, which indicated that the public space of the skatepark had slightly different opening/closing hours for the exclusion zone, as to the outdoor area of café Friheden. Typically, the exclusion hours would apply for late evening and nighttime from Thursday evening to early Sunday morning (see Appendix 2 for specific details). Juridically, exclusion area zones have its legal basis in the 2020 revised version of the Epidemic Act (*Epidemiloven*), and practically these zones are to be defined, set-up and controlled by the local police department (Retsinformation A; Retsinformation B). Such an exclusion area zone is an example of how social distance policies, imposed for the sake of hindering the spread of the Covid-19 virus, can shape the spatiality of a public space.

While an exclusion area zone, in theory, is a temporary phenomenon, one can question which temporal implications this may have. Much of the scholarly work published on Covid-19 deals with wonderings and discussions on how Covid-19 policies will affect public space in the future (e.g., Jasiński 2020). Currently, the Danish government has made a bill suggesting using exclusion area zones to deal with "[...]areas in Denmark, which are haunted by hardcore criminals and groups of young people creating unsafety" in public spaces (Justitsministeriet 2020, 2). While this bill is still in the initial phase of being formulated into legislation, and yet to be up for voting in the Danish parliament, the suggestion is a clear indicator that policies and legislations, implemented for the sake of managing an 'exceptional time' (Agamben, 1995), such as the Covid-19 pandemic, might seep into legislation applicable for non-exceptional times. One could say, or wonder, whether parts of the policies of care (and social distance) we currently are encountering might become the norm.

Using social distance as a tool to manage the outbreak of a virus is though not strictly a Covid-19 phenomenon. During the 1711 plague outbreak (Christensen 2003; Frandsen 2010), the cholera outbreak in 1853 (Københavns Museum n.d.), and the Spanish flu outbreak in 1918

(Heisz 2018), isolation, quarantine and travel restrictions – both national and international – were among the key tools in an attempt to hinder a further spread of the viruses/diseases. In addition to these social distance measures, different parts of Copenhagen have to some extent been shaped or influenced by the abovementioned outbreaks. For example, during the plague outbreak in 1711 in Copenhagen, the sudden and high increase in deceased people, resulted in the construction of additional graveyards around what today is known as the inner city of Copenhagen (Frandsen 2010). And as a response to the cholera outbreak in 1853 the city gates of Copenhagen – which demarcated Nørreport, Vesterport and Østerport - was torn down, and the ramparts was turned into parks for public use. The aim was to construct more spacious and green public spaces in the city to hinder future epidemic outbreaks (Københavns Museum, n.d.). As part of the management of the Spanish flu outbreak, the authorities used posters to inform and regulate people's behavior in public (Heisz 2018). In this sense, one can argue that some of Copenhagen's public spaces, to varying degrees, has been shaped by the management of previous epidemic outbreaks.

A skatepark as an exclusion area zone in 2020. Tearing down the ramparts to create recreational parks for the public in 1853. Policy posters around the city in both 2020 and 1918 to regulate people's behavior. These are a few examples of how changes to the public space of Copenhagen - in both regulatory terms and in terms of city planning - becomes a normal part of the public space in which we move around. That regulatory or disciplinary measures become the norm, has been dealt with by several influential scholars (e.g., Agamben 1995; Foucault 1998).

Based on these reflections I, in this thesis, ask: *How is care reconfigured during the Covid-19 pandemic and with what spatial and temporal implications?*

More specifically, I focus on public spaces of Copenhagen, using the abovementioned exclusion area zone as an example to analyse and discuss how care during the Covid-19 pandemic takes form in a public space. The aim with this thesis is not to make a universal argument. Rather it is to critically reflect upon care as a policy tool – politics of care – and to advance or challenge our understanding of what we consider care in general.

The first chapter is the methodology chapter. Besides elaborating on the data collection, and how I have analysed the data, I will also elaborate on the ontological standpoint which I have employed (post-humanism). The following chapter is the literature review. Here, I briefly cover

current and/or ongoing research on Covid-19 which to some degree focus on care and/or social distance measures and/or public space. The literature review also covers the most influential ways care has been approached scholarly, including how some scholars has researched care in relation to public space. In the theory chapter I will lay out the main theories and theoretical concepts: Michel Foucault's 'biopower' and 'biopolitics' (1998), Giorgio Agamben's 'state/space of exception' and 'bare life' (1995) and María Puig De La Bellacasa's 'Alterbiopolitics' (2017). Then, follows two main chapters in which I gradually unfold the analysis and discussion. The first chapter is titled 'The Skatepark as an Exclusion Area Zone'. Here, I will lay out and discuss how the Epidemic Act, and the idea of care within the Danish health and disease management, shapes and legitimizes the existence the skatepark and the outdoor area of café Friheden as an exclusion area zone. The next chapter, which is the final chapter of this thesis is titled, 'Spatiality of Care: Past, Present, Future'. Here, I will analyse and discuss how and to which extent (if any), the notion of care during times of epidemic and pandemic outbreaks have shaped public spaces.

Methodology

The approach for this thesis has to a large extent been inductive. The idea to explore the relationship between care, social distance, and public spaces during a pandemic, came when I returned to the Copenhagen campus of Aalborg University for the fall semester of 2020, seeing the campus fully decorated with "WE CARE – KEEP DISTANCE" banners (Appendix 1, figure 2: 2). My initial focus was very broad: What will social distance policies and practices do to public and semi-public spaces of Copenhagen? How is the idea of care connected to this? When the skatepark was turned into an exclusion area zone by mid-September, I decided to focus on this specific public space. I pass the area frequently and have also used this space for outdoors partying during the summer of 2020. In this sense, the choice to focus on this area partly came from a personal perspective, partly the choice was also accidental as the timing of when the exclusion area was imposed fitted with my need to start collecting data for the thesis. The idea to discuss any temporal implications of the exclusion area zone, came when Mette Frederiksen on October 6, 2020, proposed to use exclusion area zones for the future, as a measure to increase safety at public spaces, as briefly explained in the introduction.

How I have chosen to understand care ontologically is key for this thesis. Therefore, I will in the first subchapter explain what it means to have a more-than-human (post-humanist) approach to care. In the following subchapter I will elaborate on the data-collection, and in the final subchapter I will explain how I have approached the data analytically.

Ontology: A More Than Human Approach to Care

> […]what is care? Is it an affection? A moral obligation? Work? A burden? A joy? Something we can learn or practice? Something we just do? Care means all these things and different things to different people, in different situations. So while ways of caring can be identified, researched, and understood concretely and empirically, care remains ambivalent in significance and ontology.
> (Bellacasa 2017, 1)

That care can be understood in such various ways – as an ethical act, as joyful or burdensome relations or feelings, as a description of (un)paid labour, or maybe as tacit knowledge on social interactions – has posed as a challenge when analysing the data for this thesis. Am I analysing and discussing feelings? Work? Relations? Interactions? That care means "different things to different people, in different situations" (Ibid.) essentially means that the definition and understanding of care is entangled with subjective notions - always up for negotiation. One can furthermore argue that this is shaped by societal, cultural and political discourses. An example of a scholar who has dealt with that is Michel Foucault (1986).

In the book, *Matters of Care: Speculative Ethics in More than Human Worlds*, María Puig De La Bellacasa (2017) engages with the notion of care from a 'more than human' ontological perspective. Bellacasa intentionally calls it 'more than human' instead of posthumanism. Posthumanism is, simply put, a focus where one considers not only the human(s), but also "[…] animals, plants, inanimate objects, and machines" as agents (Zolkos 2018, 193). Bellacasa critiques the term 'posthumanism' to imply binary human vs. non-human thinking, which is why Bellacasa then coins the 'more than human' term. For this thesis I have approached the notion of care through this 'more than human' ontological perspective. This means that care can be understood as something which exists within and beyond actions, feelings, or relations between people – that care can materialise, and take shape through e.g., posters, face masks, hand sanitizer and absence of people at a public space. While such an ontological approach has

a weakness in that I risk seeing care in everything, it also enables an analysis of reconfigurations of care which one would not usually consider. This, I will elaborate on in the final subchapter of the methodology.

Data Collection

From September 17, 2020 to October 9, 2020, I did different types of observations of the skatepark and the outdoor areas of café Friheden. These, I have categorized into 'observational notes' and 'reflective notes' (Appendix 3). The 'observational notes' was taken while I was present at the area. At times I would fill in additional notes when I got home from doing the observations. As such, what I have termed as 'observational notes' in appendix 3, is a mixture of notes done in a 'condensed account', and notes done as 'expanded account' (Spradley 1980, 69-70). The 'reflective notes' was often noted after I had been briefly present at the area, e.g., biking or walking through. I did the 'observational notes' 6 times, and the 'reflective notes' 4 times. I scheduled the days and timings of the observations to take place at different days of the week, and different timings of the day to get a sense of any differences or similarities between exclusion area hours and non-exclusion area hours (See Appendix 2 for specific timings). However, to explore, or unravel, how an exclusion area zone affects a specific public space, implies that I am looking to detect changes and differences for which I would need a 'before-and-after exclusion area zone'. Additionally, it is crucial to keep in mind that my data collection could have looked different had I chosen different days or timings to do the observations.

The exclusion area zone was lifted on October 21, 2020. By this time, I did not have time to do observations in the same manner as *during* the exclusion area zones. Although I have not documented this in the same manner, I observed how the area post- exclusion area time was used. My first day of observations took place on September 17, 2020 at around 11 AM. A *non*-exclusion hour time. I took pictures of the area (see e.g. Figure 3, 4 and 5), found a spot on a bench near the skatepark, and used the notes program on my smartphone to note down. I had no previous experience with collecting these types of data and have mainly used James P. Spradly's *Step Two: Doing Participant observation* (1980) as an inspiration for how to do this. Also, there are some ethical considerations for doing such observations. Nobody at the area was aware that I was observing them - this means that no one has willingly been participated for the data collection. Therefore, I aimed at describing people and their actions as

anonymously as possible. I have had the same approach with the pictures I have taken of the area, made sure that any picture would be a public picture, with minimal chance of recognizing individuals. Additionally, it is also important to note that observational notes, in general, are constructed pieces of data (Walford 2009, 117). The notes was influenced and shaped by several things e.g., my presence at the area and my agenda with collecting this type of data. It is e.g., fairly clear that I have focused a lot on social distance policies: "they sit very close" or "they greet each other with a hug".

These observational notes can only say something about this particular area (the skatepark as an exclusion area zone), at the particular time when I did the observations. Additionally, the fact that these observations was done by me, and analyzed by me, makes the observational notes a fairly subjective piece of data. The analysis and conclusion of this thesis therefore has a limitation regarding how generalized the findings can be said to be. While analyzing my data, I have found that some data was 'missing'. This is mainly interviews I would have liked to have. Doing interviews - formal, informal, semi-structured - could have added an additional layer to my data. I have not collected data that relates to how people at the area experienced care, thought about care, or how they experienced being at the exclusion area zone. On one hand, I would argue that these types of data could have strengthened my data collection – and in the end my analysis, the overall discussion and conclusion of this thesis. However, the strength in keeping the data purely observational is that the resources that goes into doing and processing interviews was spent on conducting and processing observations instead. Also, I did not have to spend any resources on getting access to the area, and since the area was already affected by Covid-19 restrictions (being an exclusion area zone), I estimated that the risk of Covid-19 policies would affect my ability to collect the data was fairly low.

In this thesis, I use this exclusion area zone as an example to analyse and discuss how care may take form in a given public space during the Covid-19 pandemic. Using examples in research has pro's and con's. In the article *Introduction: the power of the example* Lars Højer and Andreas Bandak provides a critical look at what examples can and cannot do for research and analysis. Here, they ask: what is 'the power of the example'? (Højer and Bandak 2015). Is the example perhaps more "persuasive fiction(s)" (Ibid., 2), and seductive but maybe not that convincing? (Ibid., 2). I could have used a different exclusion area zone as an example[3], I could

[3] During September and October 2020, Hørsholmparken and The meat Packing District was also turned into exclusion area zones (see list of references in Appendix 2; Politi 2020).

have used a different public space in Copenhagen as an example (e.g., a specific bus stop or a specific metro line). I could have used a non-urban public space as an example.

In addition to the observational notes of the exclusion area zone, I used a mix of different types of secondary data. For Covid-19 related data I have used press conferences e.g., held by Danish Prime Minister Mette Frederiksen, official police statements, legislations, news articles and various academic contributions. For this part of the data collection, the limitation is that Covid-19 and anything related to it – policies, legislations, research, etc. - is something which changes constantly. It is out of the scope of this thesis to fully cover all of this, and therefore, some of the information, may be outdated once this thesis is finalized. To cover previous virus and disease managements, I have used books and articles mainly written by historians, and information from a visit to the Museum of Copenhagen (Københavns Museum n.d.). Part of the information from this visit I have not been able to find through written sources, this is e.g., the case on the data I have on the cholera outbreak in 1853 and how this affected the development of Copenhagen as a city, which I have partly supported by a speech held by the museum director of that same museum (Parby 2020). There are quite some (de)limitations for the historical sources, e.g., in relation to the types of virus or disease outbreaks I have used as examples. The choices I made, was highly shaped by the type of research that has already been done on this topic. Several scholars highlight how specific epidemics and diseases has been/are more popular to cover than others – partly this is also influenced by access to adequate historical sources (Bonderup 2005; Christensen 2003; Hansen 2011). More specifically this means that I have looked at the 1711 plague outbreak in Copenhagen, the 1853 Cholera outbreak in Copenhagen, and the Spanish Flu outbreak in 1918 on a national scale as well as regional focusing on Copenhagen. However, I could also have had a look at other exceptional times than virus or disease outbreaks, and how these shaped public spaces of Copenhagen. E.g., how two great fires in 1794 and 1975, meant that future houses would be built with "cut-off housecorners, to ensure a more passable city for firetrucks" (Parby 2020).

Foucauldian Genealogy and Displacement of Care as an Analytical Method

To analyze my data, I have been partly inspired by a Foucauldian genealogy as an analytical method, and partly inspired by Bellacasa's analytical approach to care: 'displacement of care'. A Foucauldian genealogy uses history to highlight and question how a given phenomenon, concept, ideology etc. has been shaped or constructed (Foucault 1998). Often this method includes doing a Foucauldian discourse analysis - a method which could be employed for this

thesis. This would, however, had shaped the thesis in a different way. A crucial part of Bellacasa's analysis of care is the method of 'displacement of care' (Bellacasa 2017, 169-216). This means, that Bellacasa intentionally explores care in areas and topics, in which care is not usually being discussed or thought of, and to intentionally explore how we can centre care while destabilizing power relations.

Literature Review

Care has been studied from a variety of angles and academic disciplines. A few of the current scholarly work on the Covid-19 pandemic, engages with the notion of care in relation to public space. This thesis is intended as a contribution to such scholarly work.

Among the abundance of published and upcoming literature on Covid-19, there are several which engages with care. Some implicitly engage with care e.g., special issues journals focusing on intimacy such as Volume 27 of the journal 'Anthropology in Action: Journal for Applied Anthropology in Policy and Practice' titled *COVID-19 and the Transformation of Intimacy: Microbes – Bodies* (McCourt 2020). Others more explicitly deals with care, such as Annelieke Driessen, Erica Borgstrom and Simon Cohn (2020) in the article *Ways of 'Being With' Caring for Dying Patients at the Height of the COVID-19 Pandemic*, in which the authors ask if 'proximity' aka physical distance is as linked to (not) caring as we often assume that it is (Driesen et. al. 2020, 16). Much of the scholarly work on Covid-19 which I have encountered, cover various aspects of social distancing. Some focus on making policy recommendations for state institutions (e.g., Pfattheicher et. al 2020), others on how social distance policies and practices affect people's daily life and well-being (SAMF 2020). The latter is an umbrella research project by The Faculty of Social Sciences of University of Copenhagen which asks: "How Does the Corona Crisis Affect the Society?" (Ibid.). There are 15 different research projects connected to this project which explores topics ranging from how the notion of trust impact both feeling of well-being and to which extent trust is important for people to follow social distance policies. Much of the published work on Covid-19 asks questions related to the future, e.g., Genevieve Bell asks in the article *Pandemic Passages: An Anthropological Account of Life and Liminality during COVID-19:* "…what, if any, might be the permanent markers on our bodies and selves and societies?" (2020, 83). And Philip Kasinitz in the article *Rending the "Cosmopolitan Canopy": COVID-19 and Urban Public Space* (2020) reflects

upon the question "[...]To the extent we get used to staying at home, working from home, shopping from home, do places like New York[,] Berlin, Paris, Amsterdam, or London[...] become less necessary?" (Ibid., 491). Mainly based on reflections on public life and social distancing in New York, Kasinitz argues that, public spaces to a large extent are spaces in which we can meet people across socio-economic and cultural differences, which may change drastically as a result of withdrawing from public life during the Covid-19 pandemic.

Much of the scholarly work on care, which are relevant for the topic of this thesis, engage with care through an ethical and/or political aim or argument. This is a focus which has gained academic popularity within the last 30 to 40 years (Day 2000, 104). Within much of these writings, feminist scholars Carol Gilligan and Joan Tronto are often highlighted as key influential scholars (Day 2000; Bellacasa 2017, 3-27; Chatzidakis et. al. A 2020). In 1982 Carol Gilligan formulated the 'ethic of care' theory (Gilligan 1982). This theory has since been scholarly critiqued for attributing care as an inherently female feature, and for being based on research done of the experience of 'white, middle class women' (Day 2000, 105-6). This critique, that care too often is understood something inherently feminine something women are particularly 'good' at enacting (compared to men), and something women (should) enact. Is something many feminist scholars in general has posed of care, one of which is Joan Tronto (1993; 2013). While it is not a focus of this thesis to counter gender and/or sexuality binaries within research on care, it is however a critique I would like to pose to most of the writings on care which I have encountered. I do acknowledge though, that none of the writings which I have employed for this thesis has the aim to challenge such binaries.

In the book *Moral Boundaries: A Political Argument for an Ethic of Care* (1993) Tronto critiques how many (also feminist) scholars, engage with care as a 'women's morality' (Ibid., 25-60). Tronto argues that this is a result of the power relations and political implications embedded with the notion of care, and that reinforcing care as a 'women's morality' upholds an inequal power balance. In later work, Tronto argues that we need an ethics which places care central to political thought, action and general human life. This argument is made in the book *Caring Democracy: Markets, Equality and Justice* (2013) in which Tronto argues that care should be central for how we think about society and how we exercise democratic decisions, instead of economic profit. Tronto's arguments are based on reflections of American

politics, but also reflects a more universal claim for more caring democracies. The way Tronto engages with care in both of these books – to acknowledge how embedded care is with politics, and to engage with care as a notion which is shaped by power relations – is to a large extent a relevant analytical engagement for this thesis. However, the intention with this thesis is not to make an ethical argument, and I have instead utilized Bellacasa's engagement with care – which is also highly ethical – but Bellacasa's (2017) more than human approach to care, offers something for the discussion of this thesis, which the work of Tronto cannot do. Bellacasa's (2017) engagement with care focus a great deal on ways in which we can think about our relationship to the earth, and by this enhance ecological balance. I have accounted for Bellacasa's ontological and methodological approach to care in the previous chapter, and will in the following chapter, 'Theory', account for the concepts which I will employ for the analysis and discussion.

Another example of a political engagement with care is the book *The Care Manifesto: the Politics of Interdependence* (Chatzidakis et al. A 2020). The authors, five scholars from different academic disciplines, argue that the Covid-19 pandemic highlights and increases the inequality of receiving and giving care on a global scale. They highly criticize the neoliberal economy for misplacing, and misusing care, making the world, into 'Careless Reigns' (Ibid., 1), which creates 'a regime of care' neglecting those – humans and non-humans - who need care the most. Care, in this book, is understood as something "…active and necessary across every distinct scale of life" (Ibid., 6), and the authors argue that caring means to "…recognise and embrace our *interdependencies*" (Ibid., 5). As the title of the book implies, 'Manifesto', the authors employ a highly political stance to care. Beside the post-humanist approach to 'who needs care', there is no theoretical engagement with care, which is relevant for this thesis. The book does however exemplify the general tendency within academia to have an ethical and/or political aim with research on care.

Other ways to engage with or understand care can be to engage with the concept of self-care. In *The History of Sexuality, Volume 3 – The Care of the Self*, Foucault (1986) reflects upon ancient Greek and Roman philosophy in relation to sexual pleasure, and e.g., finds self-care was a highly political act. That in order to be caring for others, one needed to act self-care too (Ibid.). Also, writer and feminist activist Audre Lorde serves mentioning here, as she has long

claimed self-care as a political tool, and as way to practice community care[4] (Lorde 2017). While I do not explicitly engage with the concept of self-care in this thesis, these two ways of engaging with care yet again highlights, how political the notion of care is.

What I do engage with in this thesis is how care may manifest or take form in a public space. Most scholarly work on urban space and care tend to focus on safety for women and minorities in public spaces. Kristen Day, in the article *The Ethics of Care and Women's Experiences of Public Space* (2000) argues for the need for an 'ethics of care' framework – taking vantagepoint of Gilligan's 'ethic of care' theory - for scholarship which engages with public space. Day focus on how women use and experience public space. In the article *Geographies of care: spaces, practices, experiences*, David Conradsen (2003) introduces different ways care and spatiality can be engaged with. Besides elaborating on the 'ethics of care' approach, Conradsen writes that care, in relation to a public space that "[...]relations and practices of care[...]such as listening, feeding, changing clothes and administering medication – are implicated in the production of particular social spaces" (Ibid., 441). In the book *Feminist City: Claiming Space in a Man-Made World*, feminist human geographer Leslie Kern (2020) uses own and other women's 'embodied experiences' of living in metropolitan cities like New York, Toronto and London (Ibid.), to discuss who these cities are actually made for. Kern's main argument is that these cities are primarily made for men and made in a 'Man-Made World'. Furthermore, it is being discussed how the idea of fear, safety and care shapes city planning. Kern critiques how some ideas of increasing safety (e.g., increase electric lighting at public parks) in reality does not increase safety and that the solution to such issues should be found elsewhere. Kern also heavily critiques how the idea of increasing safety for some, essentially excludes someone else, often more marginalised groups – e.g., by gentrifying 'unsafe' neighbourhoods (Ibid., 142-61). This argument will be part of the last chapter of this thesis, to discuss any temporal implications of the notion of care during a pandemic. It is not Kern's intention to provide a theoretical framework for analysing cities and public spaces, rather it is her intention to provide a future vision of 'the feminist city', with reflections on how this may be achieved: "A feminist city must be care-centred, not because women should remain largely responsible for care work, but because the city has the potential to spread care work more evenly" (Ibid., 54). The focus of this thesis is neither to engage with gender specific experiences of public space and care, nor

[4] See e.g., Lorde's essay collection titled *A Burst of Light and Other Essays* (2017).

to analyse care and public space through an ethics of care framework. My intention is not necessarily to claim or argue that we *need* a (more) care-centred public space, rather the intention with this thesis is to reflect upon and discuss how the idea of care shapes a given public space – in the times of the Covid-19 pandemic.

Some of the scholarly work which engages with public spaces in the times of the Covid-19 pandemic, comes in the form of short initial reflections, such as Panas Karampampas (2020) in *Partying at times of crises and pandemics: solidarity, resilience and coping with the measures against COVID-19*. Here, Karampampas reflects upon a video of a man in dancing on a balcony in Athens, during the Covid-19 lockdown, and whether this act – along with several other ways to practice social distance partying - can be seen as an act of "[...]reclaim[ing] the agency of lives lived under isolation" (Ibid., 292). In the article *The Emotional Path to Action: Empathy Promotes Physical Distancing and Wearing of Face Masks During the COVID-19 Pandemic*, Stefan Pfattheicher et. al. explores to which extent feeling empathy makes people adhere to the social distance measures of wearing a face mask and keep physical social distance (Pfattheicher et. al. 2020). The authors find that empathy to a great extent is an important factor to make people adhere to such guidelines during the Covid-19 pandemic. The two writings by Karampampas (2020) and Pfattheicher (2020) are part of a special issue of the journal *Social Anthropology*, in which a number of scholars engage with different topics related to Covid-19.

In the following articles, scholars question any future implications social distance measures may have for public spaces during the Covid-19 pandemic. Kasinitz (2020), mentioned earlier in this review writes: "Yet, I don't think we have fully begun to grasp the implications of the sudden withdrawal from public life has meant for our social relations and our politics[...]How much will we miss about public space – and what of it will we simply decide we can live without?" (Ibid., 491). An important reflection to keep in mind when discussing any future implications of the politics of care during the Covid-19 pandemic. In the article *The Impact of COVID-19 on Public Space: A Review of the Emerging Questions* Jordi Honey-Rosés et. al. (2020), asks similar questions: "How will our relationship with public space change? How long will the changes endure? What is the relationship between public space design and disease transmission?" (Honey-Rosés et al 2020, 2). The authors point out, that previous virus and

epidemic management has made changes in how design and architecture may help in facilitating and increasing health for the population e.g., through infrastructural changes to improve sanitary conditions (Honey-Rosés et al 2020). In the article *Thoughts about public space during Covid-19 pandemic* by Setha Low and Alan Smart (2020) argue that we may see 'fundamental changes in our cities' (Low and Smart 2020, 1). Furthermore, they argue that much "[...]social response to Covid-19 demonstrates that we can have sociality without public space" (Low and Smart 2020, 3) which is e.g., evident with the use of online meetings, or meetings in person with physical distance (Low and Smart 2020, 3). Low and Smart end the article by asking: "Can we instead find ways to leverage them to help create a caring economy that can prepare us for the inevitable disasters of the future? And if we do so, will it make for even more vibrant public spaces in a future where we don't blame and shame, but care and share?" (Low and smart 2020, 5). In the article *Public Space or safe space – remarks during the COVID-19 pandemic* Artur Jasiński (2020) argues, that the Covid-19 outbreak, and the social distance policies that follow to hinder the spread of it, has meant a shift in how we value public and private space. Private space has become more valuable, and that this space is, to a great extent, something only some can afford to have (Ibid.). Jasiński also argues, based on 18th century London during an epidemic outbreak, that: "Social behaviour always radically changes during a pandemic" (Ibid., 2). Jasiński concludes that while there a limit to the predictions we can make about the future: "The COVID-19 pandemic will change the patterns of behaviour in public space and the rules of spatial planning[...]. But the essence of the city will not change, and urban decorations will remain untouched. A city without people is dead" (Ibid., 8-9). In the commentary *Don't stand so close to me: Public spaces, behavioral geography, and COVID-19,* Autumn C. James (2020) reflects on public space and the perception of safety in relation to Covid-19 social distance policies and practices. James' research on spatiality at a university campus in 'a metropolitan setting' in Texas, was interrupted by Covid-19, and focus group interviews was replaced with observation of the university campus. James uses theory on 'human activity in space and place' (James 2020) to argue James argue that other people's behaviour in a public space, may affect how other people perceive that whole public space in total. It is reflections, and scholarly work like these, which this thesis is intended to be a contribution to.

Theories

For this thesis there are two key analytical ways in which I will engage with care. One, is to analytically see care as an expression of power relations (politics of care), and two, to analyse (politics of) care as something which exists within and beyond human interaction(s). I will use Giorgio Agamben's concept of 'state/space of exception', Michel Foucault's 'biopower' and 'biopolitics', and María Puig de la Bellacasa's 'Alterbiopolitics'. Both 'state/space of exception' and 'Alterbiopolitics' is partly built on Foucault's concepts of 'biopower' and 'biopolitics'. Neither concepts by Agamben, nor Foucault engages directly with care. Bellacasa's Alterbiopolitics does.

In the book *History of Sexuality 1: the will to knowledge*, Foucault (1998) introduces the concepts of biopower and biopolitics. Simply put, biopower is 'power over life', and biopolitics is the politics which seeks to regulate life. Foucault focus on the discourses of sexuality, essentially calling sexuality a discursive construct. For this analysis Foucault employs a genealogical method to discuss the development of how we think about sexuality – a method also briefly described in the methodology chapter. On biopower Foucault says: "One might say that the ancient right to *take* life or *let* live was replaced by a power to *foster* life or *disallow* it to the point of death" (Ibid., 138). Here, Foucault means that a (governmental) power in ancient time could explicitly decide who could live and who could die (e.g., decide who should receive a death penalty for a crime – 'take life'), and that this power has shifted in form. If a power no longer can directly *'take* life', it can, and does, regulate *how* to be alive. It is here crucial to understand, that Foucault sees power as a very complex phenomenon – in process and 'result' - that a 'powerholder' cannot be located at any single person, institution etc. (Ibid., 81-92):

> "It seems to me that power must be understood in the first instance as the multiplicity of the force relations immanent in the sphere in which they operate and which constitute their own organization; as the process which, through ceaseless struggles and confrontations, transforms, strengthens, or reverses them[...]Power is everywhere; not because it embraces everything, but because it comes from everywhere."
>
> (Ibid., 92-3).

This way of understanding power – complex, not only top-down, intertangled, etc. – is the same way Foucault urges us to understand discourse. Discourse, never *one* single discourse but

several ones, making up a series of complex phenomena, is an "[...]unstable process [which] transmits and produces power[...]" (Ibid., 101) while also being a way to resist and erode power, and a way to unpack power relations. This means, that to analyze (bio)power, one should analyze the process and the patterns of power, something which should be done without looking for "[...]who has the power (and) who is deprived of it[...]" (Ibid., 99). The outcome of this - biopower, biopolitics, discourses - is essentially the normalization of regulations, Foucault argues. Meaning, that legislations and policies by time, undergoes a process of 'normalization' (Ibid., 144), the result being that we tend to question less how our lives are being regulated. To understand this one can think of, and this is not an example provided by Foucault but my reading of it, state-led campaigns to increase the birthrate in Denmark, or the obligatory home-visits by nurses once you have given birth. These, through the concepts of biopower and biopolitics, are well-accepted regulatory mechanism of biopolitics which seeks to shape our lives in a specific way.

Biopower and biopolitics then are concepts which not only highlights the (political) power dynamics which constitutes and shape how we think about and enact care. These concepts can also unpack hidden, taken-for-granted ideas and discourses of care. A complementary reading to such can be Agamben's 'state of exception' and 'bare life'. While Giorgio Agamben does not deal with care, nor does he provide an analytical framework to discuss what goes on inside a given space of exception, Agamben does provide concepts for which I can discuss the *politics* and the *juridical* context which make up the (exceptional) space of an exclusion area zone:

> "Instead of deducing the definition of the camp from the events that took place there, we will ask: What is a camp, what is its juridico-political structure, that such events could take place there? This will lead us to regard the camp not as a historical fact and an anomaly belonging to the past (even is still verifiable) but in some way as the hidden matrix and *nomos* of the political space in which we are still living."
>
> (Agamben 1995, 166).

In the book *Homo Sacer: Sovereign Power and Bare Life*, Agamben (1995) introduces the concept of 'state/space of exception' and 'bare life'. A state of exception is a concept which encompasses that a given event or phenomenon allows for policies and legislations, which would usually be considered not legitimized. This can e.g., be warfare or a terrorist attack. A

space of exception, Agamben argues, is a given space in which usual rule and order does not apply and can be seen as a concrete materialisation of a state of exception. Within this space of exception exists 'bare life' – a life which is stripped of all it's rights. An extreme case of this is the horrific conditions of prisoners at Nazi concentration camps (Ibid., 164-5, 171). Analytically, Agamben uses Nazi concentration camps to exemplify how we still live in totalitarian state-like structures, arguing that at the center of contemporary biopolitics, lies the same kind of bare life which we saw at the totalitarian states of the 20th century (Ibid., 119-66). A space of exception can also be a refugee camp or an airport security check. Thus, a space of exception does not need to materialize as a camp-like structure in order to be analytically looked at as a space of exception.

While biopower, biopolitics, state/space of exception and bare life are theories which are useful to analyse and discuss how care may reconfigure as politics of care, I also need an analytical tool to discuss the spatial implications of care during the Covid-19 pandemic. For this I will employ Bellacasa's concept of 'alterbiopolitics'.

Alterbiopolitics is a theoretical concept intended to *alter* how we think about biopolitics – a concept to rethink and decentre biopolitics. It is intended as an ethical claim for us to care for the earth in a more-than-human way and entails the analytical method of 'displacement of care' (as explained briefly in the methodology). Bellacasa has coined alterbiopolitics as a theoretical concept based on research on human-soil relation and personal engagement with permaculture practices. Engaging with permaculture practices challenged Bellacasa's way of thinking about what care is:

> "The focus was on learning how to make and live with everyday systems and techniques that embody and embed care for the earth. Attempting to think these ethics brought me a deeper understanding of care as a politics and an ethics concomitant to the everyday materialities of life. It also required closer thought on the displacements of care in an ethics concerned with redoing relations in more than human living webs."
>
> (Bellacasa 2017, 126).

To use displacements of care, is provided through a very concrete example of Bellacasa's practices of engaging with compost in her home – 'taking care of the compost' (Bellacasa 2017,

195-203). Here, when you really notice it, Bellacasa argues, you see how it is not just *you* who engages with the soil, but the worms too, and you see how the soil in this process creates the needed bacteria for composting. And, as Bellacasa points out, to care for the worms of a compost soil, is not an act of care we usually are taught to enact, since most of us have learned that these are disgusting creatures, not to be touched or cared for. Bellacasa further argues that, care in this example shows both as a concrete and mundane everyday practice, and as a crucial practice to care for the earth in a broader picture.

While I do not intend to use alterbiopolitics with the same heavily ethical claims as Bellacasa does, I will use it as a way to analyse practices of care in places which are not usually associated with it. In particular this analytical view is helpful when looking for care at places with no human interaction. The very broad more than human ontological understanding of care, and this way of analysing, can be critiqued to be too open and broad A critique which one could pose as a general critique of posthumanist theorizing. Alterbiopolitics does potentially open a different analysis had I just engaged with biopower and biopolitics (Foucault 1998) as described above.

For the analysis and discussion in the following chapters, I approach politics of care through the concepts of biopower, biopolitics, state/space of exception, bare life and alterbiopolitics – highlighting the myriad and dynamic ways in which power works to constitute and shape how care takes shape – spatially and temporally - during the Covid-19 pandemic.

The Exclusion Area Zone

What constitutes and legitimizes the existence of an exclusion area zone? In the first subchapter, titled 'the Epidemic Act', I will elaborate on the Epidemic Act[5] which makes up the juridical legitimatization of an exclusion area zone. This includes a brief historical context of the legislations on disease and virus management, and a brief reflection on what role the

[5] In Danish *Epidemiloven*, is the daily figure of speech. The juridical name is LOV nr. 359 af 04/04/2020, "Lov om ændring af lov om foranstaltninger mod smitsomme og andre overførbare sygdomme og forskellige andre love". During the Covid-19 pandemic this legislations has been altered several times: February 27, 2020 – March 17, 2020 – April 4, 2020. For this thesis it is the April 4, 2020 version (Retsinformation A) and the October 1, 2020 version (Retsinformation B) that is applicable.

Epidemic Act has in relation to public space, regulation and care. In the second subchapter titled 'The Skatepark and the outdoors area of café Friheden as an Exclusion Area Zone' I will lay out the physical existence of the skatepark and the outdoor area of Café Friheden when these areas were exclusion area zones. In the final subchapter titled, 'Politics of Care in the Danish Health Care System' I will elaborate on the notion of care during the Covid-19 pandemic in a Danish context.

The Epidemic Act

By March 11, 2020, the World Health Organisation officially classified the spread of Covid-19 as a pandemic (WHO 2020). In the wake of this announcement and a steady rise of Covid-19 cases in Denmark, Danish prime minister, Mette Frederiksen, on behalf of the Danish government, announced a lockdown of the Danish society in an attempt to hinder a further spread of the virus. Basically, all functions of the society which was not considered critical or vital was to shut down. Malls, restaurants, bars, clubs, hairdressers etc. was to be closed with immediate effect. So were all forms of indoor cultural activities: gyms, concert venues, public libraries etc. All publicly employed staff who did not work in a "critical or vital function" was to work from home (Frederiksen 2020). Those privately employed was encouraged to do the same. All public educational institutions were closed, and the private ones was encouraged to do the same. Day care facilities was closed. Hospitals and nursing homes was to limit the number of visitors for the patients, and travel restrictions for entering Denmark was introduced and the international borders was shut down (Ibid.). To uphold social distance, several measures was introduced. Among these, an assembly ban (*forsamlingsforbud*), which was intended to hinder that too many people would be too physically close to each other in one spot (Retsinformation). This assembly ban has been altered several times: 100, 10, 50, 500, with 5 people gathering being the lowest. While the lockdown initially was announced to last for 14 days (Frederiksen A 2020), it has since then been extended, eased and reinforced. Likewise, the legislations, policies and guidelines has been altered, eased and reinforced several times. For this thesis it is particularly the assembly ban and exclusion area zones as a tool for the police to enforce the assembly ban, which are relevant. Both, juridically legitimizes the existence of the skatepark and the outdoor area of café Friheden, as an exclusion area zone. Also face masks requirements, and restrictive opening hours of restaurants and bars is relevant. For this thesis I will elaborate on the versions of the Epidemic Act which was applicable at the time when the skatepark was an exclusion area zone. Therefore, the current version of the

Epidemic Act, which got adopted on February 22, 2021, will not be elaborated on[6]. Forwardly, when I use the term 'Epidemic Act' I therefore refer to the legislation which was applicable during the period of September 10, 2020 to October 18, 2020.

The version of the Epidemic Act which was applicable during the times the skatepark and the outdoor areas of café Friheden were exclusion areas, was adopted through a fast-track voting in the Danish parliament on March 17, 2020, with minor adjustments throughout March, April, and October. The fast-track voting added changes to the already existing laws on epidemic and virus management, and was adopted with a sunset clause, which means that the changes would automatically expire on March 17, 2021. The purpose of these changes to the Epidemic Act is to make "…additional measure(s) to prevent and contain further infection of covid-19, etc." (Retsinformation A, 2020). The assembly ban, and the exclusion area zone as a measure to uphold the assembly ban are stated in §6 of the Epidemic Act. Here, it states that any assembly ban of 10 people or less, only can be determined if the health authorities estimate that this is necessary to hinder a wide spread of the disease and if a "…less intrusive ban is not sufficient" (Ibid.). §6 also states that the police have the authority to estimate whether it is necessary to impose an exclusion area zone to uphold the assembly ban (Ibid.). It should be noted though, that both the assembly ban and the idea of imposing an exclusion area zone are not only an epidemic legislation (Justitsministeriet, 2020).

The first type of assembly ban in relation to managing the Covid-19 virus, was issued a week prior to the first lockdown, where the Danish government recommended that all events with more than 1000 people attending would be cancelled (Frederiksen 2020). This effectively cancelled KVINFO's marking of International Women's Day (KVINFO 2020), and the Danish song contest *Dansk Melodi Grand Prix* was held with no audience attending (Grønbech and Ellegaard 2020). The assembly ban formulated in the Epidemic Act is applicable for both public outdoors spaces (parks, bridges etc.) and semi-public indoor spaces (e.g., supermarkets, universities, gyms, restaurants etc.). In all cases, the assembly ban does not necessarily mean

[6] The current Epidemic Act was adopted on February 23, 2021. A permanent legislation, not adopted with a sunset clause. The most significant changes are who has what kind of authority for future epidemic management. The assembly ban will now be decided by representatives of different parts of the Danish parliament, instead of a few ministers of the incumbent government. For more details on this version of the Epidemic Act, see (Sundhedsstyrelsen 2021).

that the given space cannot have more than e.g., 10 people present – in the case when the assembly ban is 10. A restaurant can have more than 10 costumers present at the same time, if the facility is big enough for people to keep the recommended physical distance. However, the restaurant cannot host groups of more than 10 people.

For a public space such as the skatepark, more than 10 people can be present, but no more than 10 people can stand too close to each other. In both cases, it is legally the responsibility of/up to the police to estimate whether the assembly ban is violated or not (Retsinformation A, 2020). By law, the assembly ban is not applicable for private homes. However, it is *recommended* that gatherings and events in private homes, follow the assembly ban (Frederiksen A 2020). The punishment for breaking the assembly ban is a fine of 2500,00 DKK (Coronasmitte n.d.). While the police have this authority, it is according to the Epidemic Act, the Health- and Elderly minister – when this thesis is written/in the case of this thesis, Magnus Heunicke - who has the authority to decide the limit of the assembly ban limit in cooperation with the health authorities and the Minister of Justice. The Epidemic Act is based on a 1905 version of the Act, through which the authorities also could close parts of public spaces and functions. The major difference between the 1905 version and the currently functioning Act lies in *who* has what kind of power to decide what. Through the 1905 version of the Epidemic Act, it would be the Danish Health Authority's, *Sundhedsstyrelsen,* and health board, who had the legal authority to make decisions on restrictions for the public (Heisz 2018), while these decisions, though in the Epidemic Act of 2020, lies with the Minister of Health.

According to Peter Christensen, the Plague Orders, introduced in 1625 by king Christian IV are one of the earliest forms of legislations or policies on plague or virus management (Christensen 2003, 437-8). The Plague Orders dictated e.g., patrolling of borders and a demand for people to show a 'valid bill of health' in order to enter Denmark in case of a disease outbreak (Ibid.). During the reign of King Christian V in late 1600 hundreds, when Denmark was under autocratical rule, there was a law on how to handle "…raging pestilence…" (*grasserende pestilens*), which stated that the pharmacies had the responsibility to ensure sufficient medicine at a fair price (Bonderup 2005, 14). Throughout the 1600 - 1700 and 1800 hundreds, it was very common to use people with a non-medical profession to fulfil various medical tasks, it was e.g., very common to use priests to vaccinate against smallpox (Ibid., 41). In the mid-

1700's and beginning of 1800's the medical profession and the health care system was gradually expanded, with the aim of securing a healthy and growing population. Hospitals were built Epidemicregulations was adopted, and the vaccines against smallpox were introduced. Some of the main changes of the public health care system was the establishment of a Healthpolice/The Medical Police (*Sundhedspoliti*/*Det Medicinske Politie*), which doctors and political leaders for several years had worked towards establishing (Ibid., 11). The purpose of the Healthpolice was to maintain the health of the population, amongst these: "Care to avert infectious diseases" (Ibid., 33-4).

In general, priests had several functions which, compared to the role of priests today, is very different. They e.g., had the responsibility to make sure that various disease and virus measures were followed by the population. Later the tasks of priests would also entail them to "heavily instruct their confirmands to be vaccinated immediately or as soon as possible"[7] (Ibid., 94). A lot of these facts/things are stated in the 1782 Epidemic Regulation (*Epidemiforordning af 17. April 1782*) (Ibid., 44). This regulation legally legitimized restrictions such as: restrictions on the amount of people attending a funeral, it legitimises quarantine and isolation of farms and individual households. It was the Fysikus, a medically trained person employed by the state, who had the authority to enforce such isolations (Ibid., 302). A form of assembly ban on infected areas was also stated in this regulation: "Gatherings should be reduced within a certain area, and people should by enlarge be warned to approach the area" (Ibid., 44-5). When the Spanish Flu broke out in 1918 the autocracy had been abolished for 50 years, and the then incumbent prime minister, Carl T. Zahle, had the provisions stated in the 1905 Epidemic Act to impose various measurements and policies to hinder the spread of the Spanish flu. Most of the measurements during the Spanish Flu outbreak remained as advice and was not punishable by law. For the assembly ban, this approach meant that people were *encouraged* to not gather in bigger groups, without any bans or prohibitions to uphold this (Heisz 2018). The outbreak of the Spanish Flu is the latest disease or virus outbreak in Denmark, which resembles the outbreak of the Covid-19 virus in scope and management to hinder the disease. I could have chosen to focus on the management of other disease outbreaks, such as the polio outbreak in 1952-3 (DSR n.d).

[7] This is formulated in a 1810 regulation on vaccines (Bonderup 2005, 94).

With a look at these previous legislations, all intended to hinder a spread of an epidemic, we can see that using social distance measures such as isolation, quarantine, and assembly bans, has a history. While these measurements resonate greatly with the those of the Epidemic Act for managing the Covid-19 outbreak, there is a difference in who had the responsibility to implement them. Following Agamben's method to discuss the juridical and political aspects of the modern-day camp, one can to a great extent argue that legislation and policies adopted and enacted during the extraordinary times of a disease or virus outbreak such as during the plague of 1711, and the Spanish Flu in 1918, influences current legislations and policies. What does the Epidemic Act, with this historical context, mean to what kind of a space an exclusion area zone is?

The first exclusion area zones were imposed on April 25, 2020. One by a shopping centre on the Island of Rømø, one by the waterfront of Islands Brygge in Copenhagen (Ritzau/JP, 2020). Both exclusion zones were lifted a few days later. The initial lockdown of the Danish society was gradually eased during the summer, but by late August of 2020 a lot of the restrictions was gradually reimposed. It became mandatory to use face masks, first on public transport, which by mid-September was expanded for visits at restaurants, bars and other indoor buildings accessible to the public. Bars and restaurants were restricted to close at 10 PM, which then also applied for Café Friheden, and may explain why there was a difference in the opening/closing hours of 'Zone A' and 'Zone B' (Appendix 2). During September and October, the assembly ban was 50 people, first only applicable for Greater Copenhagen and Odense, then applicable on a national scale from September 18, 2020. Events where people would be seated were allowed to have 500 people present (Outzen 2020). This was the assembly ban which was applicable during the time when the skatepark and the outdoor areas of Café Friheden was an exclusion area zone. A discussion of how this is related to (politics of) care will be unfolded throughout the following chapters of the thesis.

The Skatepark and the outdoor area of Café Friheden as an Exclusion Area Zone

Figure 1: 'Zone B' depicturing the outdoor areas of Café Friheden as an exclusion area zone.

Figure 2: 'Zone A' depicturing the skatepark as an exclusion area zone.

Both Pictures reissued with permission by the Copenhagen Police Department

From September 10, 2020 to October 17, 2020 the skatepark and the outdoor areas of Café Friheden were turned into an exclusion area zone by the Copenhagen police department (Appendix 2). These have since have been defined as 'warning zones' which means that the police will be extra present at the area, but the space can be used as any other public space (Politi A 2020). Copenhagen police classified these zones as 'Zone B' and 'Zone A', as depicted in Figure 1 and 2. Both zones are part of the park, Nørrebro Park. When present at the area, these two zones were demarcated with several exclusion area zone posters. These will be analysed and discussed later.

Café Friheden is located within the area of Zone B (Figure 1), and the skatepark is located within Zone A (Figure 2). The white broad stripe running through the green spots of each picture visualizes the bicycle lane, which is part 'Nørrebroruten'. This bicycle lane connects this part of the Nørrebro park to the bigger streets of Hillerødgade and Nørrebrogade. On the other side of Nørrebrogade is 'the Red Square' which is part of the park called 'Superkilen'. The Red Square is often a lively public space, with several benches, swings, Nørrebro library and Nørrebro sports hall. The Red Square has a big open space made of red painted concrete, which is often used by people skating or rollerblading. Through the Red Square runs a bicycle-lane which, when crossing Nørrebrogade, leads straight into the bicycle lane of figure 1 and 2. The bicyclelane continues on the other side of Hillerødgade, leading into first a continuation of Nørrebro Park and then into Hørsholmparken. Hørsholmparken was also an exclusion area zone during the time as the skatepark and the outdoor areas of café Friheden was. When I

geographically delimit the example of this thesis to the 'Zone B' and 'Zone A', I do recognize that people passing through, and using, this public space may also be connected in some way to these surroundings which I have just described.

Outside of café Friheden are benches, cafétables and chains of lights hanging from the trees. There is also a small skating ramp, known as 'the miniramp'. This locates the outdoor areas of café Friheden right in between skating people, typically using either 'the miniramp' or the skatepark. The pink square depictured in figure 1 and 2 has a Rema 1000 supermarket by the ground floor and a Fitness World at the 1st floor. The skatepark is partly covered by a roof with big concrete pillars, and heavily decorated with graffiti at the backwall. The low concrete walls of the skatepark are often used by people as a spot for hangout, talking, smoking and drinking. The skatepark was built in 2007, as part of a bigger renovation of Nørrebro Park. The aim with this renovation was to create a public space which the public wanted to use and engage with. Superkilen was built in 2012, designed by the architect group BIG, and described as "…a celebration of diversity" – a hint that the idea with Superkilen is to reflect the demographic diversity of Nørrebro. Superkilen too is designed with the aim to create a public space which people want to engage with: benches, architectural playgrounds, table tennis etc. (DAC n.d). Thus, the development of this public space, the skatepark, café Friheden and its surrounding parks, roads and supermarkets, are all designed in a manner which seeks to get people to be physically present there. An ironic contrast to the aim of imposing an exclusion area zone – excluding people from being present and interact with the public space. Forwardly, I will refer to 'Zone B' and 'Zone A' commonly as 'the exclusion area zone'. Following the concepts of state/space of exception (Agamben 1995) one can argue that the politics care materialized in the form of temporarily excluding the public, from a place which has been built to actually be used.

Politics of Care in the Danish Health Care System

> "As Danes, we usually seek community by being close with each other. Now we have to stand together by keeping distance to each other. And we will need societal spirit. We will need helpfulness. I want to say thank you to all citizens, companies, volunteer organisations, organizers – everybody who so far has shown exactly what it is we in Denmark have – societal spirit."

Mette Frederiksen, speech March 11, 2020 (STM A, 2020).

That we have to, "take care of each other", has been a very prevalent discourse throughout the Covid-19 pandemic - on a global scale (Chatzidakis et. al. 2020), and in Denmark. In Denmark the 'discoursive explosion of care' – as Chatzidakis et. al calls it – it is in particular the word *samfundssind*, which roughly translates into 'societal spirit', that has been a prevalent part of this discourse. By the Danish language board *samfundssind* was even declared to be 'the word of 2020' (Morovati 2020). Enacting *Samfundssind* indicates that an individual, a group, a company etc. takes actions which are for 'the common good' of the Danish society (Andersen Goul 1993, 163; Andersen og Frederiksen 2020). One could also rephrase this, as an act of *taking care of the common good*.

Who gets to define what it means to take care of 'the common good', and what kind of actions are needed to enact this, may generally seem vague, broad and fairly subjective. However, during the Covid-19 pandemic, this has been more clearly defined through e.g., a statement such as the one above by Mette Frederiksen, and through specific recommendations on how to keep social distance. At times this has been 1 meter distance to other people, other times this has been 2 meters of physical distance (Erhvervsministeriet 2020). During the Covid-19 pandemic, we take care of the common good by enacting social distance towards each other. How the notion of *samfundssind*, or care became a part of Danish public health policies, could pose for a different thesis in which one explored the discursive development of this. However, during the research for this thesis, I did encounter hints at earlier versions of politics of care in relation to public health policies. For example, a doctor who in 1654, during the management of an epidemic outbreak "…remark(ed) that poor people in Copenhagen in particular died because they did not observe the regulations and did not hesitate to visit the sick" (Christensen 2003, 449). Or in a circular, which was distributed in 1803 with the aim of instructing doctors on how to write medicinal reports – which was considered a crucial part of hindering epidemic outbreaks. The circular was introduced with a statement that it was:" [...]by ultimate necessity for the whole of the civil society's safety and every familie's reassurance [...]" that every medicinal report which was to serve the public healthcare would be adequately written (Bonderup 2005, 19). Or during the outbreak of the Spanish Flu the health board (*sundhedsstyrelsen*) and the Ministry of Justice, sent out a request for the Church Ministry that the priests would, besides letting worship services, last no longer than 30 minutes: "...to, as for

as possible take care (in Danish *drage omsorg*) that no one else than relatives are present at churches or chapels at weddings and funerals" (Quoted in Heisz 2018, 187).

Considering the above in the light of Foucault's biopower, we can see how the regulatory measure of politics of care can be framed in a positive way: "[...]a power that exerts a positive influence on life, that endeavors to administer, optimize and multiply it, subjecting it to precise controls and comprehensive regulations" (Foucault 1998, 136-7).

Spatiality of Care: past, present, future

In the first subchapter titled of this second part of the analysis, 'How Previous Plague and Virus has influenced the Development of Copenhagen', I discus how various social distance policies historically has, partly, shaped the development of public space(s) in Copenhagen. In the second and third subchapters I use the exclusion area zone as an example to discuss any implications of care during the covid-19 pandemic. The second subchapter is titled, 'Social Distance Objects and the police presence'. Here, I discuss how care is reconfigured through the introduction, and use of, objects such as face masks, hand sanitizers and posters. In the third subchapter, 'Parties and an Empty Skatepark' I focus on the difference between *non*-exclusion hours and exclusion hours, to discuss how care reconfigures to the exclusion area zone, both when it is used by the public, and when it is abandoned. In the final subchapter "Future Exclusion Area Zones?" I discuss any temporal implications of care, focusing on the law suggestion to use exclusion area zones in the future as a legal tool to increase safety in public spaces. For this discussion I supplement the theoretical framework with different scholarly work, e.g., Leslie Kern's (2020) *Feminist City: Claiming Space in a Man-Made World.*

To discuss the spatial implications of such politics of care, biopower and biopolitics can be helpful, but I will in this chapter introduce the analytical use of Bellacasa's alterbiopolitics to compliment this. I do recognize that this is an untraditional approach to analysing spatiality.

How previous Plague and Virus management has influenced the development of Copenhagen

Enforcing and implementing some form of social distance – isolation, quarantine, travel restrictions or assembly bans - has been a common policy throughout various plague and virus

outbreaks. In this subchapter I will elaborate on these measures, with a focus on how this altered public and semi-public spaces of Copenhagen (spatiality of care) in the time span of mid-1500 to 1918.

During the mid-1500s to mid-1600s, Denmark was hit by several plague outbreaks. In 1619 a plague hospital was built in Copenhagen, which was used to isolate those who were suspected to be infected, and to isolate people who wished to enter Copenhagen. Quarantine stations were also used as a measure to isolate those infected or at risk of being infected (Christensen 2003, 34-5). The authorities used several measures to manage the outbreaks and attempts to prevent spread: animals - in particular pigs - were contained, the streets were cleared, the trade of goods from outside and travel restrictions were imposed - e.g., people were forbidden to visit a market in Køge. The 1625 Plague Orders, are one of the earliest form of legislations or policies on plague or virus management (Ibid., 437-8), and they dictated e.g. patrolling of borders, and a demand to show 'valid bill of health' (Ibid.). There was also a ban on selling used clothes, as it was in particular thought of to be a "source of contagion" (Ibid.,). Adhering to these measurements was quite different depending on your socio-economic status or the resources you had adhering to these measurements was quite different depending on what kind of resources you had: "…those who could afford it fled or isolated themselves when plague threatened." (Ibid.)".

In 1711 Copenhagen the great plague hit Copenhagen. This is the most scholarly covered virus outbreak in a Danish context. While histoians debate the nature of the plague, reasons for it happening and numbers of deceased, it is estimated that the outbreak resulted in a 40 percent death rate of the Copenhagen population (Københavns Museum). Denmark was still under autocratic ruled. During the plague outbreak by king Frederic V. Several measures were put in place to prevent the plague from spreading to other parts of Denmark, and to hinder spread inside Copenhagen. Those who were infected was ordered to isolate themselves in their homes. With this isolation every member of the family, regardless of whether they had symptoms or not, had to isolate with them. Either you and your family exited the house when everybody was well again, or you would exit your house dead, covered by a burial shroud. One of the measures taken by the authorities was to set up the pest house Vodroffsgard, and a quarantine centre at Christianshavn (Frandsen 2010, 399). The island of Saltholm just outside of Copenhagen, now a privately-owned island serving as a protected nature reserve (Saltholm 2018), was also used as a quarantine station for those who arrived to Copenhagen by boat. If one wished to enter

Copenhagen from Saltholm, you had to provide a health pass, declaring that you were not sick. Occasionally, these measures were met with resistance among the Copenhagen population: "…fighting broke out when the police came to seal houses and isolate the sick, and one of the commissioners complained that the populace was an unruly and intractable lot that paid heed neither to laws nor to regulations (Christensen 2003, 449). Inside Copenhagen, burying the ever-growing number of dead people, meant overly crowded graveyards. For the purpose of burying the dead the church therefore bought different parts of land inside Copenhagen and outside the city-gates. Today, many of these pieces of extra burial land make up parts of Copenhagen inner city.

Copenhagen was structured around gates and moats - gates, walls, and compounds, ramparts. As a result of the cholera epidemic in 1853 – where an estimated 4 percent of the Copenhagen population deceased - the city-gates got torn down, and the ramparts was turned into parks. Light, airy outdoor areas, with space to move around became a prioritisation (Københavns Museum, n.d.). Isolation as a measure to hinder the spread of the disease, was also used during the cholera outbreak. A hospital placed at Nyboder in the inner city of Copenhagen, was temporarily used as a cholera hospital for those infected. For those not infected, but living together with an infected, were moved to camps made of tents, placed just on the other side of the ramparts (Parby 2020; Københavns Museum). After the outbreak the authorities started developing new smaller neighbourhoods in and around Copenhagen, with the aim of lessening the populations density, and built better houses for the working class. This e.g., resulted in the built of Brumleby at Østerbro (Parby 2020; Københavns Museum). Another major change in the city development of Copenhagen, was the development of an underground sewage system to replace the open gutters and a water supply system which could filter out clean water for the population (Parby 2020).

In 1918, by the end of the First World War, the Spanish Flu broke out globally. Initially, the outbreak mainly hit Copenhagen, but soon the Spanish Flu spread to the rest of Denmark. Examples of measures which can be seen as 'social distance, are a lockdown of the Danish society where theatres, movie theatres and the communal schools closed, however, not the privately-owned schools. Copenhagen was demographically and infrastructurally quite diverse or inequal the city of Copenhagen was moving into a modern busy, cultural capital and the virus hit unevenly demographically in Copenhagen. The neighbourhoods of Nørrebro and Vesterbro was at the time very much areas for the poorer working class families – Nørrebro in

particular is frequently highlighted as an area which had a high numbers/toll on the sick and the casualties. A quite common living arrangement was for families to live in small apartments, some only on 25 square meters (Heisz 2018).

As one of the measures to hinder a further spread of the virus, the Danish Health Authorities (*Sundhedsstyrelsen*), issued posters around the city, which stated the following:

1. Maintain the greatest possible cleanliness
2. Cover your mouth with your hand when you cough or sneeze.
3. Beware, that no one coughs, sneezes or talks directly into your face.
4. Keep the telephone funnel clean, in particular when it is used by many.
5. Make sure to vent rooms properly.
6. As far as possible, keep the healthy from the sick.
7. Avoid places where many people gather.
8. Do not get up too early after being sick.
9. Avoid unnecessary visits to those who are sick.
10. Postpone big meetings and gatherings.
11. Do not use the tram more than necessary.
12. Make sure that your kids are out in the free air as much as possible.

Poster by the Danish National Health Authorities, 1918 (Heisz 2018, 155).

The newspaper Politiken, frequently published comment sections and opinion pieces, discussing how people should act in public such as “don’t spit” and “don’t talk too much about the flu” (Heisz 2018, 249). An example of a regulatory biopolitics (Foucault 1998), not enacted by the state, but in this case by the media.

Social Distance Objects and Police Presence

On my first day of doing observations, September 17, 2020 around 2 PM, two police officers walked around the exclusion area zone. Equipped with bulletproof vests above their short-sleeved light-blue coloured shirts, a gun by their hip and a bunch of small posters in their hands, they were putting up smaller versions of these 'exclusion area' posters:

Fences, trees and trashcans got pasted with these small posters. By this time, the area had been an exclusion zone for seven days. I did not observe many people stopping to read what the signs and posters stated. However, I did overhear several conversations regarding the posters and the police presence at the area. Part of one conversation sounded like this:

"The police are here!"

"They are here a lot these days."

"Hmm?"

"It's the signs. This is an exclusion zone now" (Appendix 3).

Figure 3: Exclusion Area sign by the Skatepark.

Another conversation regarded the parties by the skatepark. One person said: "When Friheden ('*the freedom*') closed people just gathered over there [pointing at the skatepark] and had the biggest party!" (Appendix 3).

During the time I observed the area, it varied if the police was present. Mostly, one could be sure to encounter them in or around the area, around 10 PM, when the exclusion hours kicked in (See appendix 2 for details on the exclusion hours). A few times I observed how the police would tell people to leave the public space (Appendix 3). In a sense both the presence of the police and the posters serves as a way to visually demarcate that 'something has happened to this public space'. One can see the presence of the police as a form of surveillance, which is part of upholding the rules of the exclusion area zone.

The posters, as a social distance object, and the effect they had on the space of the exclusion area zone, can be analysed in several ways. One could see these as a means to visually

demarcate the exclusion area zone – to mark the 'space of exception' (Agamben 1995) in which usual rules on the use of a public space does not apply, as have been discussed in the previous chapter. One could look at these posters as a visible sign of the regulatory means of politics of care/biopolitics during a pandemic (Foucault 1998). One can look at these signs as a displaced form of care (Bellacasa 2017).

Other social distance objects, which was also present at the exclusion area zone, was hand sanitizers and face masks. When I went to café Friheden for dinner on September 21, new restrictions for bars and restaurants had been imposed just a few days prior. With these restrictions all restaurants and bars were to close by 10 PM. A part of the restrictions was also a requirement to wear face masks inside such facilities when you were not seated (Erhvervsministeriet 2020). The guidelines for a facility such as café Friheden on how to keep open during the Covid-19 pandemic, also required that there would be hand sanitizers available for the costumers (Ibid.). This evening, on September 21, the number of guests was scarce. It was me, my friend and another costumer eating inside the café. A number of people were outside the café, sitting at the benches, or using the skatepark to sit or skate. By the entrance of the café, placed on a small round table, was a box with single-use face masks next to a hand sanitizer. Since entering the café now required the use of face masks, I grabbed one of the single-use face masks on the table, placed it with awkward unfamiliar movements to cover my mouth, and went inside. When my friend and I sat down, we took off our face masks. My friend placed it, half carelessly in his pocket, I placed mine in my bag – to use for when we had to leave the café. The waitress was wearing a single-use face mask during the whole serving. When 10 PM approached my friend and I left the café. Outside, people were gathered in smaller groups.

Both face masks, and hand sanitizers are considered prime objects to keep the Covid-19 virus away from a human's body and also any possible spreading of the virus to others (Pfattheicher et. al 2020, 1363). The mere physical presence of a hand sanitizer or a bowl of single-use face masks, or when Friheden used a staff member to ensure that people would wear a mask before entering the café (Appendix 3), indicates a care for the virus, a care for yourself and others, and a politics of care. On the other hand, both objects need human interaction in order to serve the function of keeping the virus away from a human's body.

Autumn C. James (2020) (also mentioned in literature review) also found that posters guiding social distance behaviour had an effect. James semi-conclude that: "The cues, however, potentially reminded some individuals that 'appropriate' behavior was expected" (James 2020, 190), and that "Cues, therefore, signal compliance, and, when followed, allow individuals to (re)construct perceptions of safety" (James 2020, 189). The cues in the case of the above can be these various social distance objects: hand sanitizers, face masks, posters. People's behaviour in a public space, may affect, and (re)construct – or reconfigure one could say – how other people perceive that whole public space in total. An aspect which my data collection is not adequate to discuss, but the reflection may be crucial when thinking about how care may take shape at the exclusion area zone.

Excluding Public Partying

"When the public square is closed, all that remains is the tower and its shadow" (Low and Maguire, 2020: 309).

Figure 4: September 17, 2020. Around 11 AM. Non-exclusion hour time.

Figure 5: September 19, 2020. Around 1 AM. Exclusion hour time.

These two pictures visually represent how the exclusion area zone typically looked during *non*-exclusion hour time (Figure 4), and how it looked *during* exclusion hour time (Figure 5). In figure 4 the exclusion area zone is both used as a space to pass – e.g., biking or walking through – and, although it is not clearly visualized in the picture, people skating or hanging out by the skating ramp (Appendix 3). In figure 5, on the night between a Saturday and a Sunday, the public space is completely empty of people. The above statement by Low and Maguire (2020) seemingly resonates with these two figures: the exclusion hour sets in (figure 5), it is illegal to use this public space for anything else than passing through, and 'all that remains' (Low and Maguire 2020, 309) are lampposts, and the lights of a building casting shadows onto the concrete.

Whenever I did observations of the exclusion area zone during *non*-exclusion hours, I often left this public space thinking: "People just use this space as any normal day". While I did not know what I was expecting to 'happen', I apparently expected it to be more obvious (whatever that would entail) that this public space was turned into an exclusion area zone. However, the thought that 'people just use this space as they normally would' may only be true to some extent. As described in the methodology, any form of interviews (formal and/or informal), could have been useful data to analyse and discuss this. What I consider a 'normal day' at the exclusion area zone is partly based on the observations I did (Appendix 3), partly based on my own general perception of that particular public space pre-exclusion area zone. In recognizing that my data collection is insufficient, and that defining something as 'normal' is heavily influenced by my experience and perception of what 'normal' is in this regard, I forwardly refer to this setting (e.g., depictured in figure 4) as a 'normal day'.

A 'normal day' at the exclusion area zone could look like the following. Music is playing from a soundbox, placed by the graffiti wall of the skating ramp. It is a sunny Wednesday afternoon in late September. Several smaller groups of people are using the skatepark for skating, rollerblading or sitting on the ramp. Several of the benches placed along the bicycle-lane are occupied, a few people are using the grass to sit in smaller groups and chat. By the outdoor area of café Friheden people are sitting on the benches. Some eating and/or drinking, some with laptops. People passes the exclusion area zone, typically using the bicycle-path, either by foot or by bike, walking their dogs or strolling their babies. The small table with hand-sanitizer by the entrance of café Friheden is there, so are the 'exclusion area zone'-posters. The atmosphere is partly filled by the music from the soundbox, the sound of rolling skateboards and low chatter. Besides a handful of those who passes through the area, people wear a face mask when entering café Friheden – as the rules prescribe. Some of the human interactions resembles social distance practices. Some of those walking, make a slight curved walk, when passing other people. Some of those who arrive to the benches by cafe Friheden in groups, get seated with a slight physical distance towards each other. Some of those who uses the skating ramp for skating and/or sitting, occasionally interact with each other across groups. To which extent people act like this with social distance practices in mind, is difficult to tell for several reasons. Partly due to my data collection, partly that practising social distance when moving around a public space, e.g., walking your dog on a bicycle path through an (open) exclusion area zone, may happen out of pure habit after months of practising 'walking in curves' to pass other people in a social distance manner. Additionally, some people might be present at the

exclusion area zone this day, having care and/or social distance very presently in mind, without it being noticeable to me as an observer. While I recognize these (de)limitations, I argue that part of these practices are results of a subtle (bio)politics of care.

The picture of Figure 5 was taken on the night between September 19 and September 20, as I visited the exclusion area zone on my way home from a private party in Sydhavn. Nothing was going on. The whole area, and the surrounding streets were dead silent. Despite it being exclusion area hours, I had expected that even if the area itself – the skatepark and Friheden – was emptied of people, that the nearby streets would have groups of people using the outdoors for drinking and partying. A few people hung out on the Red Square outside of Nørrebro Library, listening to music by a fairly low volume. Quite peculiarly, the park area between the two exclusion area zones of the Skatepark and Hørsholm Park, was also completely empty of any people. I did pass one person on the bicycle-path at the exclusion area zone, but that was the extent of it. The weather was not cold. I, for example, was not wearing a jacket. And given the popularity of using this public space for outdoors partying it was a striking thing to experience it abandoned like this.

"Let's go to Friheden! There's always music there, and we can have our own dancefloor. Last time, we even got to decide the music!"

Unknown. June 24, 2020 (Appendix 3).

We walked along the bicycle-path. I had left my bike a couple 100 meters behind me. Some people of the group biked, others were walking. One of my friends had told us that we, after our own soundbox ran out of battery, should go to café Friheden to continue partying. In my tote bag I had a bottle of red wine, a couple of now lukewarm beers, and a bottle of cheap vodka mixed with German Mate energy drink. All around us groups, and groups of people who hung out: drank, talked, laughed, listened to music, danced, played games. We reached the skatepark and indeed, someone was there with a soundbox. The music from the soundbox overwhelmed most surrounding noises. There was a lot of people - sitting and standing on and around the skating-ramp. We found ourselves a spot, and now we had our own outdoors sandy dancefloor. Dust flew around us as the feet moved around in the sand. Drinks, beers and cigarettes was passed around. It was the end of June, 2020. One of the many hot June nights of 2020 in Copenhagen.

Public space partying is a fairly common scene across Copenhagen during spring, summer or fall nights - depending on the weather. Public parks such as the Nørrebro Park (the spot for the scene described above), Kongens Have, the waterfront of Islands Brygge, the bridge Dronning Louises Bro are all examples of well-known spots for public partying. These outdoors party scenes are by no means a corona related phenomenon, however, during the Covid-19 pandemic, and partly as a result of the restrictions on pubs, nightclubs, restaurants and festivals, these scenarios did slightly increase in the year 2020 (Nørgaard 2020).

Maybe those who would usually use this space for partying, had moved elsewhere? During the summer and fall of 2020, there has been several cases of 'pirateparties' (*piratfester*) happening at different locations in Copenhagen (Fauerholdt and Madsen 2020; Agger 2020). These quotes stem from interviews conducted by the YouTube/Instagram profile OFFTOPICDK, under the theme of 'partying during lockdown'. The interviews are conducted at the Meat Packing District, at a private party, and at the skatepark of Nørrebro Park, during July, 2020 – so, before any exclusion area zone was imposed on the skatepark and the outdoor areas of café Friheden. One person proclaims: "We are having afterparties like never before" (OFFTOPICDK 2020, 01:53), when asked how Covid-19 has affected the person's 'partying habits'. By the time of the interview bars and restaurants were allowed to be open. Considering this statement, with the various pirate-parties, the public partying may be excluded from happening at the skatepark and café Friheden when the exclusion area zone is imposed, but they also might just move elsewhere. To take place in private homes or at other public, or semi-public spaces in the city.

Returning to the quote by which I initiated this chapter. Low and Maguire use Foucault's panopticon as a metaphor for how social distance politics during Covid-19 leaves public spaces empty. The panopticon prison structure, originally introduced by Jeremy Bentham, with a tower in middle, making it easier to watch the prisoners, is by Foucault used as a metaphorical analysis in the book *Discipline and Punish: The Birth of The Prison* (1977). Low and Maguire argue that the Covid-19 pandemic legitimizes 'restrictions of public spaces' (Low and Maguire 2020, 309), and that "…the networks of the square are our best defence against the shadows of isolation and the looming tower of authoritarianism" (Low and Maguire, 2020: 309). The tower here, is a metaphor for Foucault's panopticon prison structure. The disciplining effect of the centrally placed surveillance tower (Foucault, 1997). One can question to which extent the closing of a public space is the outcome of authoritarian surveillance with disciplining effect.

Using the exclusion area zone as an example, one could argue that the central surveillance tower is replaced by the posters, police presence, and the risk of getting a 2.500 DKK fine. On the other hand, making a public space (temporarily) illegal to use, is maybe more regulatory than disciplining. The abandoned skatepark can be seen as a product of the biopolitics of hindering the spread of the Covid-19 virus. A biopolitics which to a large extent is legitimized through a 'discursive explosion of care' (Chatzidakas et. al. 2020). The (bio)politics of care creates on one hand a public space, which at times are used by people on a seemingly normal basis, while also at times completely emptying the space of people. So, while the social distance posters are still present as illustrated by the empty exclusion area depictured in figure 5, care then becomes/shows as silence and abandonment. An extreme form of social distance. However, that the bodies are not present at the exclusion area zone, does not necessarily mean that people do not engage with space. One could argue that discussions on social media about the nature of the exclusion area zone is a way to digitally engage with – hence, be present in the public space.

Exclusion Area Zones for the Future?

> "Here, we say: You cannot stand here. No one should be afraid to walk on the street in Denmark. You will not be allowed to take our freedom"
>
> Mette Frederiksen (STM, 2020).

On October 6, 2020, Danish Prime Minister Mette Frederiksen gave a speech to mark the opening of the Danish Parliament[8]. Here, Mette Frederiksen presented a suggestion to use exclusion area zones as a tool to 'deal with groups of people who creates an unsafe environment for other people at public spaces' (Frederiksen B 2020). The speech was followed by the Ministry of Justice releasing an action plan titled *Safety for All Danes* (Justitsministeriet 2020). Here, the Danish government proposes four initiatives to intended to "…strictly battle behaviour which creates unsafety" (Ibid., 2). One of the initiatives is extent the current legislation on imposing an exclusion area zone onto a public space, if the police estimates that this is needed. In the action plan this type of exclusion area zone is called "Safetyenhancing Exclusion Area Zones" (*tryghedsskabende opholdsforbud*) (Ibid., 4). The suggestion is to extent the current legislation, which allows the police to give opholdsforbud to one person, and

[8] The opening of the Danish parliament is a yearly, reoccurring event and has nothing to do with the Covid-19 lockdown of the Danish society.

extent this so the police can exclude a whole group of people. A part of the suggestion is also to increase the punishment for violating the exclusion area zones. The 'first time punishment' is suggested to be a fine of 10.000 DKK. Making it possible for the police to "…confiscate expensive jackets, wallets, phones…" in case the person cannot pay (Ibid., 2). The 'second time punishment' is 30 days imprisonment (Ibid., 2). Finally, the suggestion is to evict people from their rental homes following the offense: "If you cannot behave properly, you have to move" (Ibid., 2).

Currently, this suggestion has not been adopted as a legislation, but it is supported by a several parties in the Danish parliament (Ritzau 2020). This does indicate that legislations and policies which has been accepted in an exceptional time, such as the Covid-19 pandemic, might shape legislations and policies of non-exceptional times. As explained in the subchapter 'the Epidemic Act', exclusion area zones did exist as a tool for the police to exclude (only) individuals from a specific area. The suggestion was based on, what the government calls a big problem of gangs and young people who gather in groups at public spaces, and acts in ways which creates a feeling of insecurity for others. The people Mette Frederiksen refers to/talks about are, young men, she backs up/frames the suggestion with statistics of how many young men with a 'non-western background' commits crimes. It is important to consider that this suggestion cannot be concluded to arise from the state management of Covid-19. Political initiatives to combat behaviour which is considered 'unsafe for the public' was e.g. to increase the punishment for practising 'unsafe begging' in Denmark. The idea to use legislations and fines, and exclude some people of being at public spaces to increase the safety for the public can also be found in e.g. 'utryghedsskabende tiggeri'. In order to understand the discourses and political and societal developments which has shaped this new suggestion, one would need a different kind of project, other than this thesis. What is of interest is to see how the use of exclusion area zones, a juridical tool which has been used as a social distance measure during the management of the Covid-19 pandemic, are now suggested to be part of normal times legislations.

As a part of Leslie Kern's call to visualize the feminist city, as elaborated on in the literature review, Kern engages with the concepts of safety in urban settings. Kern argues that city planning made with the purpose of increasing safety, usually are designed to increase safety for *some* people – and excluding others. Kern gives an example of sex workers which are at

greater risk of either being criminalized or excluded from specific public spaces, when increased street-light and CCTV is introduced (Kern 2020, 142-165). And one can say the same thing about this law suggestion. Care in the case of this suggestion to implement 'safetyenhancing exclusion area zones' is here stated to be needed to create safety for the public, but it will exclude specific people from certain public spaces. That to exclude the public from a specific place during the covid-19 pandemic, as a way to take care of the spread of public health, might become the norm (Foucault 1998).

As pointed out in the literature review several scholars have discussed the future implications Covid-19 may have on public spaces: Kasinitz argues: "One result of Covid is that many of us have now withdrawn from precisely the types of public spaces Anderson points to; spaces in which diverse people come together. Working at home, staying at home, and being entertained at home means that most of us are sheltering among people very much like ourselves" (Kasinitz 2020, 491). However, some scholars also argue that Covid-19 might not change 'our cities' as much as we may think. This is argued by e.g., Christian Nygaard, Leven Iris and Sharon Parkinson (2020), and something which Kasinitz also considers.

Conclusion

Besides exploring how care is reconfigured during the exceptional times of a pandemic, the intention with this thesis has also been to explore, and advance, our general understanding of care, and in particular the political of care.

During the Covid-19 pandemic care is reconfigured in quite ambiguous ways. With the example of the skatepark as an exclusion area zone, the spatial implications can be seen through the introduction and use of different social distance objects such as policy posters, hand sanitizers and face masks. The occasional complete absence of people at the exclusion area zone can be seen as the ultimate form of how care for public health shows as social distance. At the same time this space was, during non-exclusion hours, also to a great extent used in an ordinary/expected way – e.g., people skating, biking and walking through the area and sitting close on benches. Based both on a historical context of virus outbreaks and a suggestion made by the incumbent government of the Danish parliament to implement the concept of 'safetyenhancing exclusion area zones' (*tryghedsskabende opholdsforbud*), that part of the

politics of care during a virus outbreak may become normalised through time and shape both city-planning and future legislations.

As I have pointed out in the methodology care is in many ways a weak notion to explore analytically, mainly due to how subjective it is, but care also opens for the possibility to see care reconfigured in ways which one usually would not associate with care. The understanding of care as something more-than-human allows us to see care as more than (inter)personal relations or feelings. This understanding is a crucial part of the thesis. It is also a crucial part of the thesis to analytically see care as an expression of power relations.

The power relations embedded in the notion of care, can for example be seen through legislation on epidemic management. This goes for both the 1905 version and the revised 2020 version of the Epidemic Act. Both are examples of how politics of care during exceptional times of plague- or virus outbreaks reconfigures into legislation. This legislation partly shapes how people can, and are allowed to, relate to each other and to public spaces – e.g., loft on public gatherings and setup of exclusion area zones.

Seen in the historical context of plague and virus management care has, spatially, shown into physical changes of parts of the public spaces of Copenhagen. That the cholera outbreak in 1853 resulted in the ramparts changed into parks, with the aim to create more airy public spaces to prevent future epidemic outbreaks, is an example of such. At the same time, such a reconfiguration of care also has a temporal implication: parts of how public spaces change, and how we think about city planning, might be shaped by the wish to prevent (to care for) future epidemic outbreaks. On the other hand, isolation and quarantine, has happened before, and still, this does not necessarily mean that we will always keep that kind of distance towards each other.

Social distance objects, such as hand sanitizers, policy posters and face masks, become important parts of showing or enacting care – a care which considers close physical contact as dangerous. To talk about spatiality of care is then not only a matter of human to human contact, but also something which shows in objects and how these are used, in a given public space. Hand sanitizers was not a social distance object during the 1918 Spanish flu outbreak, but encouragement of hand hygiene, face masks and use of policy posters in public spaces was. As such, these social distance objects, also has temporal implications: some parts of the of virus or plague management has been adopted and has, maybe in ways which is difficult to fully grasp, manifested as something normative at public spaces.

While the skatepark and the outdoor area of café Friheden was an exclusion area zone, care was reconfigured not only into occasional complete absence of people, but also into a presence of police in and around the area. At the same time the exclusion area posters demarcated this public space and guided (excluded) the public on how to move and be at this area. Both, police presence and exclusion area posters, can be seen as a regulatory politics of care, at times showing as complete abandonment of an otherwise popular public space. The temporal implications of this specific reconfiguration of care, is the possibility that exclusion area zones (excluding whole populations or groups of people from a specific public space) will be used for other purposes than to take care of a virus outbreak.

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List of Figures

Figure 1	Københavns Politi. 2020. ”Forside: Aktuelt: Nyheder: Københavns Politi: Opholdsforbud i dele af Nørrebroparken”. September 10, 2020. https://politi.dk/koebenhavns-politi/nyhedsliste/opholdsforbud-i-dele-af-noerrebroparken/2020/09/10.
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