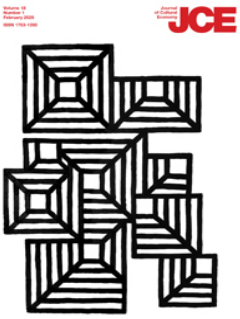


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The moral economy of severe scarcity: how considerations of deservingness shape cloth mask distribution practices in the midst of a global health crisis

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ABSTRACT

The COVID-19 pandemic led to unprecedented scarcity of face masks and spurred massive home-based cloth mask-making across the U.S. In the context of severe shortages, mask-makers had to consider the idea of deservingness when deciding who should get their masks, and who should bear their cost. Based on the data from a private Facebook group dedicated to sewing and thirty-one in-depth interviews with mask-makers in Massachusetts, we argue that in response to pandemic-induced scarcity, mask-makers created a distinct moral economy with numerous distributional practices ranging from gift-giving and altruistic donations to sales. The choices among these alternatives depended on how mask-makers perceived their own vulnerabilities and deservingness vis-a-vis those of intended mask recipients. The same mask-makers sometimes engaged in multiple types of distributional practices or shifted between them over time, while justifying these choices in moral terms. Thus, the scarcity of masks resulted in a complex moral economy governed by multiple and sometimes contradictory logics of deservingness. Our study adds to a growing body of work that examines how considerations of deservingness factor into allocative decisions, while also providing a rare insight into how extremely scarce life-saving goods are allocated in the context of a global pandemic.

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Introduction

Allocating scarce goods or services is a moral question that bears on fairness: who should get what and why (Sandel 2012). Different forms of allocation evoke different models of deservingness, which we define here as a set of moral understandings about the right to access scarce products or resources that govern allocative decisions by governments, market actors, professionals and lay individuals. For instance, selling to the highest bidder at an auction is justified because the winner is chosen in a free and fair competition with other bidders. On the other hand, on museum ‘free days,’ entry tickets cannot be purchased, regardless of one’s willingness to pay; to ensure broad public participation, everyone has to queue to get in, as access is provided on a first come, first served basis. Furthermore, emergency room services are not prioritized to those who can pay the most, nor to those that came first, but to the sickest, as medical need is the grounds for deservingness. And permits to enter certain popular national parks in the United States are now allocated via lottery,

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believed to be fair because the selection is randomized and everyone has an equal chance of winning. Many of these ways of allocating are routine, rooted in widely shared and implicit cultural understandings of what is a just way to distribute and who deserves to get what; and they are rarely questioned. But a sudden change in supply or demand resulting in extreme scarcity can challenge existing routine ways of allocating, particularly if a good in question is considered to be essential for life, wealth, wellbeing, or security. Such challenges and resulting reconsiderations of how scarce goods ought to be distributed are often accompanied by struggles – be it labor stoppages and social unrest (Scott 1977), or grievances and spirited public debates aired on social media – about the moral grounds and considerations of deservingness on which the new ways of allocation should be based.

The recent COVID-19 pandemic, and the resulting extreme shortages of numerous life-saving goods, including hospital ventilators, vaccines, and personal protective equipment (PPEs) like face masks, presented a rare opportunity to investigate how essential goods are allocated in the context of extreme scarcity, what these ways of allocating say about competing claims of deservingness about who gets to have priority access to these goods, and, if applicable, who gets to pay versus who gets to have them free of charge. The case of how vaccines were made available in the United States in the first months of 2021, and how different groups of people were prioritized, is particularly notable (Tolbert, Kates, and Michaud 2021). As limited vaccine batches were made available to state governments, their leadership rolled out multi-stage immunization programs based on prioritizing groups with different vulnerabilities (Steiner and Trespeuch 2019), such as older adults, those with serious health conditions, health workers, and certain other first responders, etc.

In this paper, we focus on the case of popular response to severe shortages of face masks in the early stage of the COVID-19 pandemic in the United States – home-based making of cloth masks (Abrams et al. 2020; Diaz and Taylor 2020). While studies suggested that medical-grade masks were more effective than cloth masks in preventing the spread of respiratory infectious diseases, the US Centers for Disease Control and Prevention (CDC) was concerned about the hoarding of medical-grade masks by consumers amidst shortages experienced by healthcare workers and other first responders, and advised the general public to opt for cloth masks instead. The CDC website even provided guidelines on how to make cloth masks at home, specifying the fabric and the number of layers to use. This ‘call to arms’ was met by an enthusiastic army of home-based mask-making groups and individual enthusiasts who began masking their families, neighborhoods, broader communities, and even staff and residents at organizations like hospitals, nursing homes, group homes, homeless shelters, etc.

Based on the analysis of online posts in a large Facebook group dedicated to sewing and crafts, and thirty-one interviews with mask-makers in the state of Massachusetts, we investigate how mask scarcity in the early phase of the pandemic pushed mask makers to engage in and justify different distributional practices, varying from decommodification (gift-giving and altruism) to commodification (sales). We argue that scarcity of life-saving goods in the context of global health crisis resulted in a complex moral economy that depended on multiple and sometimes contradictory moral logics of deservingness: who gets to have free masks, who gets to pay for them, and who deserves to get paid for making them (Beresford et al. 2022; Thompson 1971). We find that considerations of deservingness involved two parallel and sometimes co-existing evaluations: deservingness of mask recipients to get masks, sometimes free of charge, and deservingness of mask-makers to be compensated for their work. How masks were allocated depended on several factors: mask-makers’ relationship with mask recipients (i.e. whether they were friends, family, or neighbors), mask recipients’ vulnerabilities based on their risk of exposure to the virus (e.g. health professionals), age/health status or living situation (e.g. nursing home residents), economic constraints (e.g. the poor and the unhoused), and mask-makers’ own economic vulnerabilities as well as the perceived worth of their skill and labor. We demonstrate the variation in mask distributional practices, explain their connection to different conceptions of deservingness, and discuss how multiple distributional practices and logics of deservingness can co-exist in the repertoire of the same actors, as well as change over time.

In the next two sections, we review the literature on scarcity and on moral economies and deservingness to situate our case theoretically and articulate our contributions. Then we explain the scale of the severe shortage of masks, and the overwhelming response of home-based mask-makers nationally and internationally, in the section describing the case. Then, in the data and methods section, we discuss what data we draw on and how we collected and analyzed it. In several sections that follow, we present and analyze our results: first, we discuss the central moral dilemma of selling scarce life-saving devices in the midst of a pandemic; next, we explain that how mask-makers distribute the masks they make depends on whom they perceive as most deserving; and finally, we introduce the six distributional practices, ranging from altruistic donations to sales, and the related considerations of deservingness. In the conclusion, we revisit our central argument, discuss its contributions and implications, and pose additional questions for future research to pursue.

Scarcity of necessities

The concept of scarcity lies at the heart of modern neoclassical economics (Jonsson and Wennerlind 2023; Xenos 1987). It is based on an assumption that consumer desires are insatiable, while the means to satisfy those desires are always limited. As a result, economic actors engage in choices and tradeoffs to make the most of the resources they have, while capitalist societies worship continuous economic growth to ensure consumer demand.

This dominant ideology (Jonsson and Wennerlind [2023] call it a ‘cornucopian’ version of scarcity) that fetishizes economic growth has been challenged by several alternatives that warn about the catastrophic environmental consequences of endless growth, and call for tempering desires and simpler living within those limits (Schor 2010). Because these alternatives recognize resource limits and are particularly concerned with availability of environmental resources, they focus on how available resources are or ought to be distributed, and as a consequence, are much more interested in the moral foundations of economic action and other-than-market forms of distribution like reciprocity and redistribution (Polanyi 1957).

The idea that economic action is intertwined with morality has been richly represented in sociological research (Altomonte 2022; Anteby 2010; Fourcade and Healy 2007; Livne 2014; Quinn 2008; Wherry 2008; Zelizer 2011). But many economists, too, critiqued the scarcity/economic growth/self-interested maximizing behavior model of neoclassical economics in favor of approaches that acknowledge the role of cooperation in economic behavior (Gintis et al. 2005), and favor the pursuit of moral ends like economic and social development and quality of life over economic growth (Hirsch 1976; Raworth 2017). Most notably, developmental economists like Amartya Sen (1981) who study famines and anthropologists who study water supply (Beresford et al. 2022) focus on the obstacles to the equitable distribution of essentials like food and water, and the ways to overcome them.

Shortages of most consumer goods were endemic in planned socialist economies where prices were fixed and supply was regulated by the state. In response, they developed elaborate ‘economies of favors’ where individuals relied on *blat* – informal ties and personal networks available to those who were well-connected and deemed ‘worthy’ – to access goods and services unavailable for purchase in an open trade (Ledeneva 1998). But functioning market economies, too, can be faced with extreme shortages that necessitate superseding market distribution with other ways to allocate. In war times, governments step in to ban price gouging, encourage economizing, or introduce rationing (on rationing of daily necessities like sugar, coffee, meat, and canned fish during World War II see Bentley 1998). Amid natural disasters, when the prices of bottled water or other necessities jump up, businesses, voluntary groups, and nonprofit organizations often take actions to facilitate allocation, which is sometimes even more effective than government mandates (Sutter and Smith 2017). For instance, large retailers voluntarily freeze prices after a natural disaster, and voluntary groups like churches or nonprofits coordinate donations

to offer free items to disaster survivors (Boettke and Smith 2010; Horwitz 2009; Rosegrant and Leonard 2007).

The COVID-19 pandemic provided ample opportunities to government actors to formulate responses to scarcity. For instance, governments in Spain and Italy nationalized private hospitals in March 2020. They put them under public control to stretch capacities for COVID-19 patients and directed private facilities to perform elective surgeries or handle non-COVID cases (Montagu 2020). Several countries' governments, among them France, Germany, Turkey, and Russia, imposed limits on the exports of protective medical equipment (Tsang 2020). Taiwan also banned mask exports as early as late January, requisitioned domestic manufacturers to ramp up disposable face mask production, and later launched a name-based rationing system for masks (Lo and Hsieh 2020). At the initial stage of mask rationing, Taiwanese social media users even circulated a moral plea to give precedence to others in more urgent need. In many of these cases, the governments orchestrated the distribution of goods and services in short supply according to the principle of *deservingness*. Similarly, the initial scarcity of COVID vaccines in the early stages of vaccination campaigns pushed US state governments to develop priority guidelines, which were often different from those developed by the nearby states.

In this paper, we investigate how severe shortages of PPEs at the start of the COVID-19 pandemic led to a war-like mobilization of home-based mask-makers who collectively made millions of cloth masks as an alternative option to medical-grade masks. Unlike numerous examples of government calls to ramp up supply (for World War II examples, see Trey 1972 and Honey 1984; for contemporary examples, see Linton 2022), in this paper we focus on the popular response by lay and professional sewists to supply cloth masks in the early months of COVID-19 pandemic. It is to the discussion of deservingness that we turn next.

Construction of deservingness

We define deservingness as a set of moral understandings about the right to access scarce goods or services (for a similar definition, see Hilmar 2023, 23). These moral understandings can result in a binary, producing the categories of deserving/undeserving that were at the core of how early voluntary hospitals in the United States and Britain only provided care for the 'deserving' poor (Rosenberg 1987, 19–20; Reinartz 2007), or in the more complex and nuanced systems of different categories of deservingness developed by immigration authorities (Chauvin and Graces-Mascarhus 2014; Shiff 2020), modern welfare (Somers 2017; Steensland 2006), and disaster relief initiatives (Reid 2013). These understandings can be formal, codified in laws or government policies, or informal. In line with the 'dual-process' theory of culture (Vaisey 2009), they can operate both in the background, as cultural dispositions governing allocative decisions (or, as Beresford and colleagues [Beresford et al. 2022] call them – the 'shared understanding of justice'), and in the foreground, as an explicit tool used in decision making (Swidler 1986). These understandings of deservingness can be broadly agreed upon, for instance, deeming public goods like water as essential and fundamental to life and making them available to all equitably (Beresford et al. 2022), or they can vary depending on a context and be contested. A prominent example of the latter is the case of housing. Just like in the case of water, the moral position on the right to housing fuels a myriad of diverse practices from rezoning residential areas for multifamily use (Badger and Bui 2019), to building affordable housing and micro housing units (Jolicoeur 2023), to the calls to start repurposing unused commercial real estate to house those in need (Moscrop 2024). Yet, at the same time, for the majority of American households, housing is the largest consumer purchase they ever make, as well as a financial asset, an investment, and a source of distinction, whereas mortgage debt is a 'rite of passage' to home ownership. In contrast, in 1990s Russia, mortgages were largely rejected as unjust 'overpayment' for a good that, just like water, was considered to be a basic right (Zavisca 2012).

Cloth masks, too, can be viewed as a life-saving device and a consumer good simultaneously, resulting in competing considerations of deservingness that fuel different allocative practices. In

this sense, we follow Boltanski and Thévenot (2006) who describe multiple justificatory regimes or ‘orders of worth’ (such as market order of worth, aesthetic order of worth, domestic order of worth, etc.) that can provide alternative ways to justify and evaluate decisions and actions of individuals and organizations. These multiple frames of (moral) reference can be useful in understanding how deservingness is debated and decided upon.

In sociology, the concept of deservingness has been mainly used in two different ways. One group of scholars examines how considerations of deservingness shape distributive practices. Some explore how categories of entitlement and inclusion/exclusion drawn by policy makers are used to allocate resources by officers in government agencies or international relief organizations (Chauvin and Graces-Mascarhus 2014; Katz 2013; Reid 2013; Shiff 2020; Steensland 2006; Somers 2017). Others address how individual resource providers rely on moral considerations of deservingness to make discretionary decisions in healthcare settings (Fernandez-Kelly 2012) or in a food bank (Turkkan 2021). One notable study on a food aid program in the Netherlands explains why the boundaries between different ways of allocating resources – in this case, sales and donations – and the underlying considerations of deservingness are kept blurry on purpose. This food bank operates as a supermarket in order to afford dignity to those who have to rely on charity: it strives to treat customers as agentic, thrifty, and financially responsible consumers instead of recipients of charitable giving (Andriessen, Morrow, and Van der Horst 2022).

The second group of sociological work on deservingness talks about how individuals make sense of their lives and the lives of others in the context of a radical economic transition (Hilmar 2023), and how individuals, both working class and the wealthy, construct their identities in ways that afford them dignity and self-respect (Lamont 1992, 2000; Sherman 2017; Swidler 2013).

Like the first group of scholars, we are interested in how considerations of deservingness shape allocative practices, except that we focus on lay individuals who articulate their own ideas, even if borrowed from shared cultural understandings, about different vulnerabilities and deservingness of others and themselves, rather than follow established policies, guidelines, or their job role expectations. More specifically, our goal is to demonstrate how mask-makers perceive deservingness as part of economic exchange, how these perceptions involve evaluations of deservingness of both mask recipients and of themselves, and how these moral judgments help prioritize some forms of distributional practices over others. We ask these specific questions: who deserves access to cloth masks in situations of high infection rates and extensive mask mandates, who should bear their cost, and how do mask-makers draw moral boundaries between different allocative practices like selling, donating, and gifting (Abbott 1995)?

In this paper, we discuss an emergent and complex moral economy built around the extreme scarcity of life-saving products amid the global health crisis, where the very fact of selling, let alone making a profit, becomes morally suspect and has to be at least justified or, sometimes, vehemently defended. We discover a variety of parallel and co-existing distributional practices, both monetary and non-monetary, that are a product of mask-makers’ construction of deservingness – of mask recipients and of themselves. Our work therefore illustrates and extends the Boltanski and Thévenot (2006) orders of worth model: not only are there multiple competing justifications, but they are flexibly applied both to recipients of masks and to mask-makers themselves, and they result in different economic practices.

The case

The demand for masks at the start of the COVID-19 pandemic and the resulting shortages were truly unprecedented (Jacobs, Richtel, and Baker 2020; Padilla 2020). According to the 2020 estimate from the United States Department of Health and Human Services, 3.5 billion masks were required over the course of the first year to fight coronavirus, but the Strategic National Stockpile had only 12 million N95 respirators and 30 million surgical masks, which accounted for only about 1% of the

needed supplies (Goodnough 2020). Some doctors and nurses were forced to reuse N95 respirators and surgical masks or wear cloth masks as a last resort (Lopez 2020). These shortages were exacerbated once state and local governments introduced mask mandates for the general public, in particular in states with high mask compliance like Massachusetts.

The scale of home-based mask-making in response to severe shortages was equally unprecedented, making cloth masks a household staple at least for the first year of the pandemic. JOANN Fabrics and Crafts, an American fabric retailer, recruited volunteers to make 400 million cloth masks for medical personnel across the country (Joann 2021). In Massachusetts, Boston Area Mask Initiative has sewn and distributed nearly 60,000 homemade cloth masks to hospitals, nursing homes, group homes, homeless shelters, food pantries, and essential workers throughout the greater Boston Community (Boston Area Mask Initiative 2022). In partnership with United Way of North Central Massachusetts, a furniture company based in Leominster, MA, has launched the ‘Sew the Mask’ program recruiting nearly 1000 sewists in 45 states to ramp up mask donations. As a result, more than 150,000 cloth masks were delivered to nearly 100 United Way locations in 11 states, from Maine to Ohio (Leominster Champion 2021). On a much more local scale, a lone mask-maker in Brighton, MA – a college student who lost her part-time job – has been regularly putting her ‘mask box’ out on her porch filled with dozens of cloth masks in children’s and adults’ sizes since March 2020. She announced in the neighborhood Facebook group that she has single-handedly made and distributed 1348 masks, for which she used 72 spools of thread.

Data and methods

Data collection for this project was divided into two stages. In our first stage, we observed a private Facebook group based in the US but with more than 22 thousand members worldwide. Created by a sewing shop owner, the forum was initially dedicated to sewing and transitioned to mask-making during the pandemic. After obtaining permission from the group owner and posting an introduction about our research on the group page, we collected 57 posts with 4670 comments made between March and June 2020 by searching for keywords such as masks, donation, give away, gift, sale, pay, and price.

The posts and the comments were captured and coded with NVivo for statements about how and to whom mask-makers distributed masks. We initially identified the three general ways of gifting, donation, and sales. Under each category, we created subcodes on how mask-makers made a particular type of distribution work, such as whether they accepted donated supplies or money to keep their mask donations going, how much they charged for a mask if selling, and why some of them distributed their masks in more than one way. In addition, we coded posts and comments that contributed to discussing whether it was appropriate to charge at all, what the fair price was, who deserved free masks, and whether and why mask-makers deserved to be paid. The text analysis informed our initial understanding of distributional practices and the moral considerations on which they were based.

Our second stage of data collection involved semi-structured interviews with 31 mask-makers in Massachusetts conducted by the first author between July 2020 and December 2021. All interviews were conducted remotely and lasted between 50 and 150 minutes; two interviewees responded to our questions through emails, and the rest were interviewed via Zoom. Interviewees were recruited through various paths to maximize sample variation, including recruitment posts in the observed group and other local Facebook groups, recruitment messages to mask sellers on Facebook Marketplace and Etsy (an e-commerce platform focusing on craft items), and snowball sampling. Women are typically over-represented in the crafting communities, and our interview sample reflects this, with only one male among the 31 interviewees. Ages varied from 20 to 70 years old. Of the 31 interviewees, four were immigrants to the United States. Two of the interviewees were interviewed together – the mother-in-law making cloth masks and the daughter-in-law communicating with

customers. One interviewee answered our interview questions via email with the help of her daughter's translation. All names were changed to protect the privacy of the interviewees. The direct quotes we use in this article have been edited for clarity and brevity. Interviews were recorded, transcribed, coded, and analyzed using NVivo.

The interviews focused on how mask-makers distributed the masks they made, who they thought deserved to access free masks and why, and how mask-makers should be rewarded. The detailed personal accounts helped us identify the six distinct distributional practices and flesh out the moral nuances among them – Maussian gifts, pay-it-forward gifts, donations, partial donations, sales, and self-interested gifts. We carefully coded and analyzed who their recipients were, under what conditions they offered free masks or charged for their masks, and why it was (in)appropriate for them to charge.

Selling scarce life-saving devices: why it is tricky to discuss pricing and ask for money

At the early stage of the pandemic, virus fears and the scarcity of masks turned homemade cloth masks into sacred life-saving goods and many considered it morally problematic to exchange them for money (Rossman 2014). Soon after we joined and started to observe the Facebook group, it became clear just how much of a taboo the topic of exchanging masks for money really was. Most of the conversation in this group involved asking about different mask designs, sharing pictures of homemade masks, and reporting where and to whom these masks were donated (friends and neighbors, local hospitals, firefighters, nursing homes and preschool classrooms). A question about what is a fair price for a mask generated a heated debate, with many of the group members arguing that one should not be selling life-saving and scarce masks at all. For a moment, it looked like there was a strong, widely shared understanding that the only proper, moral, and just way to distribute masks amid a public health crisis was giving masks away for free (Beresford et al. 2022).

But several other members of the group came to the original poster's rescue, justifying selling because, while they could donate their time, they did not have the money to continue buying materials, or because sewing was their main source of income. Notably, they were clearly uneasy to openly defend selling and usually accompanied their comments with justifications of needing to charge money in order to 'pay for groceries and utilities' and to 'keep the family afloat.' It was the owner of the group, herself a seller of sewing patterns and made-to-order clothing for children and adults, who intervened by making a separate post, where she reminded everyone that this group was a community of a lot of different people, including those who sew for a living, and that it was perfectly okay to sell masks. Her post legitimized selling, and generated many positive responses from a few others, who were encouraged to self-identify as sellers and share information about how much they charged for masks (on how social norms are created and enforced in online communities, see Mesch 2006). This exchange reinforced the idea that despite a strong normative pressure to only gift or donate masks in response to a severe shortage amidst a public health crisis, different mask-makers engage in a variety of legitimate allocative practices tied to different conceptions of deservingness.

Our interviewees reported that they, too, were well aware of the heated moral debates about taking money for life-saving devices in the context of extreme scarcity. Grace is a homemaker and a mother of two young children. In the beginning of the pandemic she gifted and donated masks, but eventually started developing her own mask designs and making masks for sale. Grace observed confrontations between mask donors and mask sellers in her local mask-making community:

... people have been very nasty in the mask-maker world [towards] one another, which is very sad. You've got from the start ... two groups. There was one group that was only making [masks] for donation ... they're not making any money. And then you had the other group that immediately saw a need and decided to make money off of it. Both of them have ... served their purpose. And as long as they're making quality masks

... then I don't have a problem either way. However, you had a lot of people that felt like ... how dare you try to make money off of people, you know, a life-saving device that is so in need.

From the standpoint of mask donors, access to sacred life-saving goods had to be protected from the market logic, and everyone should be able to get free masks (Steiner and Trespeuch 2019). Those who donated free masks stated that they did not take any money because they did not want to 'take advantage of a bad situation.' For them, 'can't bring myself to sell' or 'don't feel right profiting off a pandemic' is common rhetoric to convey the moral discomfort of mask sales. For instance, Andrea is a musician with a job as an orchestra manager who donated more than two thousand masks over several months. She explained that she did not want to sell them because whatever she could get from selling masks would not make her 'a millionaire,' in any case, it would not pay for 'a new car.' To her, making a profit on masks in the pandemic was like taking 'blood money.'

The choice to donate and not sell was not only made by those who could seemingly afford it without trouble. Diane, in her early 70s, worked part-time as an assistant for a certified public accountant firm, and went to a food pantry every week to feed her family. She said she never considered charging a penny for her homemade masks. She believed her sewing skill was 'a blessing in this hard time,' and she was willing to help everyone who needed a life-saving mask as much as she could.

There were other mask-makers who, on the contrary, argued that exchanging masks for money was a way to ramp up their availability in response to shortages. Natalie, a freelance seamstress whose sewing business was severely affected by COVID, recounted a moral struggle of balancing between 'giving people something they need for a low cost' and 'needing some money to keep making [the masks].' She particularly struggled with what a fair and affordable price should be because she did not want to feel like she was 'price gouging people.' Estelle, a college administrator, decided to ask for \$5 donations per mask. She pragmatically explained that this ensured that 'people could have more masks, they could share them with friends and family, and they could have a backup in their car.' Her goal was to mask as many people as possible, and achieving this goal required sponsorship.

Maria and her mother-in-law, a professional tailor from Latin America, who had to stay in Massachusetts because of COVID travel restrictions, also charged \$5 for a mask. Both were adamant that they were not making much profit after paying the expenses. Only a little extra to help pay for her mother-in-law's rent back home. And when Jill was deciding on what to charge for a mask, she did not expect to make much profit either, mainly just to pay for the supplies in order to break even, while she and her daughters donated time. That is because Jill's mission was for 'everyone to have masks to fight the pandemic.'

Finally, some mask sellers were paid more than they asked for, a combination of mask recipients wanting to financially support both mask makers and mask-making. Luisa, a farmer, asked for \$10 per mask as a way to supplement her family income. She recalled that some people were happy to give even more not only to help her economic situation but also to sponsor her making masks, particularly since, like many sellers, she also donated some masks for free, including to individuals who admitted they could not afford to pay:

I have had several people pay more, give me extra money on top of the purchase price to fund more donation masks [...] at the very beginning, it was more friends and family who were ordering from me, and they were very supportive and wanted to not only help my situation because we were impacted financially, and they had resources, so they were happy to buy them from me. But also, they were happy to be buying from someone who was also going to turn around and donate to a place that needs [masks].

What is common to these accounts is that those of our interviewees who exchanged masks for money felt the need to justify their choice to be paid because they sensed the moral tension over selling life-saving scarce goods. They said that they were in a tough spot financially and needed to make a living, or that covering the cost of materials would be a struggle for them. But even those who ran a business selling masks downplayed that they made much of a profit. Selling and profit-making are at the core of any capitalist society, and homemade masks should be no different, just like homemade knit sweaters, baby clothes, quilts and jewelry widely available on online

platform Etsy. What is different is that masks are viewed as scarce life-saving goods, rendering selling and profit-making morally problematic.

Ours is admittedly a convenience sample, and may be biased towards those mask-makers who are more conflicted about selling and profit-making. It is also possible that some or most of our interviewees considered it socially desirable to downplay commercial aspects of mask distribution. But our goal here is to illustrate moral tensions over selling masks and a variation in distributional practices, not to argue that some forms of distribution are more common than others. In the next section, we introduce the six different distributional practices that we identified based on the analysis of our data, and explain the differences between them depending on who is perceived as most deserving. In the rest of the paper we provide empirical illustrations to the six distributional practices, and argue that the tensions around making money on scarce life-saving devices led to the emergence of a complex moral economy where the three moral principles of reciprocity, altruism, and equivalence coexist and produce multiple forms of economic action.

The variety of distributional practices of homemade masks

The starting point of our analysis are the three basic moral principles that inform three types of economic exchange: reciprocity, altruism, and equivalence. The principle of equivalence is the basis of a typical market exchange where the value of what is exchanged is equivalent to the price (Graeber 2011). Reciprocity is the social obligation to return a gift or a favor that was given voluntarily and with no expectation of exchange (Fourcade 2020; Mauss 1966). What makes reciprocity different from market exchange is the lack of precise equivalence: the return gift may or may not be given (though the expectation to do so is there), and the accounts are never fully settled because at each moment in time someone always owes something to somebody else. In this sense, reciprocity both stems from social ties and trust, and it further strengthens them because the lack of equivalency and a sense of indebtedness binds people together. Unlike reciprocity, altruism is motivated by the needs of the other and does not necessarily presuppose a return gift. For example, blood donations could be seen as a purely altruistic gift since the donor is anonymous, and the receiver cannot reciprocate (Healy 2006).

These three moral principles and overlaps between them inform the six distributional practices that we identified in our data: Maussian gifts, self-interested gifts, donations, pay-it-forward gifts, sales, and partial donations of labor and time but not materials (Figure 1).

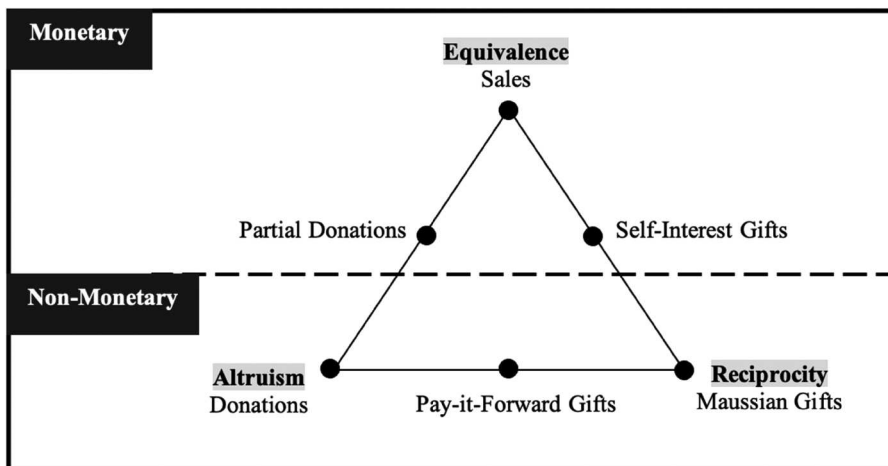


Figure 1. Distribution practices and moral principles.

Maussian gifts are free masks distributed to family and friends who are part of an existing network of ties, and they illustrate the principle of reciprocity. *Self-interested freebies* are free masks given to potential customers with an expectation for feedback, which might help them improve mask designs or advertise their business. They combine elements of reciprocity and equivalence. *Donations* are usually purely altruistic and do not presuppose any return gifts. They are intended for the vulnerable populations construed as deserving, such as healthcare workers or people in medical or economic need. Sometimes, mask-makers provide masks free of charge to people who could (or should be able to) afford them, and they ask that recipients ‘pay it forward’ by donating money to charities. We locate this practice at a midpoint between altruism and reciprocity. The last two distribution practices – partial donations and sales – highlight the fact that mask-makers may themselves be economically vulnerable and, for this or other reasons, deserve to be paid. Some mask-makers indeed ask for *partial donations* to compensate for the cost of materials (suggesting equivalence). At the same time, they donate their labor and time (in line with the principle of altruism). Those who make masks for *sale* argue that their skill, labor, and time are valuable and deserve to be fully and fairly compensated, unequivocally applying the equivalence principle.

These six practices are not mutually exclusive in the sense that they can be part of the same mask-maker’s repertoire depending on who the mask recipients are. For example, some mask-makers donate masks to health workers but sell them to the general public. Second, these practices are fluid and can change over time depending on the mask-maker’s financial circumstances, availability of mass-produced masks, policy changes (e.g. mask mandates or school reopening increased the demand), and the pandemic stage. These are ideal types that capture practical nuances and theoretical meanings rather than clear-cut realities for most mask-makers. In the next section we discuss how the six distributional practices are rooted in particular ideas about deservingness: the deservingness of mask recipients to get masks for free, or the deservingness of mask-makers to be paid.

Deservingness and practices of mask distribution

The choices that mask-makers make about how to distribute masks, to whom, and who should bear the cost (mask-makers, mask recipients, or some others who want and can help) mark moral boundaries of deservingness as perceived by mask-makers – those of imagined mask recipients or of themselves. In [Table 1](#), we summarize the six distributional practices, the moral principles in which they are rooted, and what they say about the deservingness of some recipients to get free masks, or the deservingness of mask-makers to be paid.

When mask-makers engage in any of the three distributional practices rooted in altruism, reciprocity, or their hybrid – donations, gift-giving, and pay-it-forward gifts – they imagine mask recipients as deserving of free masks based on either recipients’ perceived vulnerability or ongoing social obligations between the makers and the recipients. Masks are *donated* to those perceived as deserving because of their vulnerabilities – risk exposures to the virus, economic vulnerabilities, or age/health status. When masks are *gifted* to family and friends, their recipients are framed as deserving because of existing social ties and the expectations to provide and protect. If free masks are given to those who could pay for them, the recipients are asked to *pay it forward* – donate money to others in need, and occasionally it is the recipients that offer to do so.

When mask-makers engage in any of the three distributional practices rooted in the moral principle of equivalence or its two hybrid forms with altruism and reciprocity – partial donations, sales, and self-interested gifts, the focus shifts from deservingness of mask recipients to that of mask-makers themselves. The highlighted cells in [Table 1](#) reflect this shift. Some makers claim to be economically vulnerable and therefore only capable of donating their labor and time but not the materials, and we define this practice as *partial donations*. Others point to their need to make a living or the fact that they own a valuable skill, which needs to be fairly compensated (*mask sales*). Finally, some others provide free samples of masks – *self-interested gifts* – and ask recipients to provide feedback on fabric and design.

Table 1. Various types of mask distribution.

Mask Distribution	Definition	Moral Principles	Who Should Have Access to Masks? Deserving Recipients	Who Should Bear the Cost? Deserving Mask-makers
Maussian gifts	Gifting masks to reciprocate existing or developing social relationships	Reciprocity	Social obligation: Family, friends, acquaintances	Makers who want to protect loved ones from disease
Pay-it-forward gifts	Recipients' returned money goes to others more in need than the mask-maker	Reciprocity Altruism	Economic vulnerability: Those who can afford to pay for masks should give more to others in need instead of the mask-maker	Makers who can afford the mask-making cost or have free materials
Donations	Donating masks with no expected return (sometimes receiving return)	Altruism	High-risk exposure: Healthcare and essential workers, nursing homes residents, prison inmates Age/health status: Older adults, immunocompromised patients, children and adults with special needs Economic vulnerability: Homeless shelters, food banks, housing authorities Public health: Everyone should have adequate access to masks	Makers who can afford the mask-making cost or have free materials
Partial donations	Donating masks but being partly compensated or sponsored by better-off recipients	Altruism Equivalence	Special categories of people or everyone (see above)	Mask recipients who can afford it should donate towards the cost of materials; economically vulnerable makers can only donate their time and skills
Sales	Being paid for materials, sewing skills, labor, and time	Equivalence	Whoever needs and can afford them	Mask recipients, but not mask-makers either because they are economically vulnerable or because their valuable skill has to be properly compensated
Self-interested gifts	Gifting mask freebies in exchange for design feedback	Equivalence Reciprocity	Whoever is interested in trying new masks and providing makers with feedback on design, fabric, fit, and sizing	Mask-makers, but it benefits them in the end because feedback can help improve mask design

In the two following sections, we illustrate first the three *non-monetary* distributional practices rooted in altruism, reciprocity, and the hybrid form in-between, and then the three *monetary* distributional practices rooted in the principle of equivalence and its two hybrid forms with altruism and reciprocity.

Non-monetary distributional practices of homemade cloth masks

Maussian gifts to friends and family

Almost every mask-maker we interviewed had given masks to their family members and close friends as a signal of love, care, and perhaps in response to a social expectation to protect one's family if they have requisite skills. John is an I.T. professional who started working from home right before the shutdown since he felt uncomfortable and anxious about staying in the workplace. He said that making masks and sending them as gifts to family and friends was a way to signal care and 'keep social connections alive':

I feel like part of the reason is, you know, being able to provide [masks] to our social group ... It is definitely a way that we can ... keep in contact with them and keep those social connections alive ... at the end of the day, being able to give somebody a gift, especially with something that they are going to be using every day ... it's a nice gesture, and it's something that I know people appreciate.

Melissa is an early childhood teacher who taught from home when the schools closed in March, 2020. She has been worried about her family members who worked on the frontline. She learned from her aunt, an ICU nurse, about hospital shortages of medical-grade masks and gowns. In late May, Melissa started learning how to sew with YouTube videos, and she ended up giving more than 200 homemade masks to family and friends, particularly those whose jobs put them at a high risk of exposure to the virus:

My sister-in-law is an E.R. nurse, so she had a lot of direct contact with the people who did end up [sick] with COVID. And my brother works in a correctional facility, and it so happened that correctional facility was the one [where they sent] the inmates with COVID. So, I just wanted to make sure that they were squared away because they were in the direct line of it.

Similarly, as a nursing student whose father is a cardiologist, Anna was concerned about COVID transmission and prevention. Her best friend working at the hospital ended up getting sick. She lamented that even people working in healthcare settings were not ‘adequately protected,’ so making masks for her nursing school classmates and people around her gave her ‘a little bit of sense of control during all this.’

A Vietnamese immigrant, Jill, is a nail technician who has been furloughed for a few months while her nail salon was closed. As an experienced seamstress with more than 20 years of sewing experience, she started making masks and sending them to relatives in other states so ‘they can have something to protect themselves.’ Samantha, a healthcare I.T. professional, was giving away masks to a friend’s co-workers who did not have any to wear at the workplace. She also made a dozen masks for her co-worker’s daughter who was going on a camping trip and needed two masks a day:

One of my co-workers’ daughters was going to go camping, and she needed two masks every day for five days. So, I made her, I think, a dozen masks actually. I picked up fabric with puppy dogs because her daughter loves puppy dogs and I made her masks so that she could go camping and they would, you know, be able to get through a week and her daughter would be safe.

These gifts were given within the context of existing social ties. And while mask-makers did not expect anything in return because the logic of social ties presupposed ongoing reciprocity, sometimes mask recipients would surprise them with money, gift cards, fabric, thank you notes, or even food. A friend of Samantha’s got a new brownie pan and brought her some brownies shortly after Samantha gave some masks to her and her husband. Anna, the nursing student, sent out ten masks to a friend in Hawaii, and later she was surprised to receive five pounds of homegrown coconuts. And her best friend’s mother sent her a Starbucks gift card to show appreciation for her masks. Thank you notes and pictures in which people were wearing the giver’s homemade masks were not unusual as returned gifts for the mask givers. Joan, a home-based seamstress, received a touching thank you post from a friend working on the COVID floor in a hospital:

A friend here, I made her a matching set out of jelly-bean fabric. She had the surgical cap and the mask out of jelly-bean fabric. I just happened to choose that for ... just to be fun. And she exclaimed: ‘That was my nickname that my dad called me when I was a little girl! I was his jelly bean!’ So, she posted a bunch of pictures on Facebook, ‘Thank you so much, and I love it.’

Masks given as gifts to those who are connected to mask-makers through existing social ties are driven by the desire to protect those close to us and serve as powerful reminders of the reciprocity that underlies human relationships. While there is no expectation of return gifts, return gifts are nevertheless often given (Mauss 1966).

Mask donations

Mask donations are usually purely altruistic. They are typically not intended for recipients connected to mask-makers via existing social ties, and therefore a return gift is simply not possible.

Donations are intended for the populations construed as vulnerable and therefore deserving to access masks free of charge. This could be because of high-risk exposure to the virus, age and health conditions, and economic vulnerability. Masks could be donated through mask donors' personal ties to particular institutions, sewing groups, or local community groups (Table 1).

Over half of the mask-makers we interviewed had donated masks to sewing groups (such as Boston Area Mask Initiatives, Quincy Sewing Hope, Fabric Discovery Center at UMass Lowell, Sewing COVID19 Help – Working Together Wellesley, Newton, Needham & More, AIS) or local community groups (Malden Neighbors Helping Neighbors, Merrimack Valley Area Facebook Group, Belmont local organization, Needham local groups). These volunteering groups coordinated the production and distribution of cloth masks, and some even provided pre-cut fabric and materials ('mask kits') for volunteers to sew the masks.

Most mask-makers also donated masks to healthcare workers and essential workers who were at a higher risk of getting infected because of their jobs, such as nurses, doctors, and administrators in medical facilities, EMTs, public transit workers, and retail workers. In addition, some mask-makers donated to hospitals because of widely publicized mask shortages. Sometimes hospitals announced that they accepted mask donations but specified the requirements regarding patterns, fabric, and the number of layers for donated masks to be acceptable. Mask-makers also distributed donated masks to nursing homes and assisted living facilities' residents and staff, and to adults and children with various health conditions, including disabilities and special needs.

But some mask-makers donated for reasons that did not encompass vulnerabilities like job exposure or health status. Larissa, a college administrator, came across an article about how wearing bandanas could put black and brown people at risk, increasing the likelihood of racial profiling. She made masks and posted her giveaway information in a local Buy Nothing group on Facebook. As schools were planning to reopen, she also got many requests from parents for child-size masks, which were particularly difficult to buy. And there were others much less likely to make any moral claims of deservingness except for one: masking as many people as possible – no matter who they were – was a way to help slow the spread of the virus. So, Grace admitted that she did not donate masks specifically to healthcare workers or other vulnerable groups but instead considered everyone vulnerable. She donated both in response to requests from people she knew (some of them happened to be health workers) and to the general public.

There were also some mask-makers for whom economic privilege trumped all other arguments of deservingness. A member from the Facebook group questioned whether highly-paid healthcare workers and high-revenue private hospitals deserved free masks. She first stated that her mask donations were prioritized to those who were financially struggling because she was highly aware of the income gap between those working in the medical field making \$30-40 an hour and those living on limited incomes like the elderly struggling to find a mask or nursing assistants working at nursing homes making \$7 an hour. What bothered her the most was that profitable hospitals and healthcare professionals expected 'all free' masks as if 'the world owed them' when they had financial means to feed their own families. Another group member was particularly adamant that she would never donate free masks to a for-profit or well-resourced hospital where patients had to pay a lot for medical services. She once got an exorbitant bill, \$209, for an IV fluid, and she believed the hospital definitely could afford to purchase masks for their staff.

These posts reveal uncomfortable truths about the US profit-based healthcare system: it is difficult to hail healthcare professionals and hospitals as heroes even in the midst of a pandemic when close to 30 million people in the United States have no health insurance, and millions of others are faced with crippling out-of-pocket expenses. Therefore, for some mask-makers, it is economic vulnerability rather than job-related risk exposure or health status that is central to their idea of who deserves free masks: those with resources should not expect donations no matter what other vulnerabilities they may have. These mask-makers preferred to donate to homeless shelters, food banks, municipal housing authorities, residents in lower-income communities, immigrant communities, and individuals and families who could not afford paying for masks.

Pay-it-forward gifts

Sometimes, mask recipients could afford to pay for masks, but mask-makers did not want to be paid. Neither the recipients nor the mask-makers considered themselves deserving in this case – of either accessing free masks or being paid. Instead, mask-makers suggested that recipients with means ‘pay it forward’ by donating to charities. We locate this practice at a midpoint between altruism and reciprocity (Table 1). Joan decided to donate a bunch of masks to nurses at one of the area hospitals, and they wanted to pay her. Her goal was to donate masks, but it turned out that the nurses did not think of themselves as deserving of free masks because they could afford to pay. As a result, Joan asked them to donate to the local food pantry where she volunteered. Samantha distinguished between mask recipients based on whether they were her family members or not. Family members get gifts that are part of the ongoing reciprocal relationship. All others are expected to pay it forward:

I give [masks] away to everybody. But what I asked of the people who are not my immediate family is to donate some money to a soup kitchen or an organization in their community that is helping people. Yeah, so they’re like ... well, what about your fabric cost? I’m like, I’m okay. I will eat that cost. I will cover all that. But what I would like you to do is to help somebody else.

Samantha expected mask recipients to reciprocate, yet the return gift was not intended for her but for others in greater need.

Monetary distributional practices of homemade cloth masks

Partial donations

Central to deciding whether to sell masks for a price or ask for a donation is how mask-makers subjectively assessed their own financial means. Grace, a homemaker with two young children, started out by gifting masks to family (Maussian gifts) and later giving free masks to various other people (donations). But eventually, she realized that buying supplies was eating into her family income. Her husband was an accountant at a private firm, but she estimated that she had already spent about \$2,000 out-of-pocket. She was also approached by mask recipients who knew she was making and donating masks, and they wanted to help her keep going. From that point on, Grace decided that she deserved to be partially compensated, and started asking for partial donations (Table 1).

Many mask-makers evaluated their finances and the cost of materials as the pandemic unfolded. However, like Samantha, some found it possible to continue spending money out of pocket in order to give away masks free of charge:

... my husband got furloughed, so he didn’t work for three months. And then he was laid off. Then, he didn’t work for another month, but between the five of us, our salaries made it so that we were not in jeopardy of losing our home or not eating. And so, I looked at my finances and figured out what was reasonable for me ... to buy fabric and elastic and things, and make masks, and give them away.

Several mask-makers had access to the fabric that someone gave them, limiting their out-of-pocket expenses. Andrea, a musician with a job as an orchestra manager, got some fabric from a friend’s retired father who owned a fabric store, and she used it to make her first thousand masks. When she ran out of that fabric, she got involved with the Boston Area Mask Initiative, which provided fabric and other supplies. Larissa got around ten boxes of fabric from an old couple who lived next door to her parents. This is the main reason why she could donate masks for free; buying fabric would be prohibitively expensive for her.

Madison, an undergrad who lost her part-time job due to the lockdown, started to make masks and put them in a box on the porch of the house where she lived. But just like Grace, she also realized that it would soon be a problem if she had to keep paying for the fabric out of her pocket:

If I don’t have a job, and I’m spending \$100 every week or two [to buy the fabric], then it’s going to be a problem real soon. So I just put [my Venmo and Paypal] on the box. And I kind of don’t really mind doing that

because I wasn't asking every single person to pay. It was sort of like because I knew that people had also lost their jobs, maybe they couldn't pay for it. So I put envelopes there for the cash as well if they had a few dollars in their pocket. People are really nice. Some people would send me \$100, which was not necessary, but it happened. And some people would just have some coins in their pocket and they would just toss it in. So yeah, I'm not really sure how much money I got out of it, but it was definitely enough to cover the materials that I bought at the least ... Yeah, because in the end, I think I ended up spending like \$400 or \$500 on fabric.

As it was often the case with partial donations, they were optional, and helped defray costs of materials, while mask-makers continued donating their labor and time.

Mask sales

Some mask-makers lost their jobs in the midst of the pandemic, experienced reduced work hours, or got furloughed. They brushed up on their sewing skills and some even learned them anew to make a living or supplement their reduced incomes. Meanwhile, some professional tailors pivoted to mask-making to compensate for the orders that dried up – alterations, costume-making, or fashion design. All these people felt strongly that they deserved to be paid, either because they were financially vulnerable and had to make a living, or because they had valuable skills that had to be properly compensated (Table 1).

Natalia, a freelance seamstress who used to sew travel bags before the pandemic, lost her job because of the travel ban and the shutdown. While feeling a moral obligation to put her skill to good use, she found herself in a precarious financial position. She started by donating masks through a mask-making initiative, which provided a meeting place for sewists and other volunteers to fulfill mask requests from hospitals, nursing homes, group homes, homeless shelters, food pantries, and essential workers throughout the greater Boston Community. At the same time, she started to sell masks by word of mouth. She posted pictures of her masks on Facebook, and people started contacting her with orders. Although feeling a slight unease with selling at first, she found a compromise between charging fairly to provide low-cost but high-quality masks and making ends meet:

I think it's okay to sell them. And I think that's necessary. Yes, I want to make some money. But, um, also I really like using my skill for something useful. If there aren't masks available elsewhere, why shouldn't I sell them? I'm providing a service that people need. I can't afford to keep buying materials. I must feed me. I'm not working right now ... so I think charging \$6.50 or \$5 for a mask ... that I decided was a fair price.

Her justification for mask selling encompasses three moral reasonings – economic vulnerabilities, a valuable skill, and the fact that she was also making a lot of free-of-charge mask donations – often used by mask sellers to explain why they deserved to be paid. In the following two cases, we can see how mask sellers laid out this moral reasoning.

When Maria and her mother-in-law started to make money selling masks, they decided that they would donate one mask for every two masks sold. They collected every third mask they made in the donation box, and the collection went to hospitals, a group in the town distributing masks to people in need, and to individuals who reached out to them but could not afford to buy one. Luisa the farmer who decided to charge \$10 for each mask as supplemental income, based that price on the cost of materials and the time she spent. Her clients seemed happy to pay that price since they knew that she was also donating as many as she sold. Without making a direct reference to her economic predicament, she instead pointed out that handicraft was undervalued: 'My time and effort in sewing, the materials that I purchase, and the time that I put in, all of the years of learning this skill that I have behind me are valuable, and I deserve to be compensated for that.' She was one of the few people who argued that sewing skills were valuable and needed to be compensated. The price she charged for a mask was also the highest among the sellers in our sample. Luisa did not openly acknowledge a moral contradiction in exchanging a life-saving device for money.

Self-interested gifts

Gift-giving has been incorporated into mass consumption markets as a strategy to facilitate sales encounters. Darr (2017) demonstrated three different types of gift-giving with different degrees of subordination to market logic. The first is contractual gifts, an added bonus or commodity explicitly stated in the deal to motivate selling and buying. The second is closing gifts given to undecided customers to forge a limited obligation to close a deal. The last one is post-sale gifts to convey gratitude, friendship, and moral obligation after purchase. However, neither of these three types encompasses what we observed in the context of self-interested gifts: these are free masks given to customers in return for feedback to improve mask designs or word-of-mouth promotion. While these self-interested gifts were free for recipients, they were also an investment into improving products and increasing future sales for the mask-makers. Self-interested gifts combine the elements of reciprocity and equivalence. Mask recipients are seen as deserving free masks because they are interested in trying new designs and giving feedback. The cost is fully borne by mask-makers, but with the anticipation of valuable feedback on fit and sizing, and the possibility of future paid orders (Table 1). For example, when they had just started their business selling masks, Maria and her mother-in-law sent out free masks to a group of friends in exchange for their feedback and used it to improve their patterns. Sometimes, they got special requests for customizing sizes or fit. They once worked with a woman whose young son did not find any commercially available masks comfortable enough to wear at school all day. They provided several free masks to this customer to try out until they found the one that worked. They kept a sample of this mask on hand to ensure they could repeat the order in the future.

Conclusion

As mainstream economic theory would predict, severe shortages of face masks at the start of the global COVID-19 pandemic led to a ramped-up supply, albeit largely unorganized and small-scale, by the scores of enthusiastic home-based mask-makers. But contrary to these predictions, the shortages did not lead to a rise in prices, and the masks did not go to those willing to pay the most. What emerged instead was a complex moral economy, where individual mask-makers made their own decisions about who should access scarce masks and on what terms (for pay, for free, or anything in between), defended these allocative methods in moral terms, and sometimes contested what other mask-makers did.

We illustrated six distributional practices, drawing on the three foundational principles of reciprocity, altruism, and equivalence. These six practices ranged from Maussian gifts to no-strings attached altruistic donations, pay-it-forward gifts, partial donations, self-interested gifts, and sales, and depended on mask-makers' perception of deservingness of the recipients and of themselves. Some recipients of masks were considered deserving of free masks because of their risk exposure, age/health status, or economic vulnerabilities. But those mask-makers who accepted donations for the cost of the fabric or sold masks also made an argument about their own deservingness: some faced financial difficulties, and others claimed that their sewing skills and time were valuable and needed to be fairly compensated.

The biggest moral tension we witnessed involved exchanging masks for money. In the midst of the pandemic homemade masks were understood by many as life-saving scarce necessities, and the argument was often made that selling them was morally wrong. Those mask-makers who took *any* money for their masks felt a strong need to justify it to others, so strong was an expectation of non-monetary distribution of masks, at least in the beginning of the pandemic. Some mask-makers combined donations with asking for money: for instance, several requested donations towards supplies while at the same time donating free masks to vulnerable groups. Several others shifted from donations to sales in the course and progression of the pandemic, citing

their own progressively worse financial situation. But there were also a few who argued strongly that it was always okay to exchange masks for money because they were professionals and deserved to be paid for their skill.

We argue that any allocation of scarce goods inevitably involves making decisions about who gets what and therefore is always moral in nature, whether these decisions involve relying on pricing and markets, resorting to queueing, or partaking in a lottery. The choice among different ways of allocating scarce goods betrays deep-seated beliefs about fairness and deservingness, which are culturally and historically specific. While some are agreed upon (it is indisputable that emergency medical help should be allocated based on medical need), others may be contested. While there were a number of those who strongly believed that scarce essentials like masks should not be exchanged for money in the midst of the pandemic, there were others who justified selling or taking partial donations by pointing to their own financial need or their right to be properly compensated for their labor. Plus, there was no consensus among mask-makers on who should get priority access to free masks as different criteria of evaluation of deservingness co-existed, giving rise to different and sometimes conflicting ‘orders of worth’ (Boltanski and Thévenot 2006), such as economic – prioritizing the poorest, health-related – prioritizing the sickest, and job-related – prioritizing those with highest risk exposure given their jobs.

Our study adds to a growing number of studies that examine how considerations of deservingness factor into allocative decisions. Most of them examined how individual decision-makers draw on some perceived moral schemas under a set of institutionalized criteria in order to provide access to or limit opportunities; and how they deal with discordance between their moral perceptions and codified law or formal practices. For instance, asylum officers sometimes strive for granting status to seekers who are victims of gender-based violence despite this category not being listed in law (Shiff 2021). And building inspectors may choose to ‘go easy’ on small-scale landlords (but not corporate ones) despite obvious violations because they sympathize with small-scale landlords as individual entrepreneurs who faced economic struggles (Bartram 2022). Likewise, employers who check job applicants’ credit histories make distinctions between ‘good’ (forgivable) and ‘bad’ unpaid debts, and rely on ‘moral story-telling’ to explain away or overlook problems in applicants’ credit histories (Kiviat 2019). Finally, when institutional rules governing lending and credit are emergent or too loose to be of much use, credit officers engage in making discretionary moralizing decisions that deem some applicants more deserving of having plastic cards than others (Rona-Tas and Guseva 2014).

Our study provided a rare snapshot at how considerations of deservingness shape allocation of extremely scarce life-saving goods in the context of a global pandemic. This is a unique window to study allocative decisions because the imperative to generate well-thought-out moral justifications of deservingness is amplified in these circumstances. The framework of a moral economy can be fruitfully applied to analyzing allocation of other life-saving goods, for instance, pricing and availability of pharmaceutical drugs, therapies, or transplant organs in the United States and globally. Prices that are too high or shortages of organs typically force healthcare systems to limit treatments to only those with the most advanced stage of disease leaving the rest sick but not ‘sick enough’ (Beard, Kaserman, and Osterkamp 2013; Roy 2023). Future research should also investigate to what extent the decisions about deservingness in accessing scarce resources are based on perceived cultural similarities between allocators and recipients (Rivera 2012), and whether informal moral economies contribute to promoting and deepening existing inequalities.

How do allocating practices change over time as scarcity is replaced with relative abundance? The abundance of masks at the time of the writing of this article, particularly the eventual market saturation of medical-grade and KN95 masks, turned cloth masks into true consumer goods, where their value and price depended on numerous characteristics including style, comfort, and fit. It is worth investigating what kinds of shifts in perceptions of deservingness accompany these transitions of goods from scarce necessities to commodities.

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