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Improvisation, Design, and Sociality during the Pandemic: A Conversation with Denise Milstein from the New York City COVID-19 Oral History, Narrative and Memory Archive

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ABSTRACT   This conversation explores the use of rapid response oral history to collect the lived experiences of New Yorkers during the pandemic. Through audio-visual interviews and written testimonials, this project archives accounts of the general public, including public health officials, frontline workers, policymakers, and essential workers. Documenting the pandemic in real time offers insight into moments that might be lost as the situation transforms. In this conversation, conducted in early June, Denise Milstein, the project's co-director, speaks with

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Barbara Adams about the project's inception and what has been learned in its first three months. A postscript, added in late October, reflects on the initial interview.

Sociologists, oral historians, and anthropologists at Columbia University's Interdisciplinary Center for Innovative Theory and Empirics (INCITE) and the Oral History Archives at Columbia are documenting the experiences of New Yorkers during the COVID-19 pandemic. This work combines sociology and oral history to create a rich, composite picture of the struggle against COVID-19 and the adaptations it has required. The team of twenty-five oral history interviewers have built an archive based on their conversations with doctors, nurses, home health aides, funerary workers, doulas, parents, unhoused people, organizers, artists, immigrants, teachers, public officials, and other everyday New Yorkers. In the conversation below, Denise Milstein, sociologist and co-director of the NYC COVID-19 Oral History, Narrative and Memory Archive, discusses the project and how it might inform design practices.

BARBARA ADAMS: Can you share a little about how the project came into being and how it connects to the broader work at INCITE?

DENISE MILSTEIN: The project took shape through conversations in early March with my colleague, Ryan Hagen, a postdoctoral fellow in the sociology department. His work is focused on disaster risk management, whereas mine examines the emergence of innovation at the margins of social systems, through social movements, the work of artists, and innovative uses of public space. When we first spoke about the pandemic, we were concerned with what was happening and interested in understanding how perceptions – our own and those of the people around us – were transforming daily, sometimes hourly, in relation to the information we were receiving. We shared a desire to register this through a longitudinal design that would combine quantitative and qualitative data. We designed a survey that would capture socio-demographic, behavioral, and stress-related data. But oral history interviewing was at the center of our design. We knew that it would create a fertile space for meaning-making, the expression of memory, rich descriptions of the present, and speculation about the future with our participants. INCITE has a history of combining sociology and oral history, and through the Center we were able to build a collaborative project the Center for Oral History at Columbia. We wanted our work to serve the public interest, and the creation of a public archive seemed both necessary and compatible with our own research interests.

BA: It is impressive that you were able to initiate the project so quickly. Not only did you need to design a research plan, you also needed to navigate the review board and ethical protocols at a quick pace along with finding participants. Can you walk us through the process?

DM: The process went quickly due to the urgency we felt. We thought we could use our tools to amplify a diversity of experiences, and to witness and register the transformation the city was undergoing. In March, we worked intensely to design the project and develop a protocol. The Columbia IRB was prioritizing COVID-19 focused projects at the time and responded within a day. It helped that we agreed to conduct all our interviews online, and we've only recently received permission from them to distribute business cards and put up posters to invite new participants. We applied for National Science Foundation (NSF) Rapid Response funding within about two weeks of conceiving of the archive and received a positive response from them within three days. Ryan and I began conducting interviews in late March, and then cobbled together a team of twenty-five interviewers – sociologists and oral historians – who went into the field a couple of weeks after we did. The team is quite diverse, with people who have connections to different communities and neighborhoods in the city, because we wanted to minimize the social and cultural distance between interviewers and narrators that is an obstacle in so much social science. For that reason, we have on our team, for example, a nursing professor, an activist who has worked for decades on homelessness, a midwife from the Bronx, a member of [the] First Nations, a dancer, a musician, and others who can pursue particular beats.

BA: How did your team decide who to interview?

DM: We designed the project to draw from three populations: risk managers and policy makers framing the response to the disaster; frontline and essential workers, including those in health professions, but also delivery workers, people who work in supermarkets, janitors, door people, and any others whose work continued to physically expose them to others; and a broad sample of New Yorkers with special emphasis on reaching marginalized populations. In our collaboration with the oral historians, we learned how an oral history archive is different from a social science dataset. I, along with the other sociologists on the team, focused on building a sample that would be representative of the NYC population, both geographically and in terms of social demographics. But the oral historians think of substantive representativity, which is achieved through thematic diversity. Our decisions about who to interview combine those two logics.

BA: In collecting and archiving a diverse range of stories, were there particular challenges in reaching, for example, essential workers or those without access to the internet or telephone service?

DM: Essential workers were initially unavailable, especially those working in hospitals, and we were only able to start interviewing them in June. Because one of our interviewers is a homeless activist, we've been able to talk to several currently and formerly unhoused people. We've also been able to reach Latin American and Chinese immigrants through interviewers fluent in their languages. But those without access to the internet or telephone service are impossible to reach right now except through community organizations that might offer them access. This could change as restrictions ease. We've relied on collaborations with community organizations and cultural institutions to gain access to less accessible communities.

BA: How would you characterize the range of narratives collected? Are there particular stories that are most notable?

DM: We've gathered so many fascinating stories but, from my perspective, what is most interesting is the ways in which the stories connect with each other. You might have a single parent telling you about their experience working from home and keeping their child on task with online school, and that creates a bridge to an interview with a teacher describing what it's like to be teaching online and supporting their spouse who is an emergency room doctor. From there you can jump into an interview with an emergency room doctor who has stopped using public transportation and takes a cab to work, and then jump again into the life of a cab driver. In this way you can make your way through the archive and, little by little, start to gain a sense of the whole.

BA: What is important about doing rapid response research in times of crisis?

DM: Memory fades very quickly. Initial reactions and responses to the changes we saw in March and April reveal important aspects of social life, including trust (or lack thereof) in state institutions and in community as manifested by obedience or resistance to social distancing guidelines and stay at home orders. This crisis has prompted improvisations that solidify very quickly, soon erasing the memory of how and why the improvisation came about. As soon as life settles into a new routine, the transformation is hidden from memory, and stories tend to settle into accounts influenced by the status quo, especially as expressed by the media. For me, it's the improvisation necessitated by sudden change which reveals the most about underlying structures and boundaries.

BA: This is such an interesting point – that as memory fades as we settle into new ways of doing things. The capacity to clearly remember is also diminished in moments of crisis or trauma. In asking people to pause and reflect, your project works a bit like a time capsule, a means for reflection, testimony, and witnessing. Are you following up with people as we move through different phases of the pandemic?

DM: Yes, we built three waves of interviews into the project so that we could talk to each narrator three times over the course of one year, at month one of their participation, then at month four, and finally at month twelve. Right now, we have completed the first wave of interviews and are preparing to move into the second. We've decided to offer the narrators the recordings and transcripts of the first interview so that they can, if they wish, review what they said and reflect on it. I can't wait to hear how people's perspectives have evolved through the various stages of the pandemic.

BA: What might be learned from "in-the-moment" experiences and improvisations as we plan and design future coping strategies?

DM: The pandemic has not produced but rather revealed pre-existing fault lines in the structure of our society. Our narrators who work in hospitals are especially emphatic about this: that the pandemic has lifted the veil on the failings of the health care system. Rather than emerging problems, we see pre-existing inequalities and patterns of injustice exacerbated under the strain of the crisis. If there's anything to learn, it's that we need to transform and strengthen the systems that support public health, education, employment, housing, and food security to be prepared for the next crisis. From a social change perspective, we've learned that seemingly inflexible structures can be changed. And we're witnessing this awareness motivating political and social organizing in the BLM [Black Lives Matter] movement especially. But even before the current mobilization, we saw educational and health institutions adapt quickly to the pandemic; mutual aid efforts were activated (in the case of pre-existing organizations) or emerged seemingly overnight in response to the crisis. This response makes it possible to imagine a different world, and to understand that the path to building it may not be as long or as complicated as we previously thought.

BA: The artifacts you are collecting speak *about* the conditions and experiences of the pandemic while also embodying the modes of virtual, distanced, and mediated forms of communication we are relying on during this moment. What are your thoughts on this aspect of the research and its legacy?

DM: That's such a fascinating question. We have had to learn to deal with mediated communication and to cope with the loss of information that goes along with that. One of the psychologists I interviewed described the Zoom experience: "I miss seeing the shadows that my patients cast onto the floor of my office. I miss the idiosyncratic ways they sit in the waiting room, and having a sense of where they were by the smells that come in the door with them." I feel the same way about doing ethnographic work online. In addition, we are seeing our own image in addition to the other as we speak, which has a huge impact on facial expressions and movement. In this sense, the archive will also document the ways in which we've

learned to interact online. Given that we'll interview every narrator three times over the course of the year, it will be interesting to observe how their self-presentation changes, if it does. My dream would be to conduct interviews in person for the third phase, which will be next spring, and to finally witness the embodiment of narrators!

At the same time, doing interviews online is incredibly convenient and allows us to capture video, which would require a much larger investment in technology and personnel if we did it in person. We enter people's homes with online interviews, save for a few exceptions where we've interviewed people in their workplace. Seeing the home adds visual information that ends up framing the narrator. I've seen cats walk by and pause in front of the camera, heard dogs barking, seen children hiding in a nook behind the narrator. In one instance, an elderly woman I was interviewing was describing how her husband, also in his eighties, continued to go out to the supermarket to do the shopping. A few minutes later he entered the kitchen through a door in the background. She continued speaking as he put away groceries. The fact that I was able to observe him as she spoke, and that her words and those images are registered simultaneously in the archive adds dimension to the interview.

On the other hand, there's an unsettling fragmentation that is the result of delayed or disjointed transmission, misunderstandings that result from weak signals, stuttering internet connections, moments when an expression remains frozen while the voice keeps going. These imperfections are part and parcel of our interactions for those of us working remotely. I have observed people gesticulating more than before, and making sure their hands are visible on the camera. These accommodations, adjustments, and shifts in communication will leave a permanent trace, even after masks and physical distancing are no longer necessary.

BA: Design has to mediate between the immediate needs of the moment and the uncertain needs of the future. It also must consider variant needs and the ways in which design both contributes to and mitigates inequities. How might your project provide insight for designers as they respond to situations and conditions under continuous change?

DM: The archive is full of evidence of how humans living through the pandemic interact with each other and with spaces and objects. We've heard stories of the consolidation and fragmentation of spaces as people seek to minimize risk and at the same time increase their sense of community. We've seen instances of buildings combining separate apartments, thereby enlarging their families while agreeing together that members of the pod will keep strict social distance from outsiders. We've also seen homes compartmentalized to allow members of one household to work, attend school, cook, or play at the same time. People draw and redraw boundaries

to organize their space. It's a constant process of trial and error. When the boundary fails, members of a household must adapt or come up with a different solution.

We see the same situation in hospitals. Nurses have shared how they limit interactions with patients to save PPE. The nurses I spoke with took all kinds of calculated risks, using the knowledge that time is a key variable in exposure. In one hospital, nurses were told not to answer if patients rang their bells in order to minimize exposure. One nurse, opposed to this policy, continued to respond to ringing bells. She would peek into the rooms of patients who called, avoiding fully entering to avoid having to change her PPE. In another hospital, a red line was drawn in the hallway to separate COVID-19 and non-COVID-19 foot traffic. Pediatric wards were turned into COVID-19 wards devoted to older patients. Emergency rooms combined emergency, ICU, and palliative care. All of this was done through improvisations involving space and equipment. These directly impacted procedures, modes of interaction, and produced social reorganization. Whether in home or work environments, designers can learn from this capacity for flexibility and transformation.

Because transmission is so much lower outside, we've seen people move their social life outdoors, with restaurants and bar patrons out on sidewalks, with family meetings happening on stoops or in backyards. These practices pose all kinds of challenges and opportunities for designers interested in creating conditions for intimacy or privacy when physical proximity is not an option. The same goes for inside spaces and interactions. In a world of increased electronic communication, how do we create spaces that function for work and leisure, that alternate between the private and the public sphere? How do we design spaces and tools to help delineate between different types of activities?

This is related as well to a pervasive observation among our subjects in relation to time. For most of the people we've interviewed whose home and work worlds collapsed into each other, time lost its shape and became difficult to track. I have observed how the sameness of time is related to spatiality. Movement seems to directly impact our perception of time. Without movement, it seems, time does not pass, or passes unperceived, undifferentiated. I think this is another design challenge. What kinds of objects or spaces might facilitate the recognition and internalization of a sense of time that has been lost under quarantine?

BA: Just as people have found creative and tactical ways to reorganize their lives in spatial terms, they have also found it necessary to employ new objects or use existing artifacts in unprecedented ways. What have people shared about the use and effects of material barriers such as partitions, masks, and gloves in relation to social interaction, intimacy, and safety?

DM: Narrators have described in detail their processes for protecting themselves and their family members, especially essential workers moving between home and work. One physician we interviewed explained the psychological transformation she underwent when she changed out of her hospital clothes. Essential workers in supermarkets and other frontline venues describe a similar process whereby changing clothes and showering plays the double function of purification and transformation, not just for themselves but for others around them. In contrast, the boundary between work and home life is blurry at best for those quarantining at home. In this sense, the differences between essential and non-essential workers are accentuated by the material requirements of protection.

Of all the objects used for protection, masks have been the most discussed. They mean different things to people depending on how others perceive them. For most of the Asian-presenting narrators I interviewed, wearing masks in public was a liability early on in the pandemic. One Chinese American woman told me that she advised her Chinese parents not to wear masks until the white people in their Westchester town were all using them, because she was afraid that they would be attacked. She herself invested in a "key knife" to protect herself. She had reason to be afraid. Several of her Chinese friends had been harassed early on in the pandemic. One African American man I spoke with feared that wearing a mask would increase the chances of being arrested by police. At the same time, not wearing a mask is a liability, and Black men have been disproportionately persecuted by law enforcement officers for not wearing masks. One Harlem resident I interviewed early in the pandemic told me that not wearing a mask was a way of expressing resistance to norms imposed by those in power.

For several respondents, mask-making was an important activity early on in the pandemic. One nurse made masks for everyone on her block during her rare moments of free time; another sent masks to her family members. One narrator spent time making masks after she recovered from COVID-19. In these instances, the masks serve as tokens of affection and concern.

BA: The pandemic has laid bare existing inequities in relation to race, class, gender, status in the labor market, and so on. Moreover, we see the impacts of warehousing people in nursing homes, prisons, and other institutions. These are issues designers cannot ignore. As designers contend with the intersectional politics of health injustice, what might they learn from your study?

DM: We've recognized a theme of institutional change and improvisation. Because the pandemic called on individuals, communities, and institutions to transform their practices and structures – or to create new ones from one day to the next – there's an increased consciousness of the potential and capacity for change. The size and energy of the mobilization that followed the murder of George

Floyd reflects this: Given that an entire school system can shift online in the course of one week, that labor can transform, and even health-care, then why not police departments?

Beyond this, from a design perspective, the variety of spaces that people inhabit, and the ways in which these spaces are differentiated along socio-economic status, is something that needs to be addressed. For narrators we interviewed who lived in public housing, the guidelines for quarantining issued by the state were laughable because they were impossible to achieve. The unhoused people and activists we spoke with also could not follow any of the distancing guidelines issued. Unhoused people are unable to stay home. Shelters became unsafe, with high contagion and mortality rates. And those who occupied spaces that could provide temporary shel-ter, such as subway cars and platforms, were brutally cleared from those spaces by the police.

BA: Were there things you learned through the research that were surprising or unexpected?

DM: I am most interested in the relationship between space and time, and how the individual and social experience of one is impacted by the other. The difference between essential workers and quarantined workers has illuminated this dynamic and I will explore this as we move into successive stages of the pandemic, with re-openings and, inevitably, I predict, new outbreaks and lock-downs. Shifts in identity, the unsettling of projections into the future, revaluations of the past, and various forms of disorientation pro-duced by the lockdown will continue to impact New Yorkers long after the pandemic.

From a social movement perspective, I have been surprised by the strength and energy behind the most recent mobilizations for Black lives. The relationship to the pandemic – both to the experi-ence of the lockdown and to the increased prominence and aware-ness of persistent inequalities and patterns of injustice – is undeniable. Even before the BLM uprising, engagement with mutual aid efforts were already revealing an energized and engaged civil society that persisted through the stay at home orders. We have yet to understand the ways in which this crisis will give rise to new per-spectives on the potential for social and political transformation.

BA: In conclusion, what would you say are the most urgent and sali-ent findings from the project to date? Along with this, what insights might be most informative for designers as they rethink spaces, serv-ices, artifacts, and strategize ways of living that are both safe and convivial?

DM: Some of our narrators refer back to the HIV-AIDS pandemic, and its lessons about risk, trust, affect, sustaining community, and care for the sick as relevant to the current situation. The COVID-19 pandemic calls on us to re-invent ways of being together and

remaining safe. For HIV-AIDS, condoms, clean needles and syringes, alongside a clear understanding of the forms of transmission, were central to slowing the spread of the disease.

This situation calls on designers to think through the ways in which spaces and artifacts may serve a prophylactic function without destroying sociality. Designers might take on the challenge of creating spaces and artifacts that facilitate safe interactions and increase the possibility of social exchanges made difficult by the present moment: chance encounters; private or intimate conversations and interactions in public and private spaces; and distinct spaces or modes for work and leisure. Designers can contribute to creating safe classrooms and lecture halls; and to art worlds, where their work could play an important role in making museums safe and reviving the possibility of enjoying live performances. Beyond this, design can play an active role in re-imagining political life, both within government institutions and in the form of social movements. How do we gather to debate, make decisions, march, and protest under a lockdown?

Postscript

Reading back through this interview, at a moment where we are seeing lockdowns re-established throughout the country, I think about how central designers have been to re-opening efforts, particularly in New York City. I have interviewed parents who, in considering whether and how to send their children back to school, were preoccupied with the layout and design of classrooms, the use of masks and air filters, the deployment of technology to assist hybrid learning – all concerns directly involving questions of design. Others I've interviewed describe the ways in which they have adapted to socializing outside, including the acquisition of electric blankets, and the adaptation to either attending outside performances or performing outside. In the meantime, as the pandemic ramps up, health workers once again are raising concerns about access to PPE and the importance of making hospital and health care spaces flexible to accommodate an increase in COVID-19 patients. For most of my interviewees, the socio-material world has adapted to the pandemic in ways that they take for granted. However, for architects and designers, these adaptations are deliberate and involve choices that directly impact public health. I have yet to interview an individual involved in design work to understand adaptation and innovation under the pressure of this pandemic.

Disclosure Statement

No potential conflict of interest was reported by the authors.